Compliance With Medication For Patients With Mental Disorders

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Theory Paper

Introduction

Compliance with medication is a significant issue in the provision of patient care. Adherence to medication refers to the degree to which the patient complies with the prescribed medication. Compliance with medication is a serious issue in patients diagnosed with psychiatric disorders, which require comprehensive nursing interventions. Patients diagnosed with psychiatric disorders are prescribed long-term medication to help alleviate mental disorders. For instance, depression dosage takes up to 12 months. Because of the long medication schedule associated with most mental health issues, many patients do not observe strict compliance with prescriptions. Several factors are associated with non-compliance with medication, including failure to understand instructions, social stigma, routine challenges, forgetfulness, cost concerns, and distress about side effects (Yap, Thirumoorthy & Kwan, 2016, p.65). However, different interventions have been established to solve the issue of non-adherence. These intervention approaches include enhancing the patient education experience, educating the patient on the benefits of the treatment, implementing joint decision-making, appraisal of the patient's medication attitude, and healthcare personnel empathy. It is important to address factors associated with non-adherence to medication in order to accomplish the desired patient outcomes. This paper seeks to explore medication compliance for patients with mental disorders.

Phenomenon Of Interest

Factors that affect compliance of medication among mentally ill patients can be categorized into five; clinical disorder features, clinical expertise, medication characteristics, treatment setting, and patient characteristics. Clinical disorder features include depression, schizophrenia, comorbid anxiety, and chronicity. Clinical expertise involves knowledge of psychotherapy and pharmacology as well as mental health personnel empathy. Medication characteristics include complex medical regimes and sensitivity of patients to side effects. Treatment settings involve speciality offices and inpatient versus outpatient. The patient characteristics affecting compliance include socio-economic considerations, attitude towards treatment and illness, as well as social status. Laugesen and Yuan (2015) argue that the prevalence of non-compliance is rampant in elderly population and accounts for 75% of all non-compliance cases. This high prevalence is attributed frequent change of doses and

alterations of schedules, abuse, and overuse, as well as forgetfulness. Attaining the desired patient care is a collaborative affair between the psychotherapists, psychiatrist, patient, and the patient's family. Each of these parties plays an important role in ensuring adherence to the prescribed treatment. Non-compliance results in additional medical costs associated with prescription pull-out effects. The extra cost linked to non-compliance may include the administration of a new set of prescription (Lam & Fresco, 2015).

Fawcett's Meta-Paradigm Of Nursing

Fawcett's Meta-paradigm was introduced to formulate a nursing theory that contained basic principles and knowledge to guide future nurses in their practice. The metaparadigm identifies the concepts central to the nursing discipline relating them to the assumptions of the worldview. The metaparadigm of nursing includes the concepts of person, environment, health, and nursing that are all intertwined (Blais, 2015). The nursing meta paradigm contributes to the conceptual framework that guides healthcare providers in performing critical thinking processes in daily experiences in healthcare settings. Fawcett's Metaparadigm of Nursing can be used to address the issue of non-compliance in patients with mental disorders.

Concepts Of Metaparadigm

Human Beings

Human beings are perceived as open energy fields with special life experiences. As suggested by this paradigm, human beings are different and greater than some of their parts and are unpredictable from knowledge of their parts. As holistic beings, humans are multidimensional, sentient, dynamic, unique, and capable of self-responsibility, aesthetic appreciation, creativity, and abstract reasoning. Empathy, language, caring and other aspects of patterns of communication are elements of individually high levels of diversity and complexity and facilitate an individual to increase knowledge of self and environment (Bhui, 2017). Humans are regarded as valued individuals to be understood, nurtured, and respected with the right to make informed choices concerning their health. This paradigm can help nurse and other care give to observe compliance with medication in patients with mental disorders because they are prone to forgetting to take their prescribed medicine.

Environment

The environment is the geography and landscape of human social experience. It entails the context or setting of experience as daily life and involves variations in quality, time, and space. This geography entails personal, national, global, social and beyond. Besides, environment also includes societal expectations, customs, mores, values and beliefs (Lam & Fresco, 2015). The environment is a mutual

process in the energy field and is hypothesized as an arena in which patients encounter the lived experiences of health, threats to wellness, caring relationship, and aesthetic beauty. The dimensions that affect health include developmental, historical, cultural, psychological, and physical processes as well as the economic and political aspects of the social world. This paradigm relates to the context of experience in everyday life and the issue of non-compliance with medication among patients with mental disorders. The social environment in which these people live affects their compliance to drugs. For instance, lack of close caregivers taking care of these patients can lead to high rates of non-compliance.

Health

Health is defined by the perception of an individual across the lifespan. It is both a dynamic synthesis of wellness and illness. This perception focuses on the entire nature of the patient in moral, aesthetic, social, and physical realms. Health is relational and conceptual. In this view, wellness is the lived experience of similarity between one's realities and one's possibilities and is grounded on caring and feeling cared for. Ill-health refers to the lived experience of dysfunction or loss that can be intervened by caring relationships (Bahramnezhad, Asgari, & Afshar, 2015). Every individual has a different approach to stress and coping. The level or status of health is an expression of the joint interactive process between an individual and the environment. This paradigm relates to patient compliance with drugs because the health status of the nurse's client significantly affects adherence to prescribed medication. For instance, mental disorders are associated with high rates of non-compliance.

Nursing Practice

Nursing is the art and science of comprehensive care and is guided by the values of responsibility, choice, and freedom. Nursing science is a discipline of knowledge founded on research, theory development and logical analysis. The art of nursing practice is realized through medical interventions and the creative use of nursing knowledge in the delivery of patient care. Nurses use clinical judgment and critical thinking to provide evidence-based care to patients, families, communities, and aggregates to achieve an optimal level of patient wellness in diverse nursing environments. As the moral ideal of nursing, human caring is the central focus of professional practice (Blais, 2015). This paradigm relates to patient's compliance with medication and involves concern and empathy for patient's lived experience. The nurse as a person is involved as an active partner in promoting compliance to treatment among his or her patients.

Grand Nursing Theory

Nursing theories provide a conceptual framework under which the important principles and components of nursing practice can be identified. Nursing theories form a fundamental instrument used to guide, improve and explain the practice of nursing. The idea that nursing should be guided by

disciplinary theory, incorporate the beliefs of patient and families, and be founded on the best empirical evidence should be among the core beliefs of nursing. Example of grand theorists whose work has significantly impacted the discipline of nursing include Jean Watson, Myra Levine, Peplau, and Virginia Henderson. One thing these theorists share in common is that they were all patient-centered (Smith & Parker, 2015). This section explores Jean Watson's theory of human caring in relation to non-compliance with medication in patients with mental disorders.

Jean Watson's theory explains the principle and science of caring. Caring is a concept that reflects a protective, supportive, non-judgmental, and respectful attitude while it contributes to the process of healing. Watson's theory states that caring goes beyond transcending and physical care into a more spiritual realm whereby the patient and nurse establish a transpersonal caring relationship. This transpersonal relationship prompts both the nurse and the patient to promote healing. As it relates to the metaparadigm of nursing, Watson's theory focuses on the relationship between the patient and nurse (Revels, Goldberg & Watson, 2016, p.234). Watson's theory emphasizes the idea that when a patient and a nurse are brought together in a conducive environment, they are able to establish a spiritual relationship. Borrowing from Watson's theory, I would view poor compliance with medication among patients with mental disorders as an issue that nurses and other health care professionals should consider for improvement. Guided by Watson's theory of human caring, nurses and other healthcare care professionals can help address high rates of medication non-compliance through personalized patient care (Drevenhorn, 2018).

Middle Range Theory

Middle-range theories are instrumental in addressing problems encountered in nursing practice, especially those affecting vulnerable populations. Despite the fact that middle theories address definite phenomena in nursing practice, they have a wide range of applications in practice settings. This section seeks to explore Bandura's Social cognitive theory and how it relates to poor medication compliance in patients with mental disorders. According to Bandura's Cognitive theory, cognitive processing is a form of reflective thinking that helps people to set their behavior standards and then generate important skills to achieve behavioral goals. In his theory, Bandura asserts that self-efficacy is a critical mediator within the triad of interchange of cognition, behavior, as well as other environmental/personal influences (Stacey, et al. 2015). Bandura suggested two elements of self-efficacy: outcome expectations and self-efficacy expectations. Bandura explained outcome expectations as a person's projection that a particular behaviour results in a certain income. He also highlighted outcome expectations as one's belief that one can successfully pursue a certain behavior to come up with an anticipated outcome. A person may believe that a particular behavior results in a certain outcome, however, may or may not have the belief that they can successfully sustain the behavior.

Another concept proposed in Bandura's cognitive theory is self-efficacy sources that work in a reciprocal manner(1) physiological feedback, verbal persuasion, vicarious experience, and enactive

attainment. These concepts are centred on the paradigm of human beings in the nursing practice.

Physiological Feedback

In his theory, Bandura asserts that a person's judgment of their ability to successfully make changes depends on their response and acknowledgement of physiological indicators such as anxiety. If the individual faces adverse physiological symptoms, he or she is less likely to get involved in the behavioral change process (Stacey, et al. 2015).

Verbal Persuasion

Bandura asserts that verbal persuasion as influencing individuals through verbal suggestion to begin thinking that they can successfully contribute to behavioral changes. Bandura argues that verbal persuasion is less effective compared to enactive attainment. Since a person may not authentically experience success with the change, the disconfirming experience may easily derail the change.

Vicarious Experience

In his cognitive theory, Bandura defines various experiences as expectations that are sourced from seeing others undergo behavioural change without experiencing negative consequences. Bandura asserts that an individual ought to have a clear performance of the behavioural change.

Enactive Attainment

In his theory, Bandura defines enactive attainment as individual actual performance or mastery of the behavior. Bandura acknowledges that a person's pattern of success and failure, the environment of the behaviour, the amount of effort required, and behavioural change have an on self-efficacy. Bandura conceptualized that mastery an individual behavior change can possess a carry-over effect in the implementation of other behavioral changes.

The cognitive theory will guide in identifying behaviour changes that prompt non-compliance to medication among patients with mental disorders. Nursing interventions can be used to promote compliance with medication among patients with mental disorders. Assisting patients to improve compliance of prescribed medicines. Empathetic and professional communication is critical when helping the patient to improve compliance. Bandura's cognitive theory relates to Jean Watson's theory of human caring by emphasizing the behavior of an individual in the delivery of patient care.

Complexity Science

Complexity science is not a single theory rather it is an emerging interdisciplinary paradigm. Complexity science evaluates systems encompassed of diverse and multiple agents and seeks to unveil the dynamics and principles that affect how such systems evolve and maintain order. Complexity science provides critical concepts and tools for solving challenges likely to be encountered in healthcare in the 21st century (Braithwaite et al. 2017). Clinical practice, professional development, education, research, and information management are interdependent and built around interacting and multiple adjusting systems. The new conceptual framework that incorporates an intuitive, creative, emergent, and dynamic view of the world must first replace the traditional approach to solving healthcare concerns and embrace new strategies for responding to health issues (Anthony & Vidal, 2018).

The complex adaptive system that relates to poor medication compliance among patients with mental disorders is organizational complexities with communication to help promote compliance. Healthcare providers play a critical role in helping behaviour changes with a goal the ultimate goal of promoting patient compliance with medication. These professionals can employ different communication approaches to counsel their patients on the benefits associated with good adherence to medication. Besides, healthcare professionals can liaise with relatives and caregivers of patients with mental disorders and encourage them to observe on medication compliance of their loved ones.

Conclusion

Compliance with medication is a significant issue in the provision of patient care. Compliance with medication is a serious issue in patients diagnosed with psychiatric disorders, which require comprehensive nursing interventions. Several factors are associated with non-compliance with medication including failure to understand instructions, social stigma, routine challenges, forgetfulness, cost concerns, and distress about side effects. However, different interventions have been established to solve the issue of non-adherence. Fawcett's Meta-paradigm was introduced to formulate a nursing theory that contained basic principles and knowledge to guide future nurses' in their practice. The metaparadigm of nursing includes the concepts of person, environment, health, and nursing that are all intertwin. Fawcett's Metaparadigm of Nursing can be used to address the issue of non-compliance in patients with mental disorders. Nursing theories provide a conceptual framework under which the important principles and components of nursing practice can be identified. Guided by nursing theories, nurses and other healthcare care professionals can help address high rates of medication non-compliance through personalized patient care. Complexity science is not a single theory rather it is an emerging interdisciplinary paradigm. The complex adaptive system that relates to poor medication compliance among patients with mental disorders is organizational complexities with communication to help promote compliance.

References

Anthony, M. K., & Vidal, K. (2018). Innovative Approach to Reconstruct Bedside Handoff: Using Simple Rules of Complexity Science to Promote Partnership With Patients. *Journal of nursing care quality*, *33*(2), 128-134.

Bahramnezhad, F., Asgari, P., & Afshar, P. F. (2015). A Review of the Nursing Paradigm. *Open Journal of Nursing*, *5*(01), 17.

Bhui, K. (2017). Cultural neuroscience: a meta-paradigm for psychiatry?

Blais, K. (2015). *Professional nursing practice: Concepts and perspectives*. Pearson.

Braithwaite, J., et al. (2017). *Complexity Science in Healthcare-Aspirations, Approaches, Applications and Accomplishments: A White Paper*. Macquarie University

Drevenhorn, E. (2018). A Proposed Middle-Range Theory of Nursing in Hypertension Care. *International Journal of Hypertension*, *2018*.

Lam, W. Y., & Fresco, P. (2015). Medication adherence measures: an overview. *BioMed Research International*, *2015*.

Laugesen, J., & Yuan, Y. (2015). The impact of internet health information on patient compliance: a research model and an empirical study. *Journal of medical Internet research*, *17*(6).

Revels, A., Goldberg, L., & Watson, J. (2016). Caring Science: A Theoretical Framework for Palliative Care in the Emergency Department. *International Journal for Human Caring*, *20*(4), 226-242.

Smith, M. C., & Parker, M. E. (2015). *Nursing theories and nursing practice*. FA Davis.

Stacey, F. G., James, E. L., Chapman, K., Courneya, K. S., & Lubans, D. R. (2015). A systematic review and meta-analysis of social cognitive theory-based physical activity and/or nutrition behavior change interventions for cancer survivors. *Journal of Cancer Survivorship*, *9*(2), 305-338.

Yap, A. F., Thirumoorthy, T., & Kwan, Y. H. (2016). Medication adherence in the elderly. *Journal of Clinical Gerontology and Geriatrics*, *7*(2), 64-67.

