Planned Behavior and Physician-Patient Communication: Predicting Adherence to Anti Hypertensive
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ABSTRACT
Lack of adherence to treatment contributes to unmanageable high blood pressure and satisfaction with physician-patient communication enhances adherence to treatment. The theory of planned behavior (TPB) guided the research questions in this quantitative study to determine the effects of a communication program for vulnerable population with implications for social change.

RELEVANT LITERATURE
Literature reviewed included topics on:
• Patients and health communication: Ashton et al. (2010), and Zolnierk & DiMatteo (2009).
• Physicians, patients and adherence: Chobanian et al. (2003), Coran et al. (2010), and Bosworth et al. (2008).

PROBLEM
Patients of lower socioeconomic status experience less satisfaction in physician-patient communication and are more vulnerable to the lack of adherence in treatments. Satisfaction with physician-patient communication enhances adherence to treatments. There is a gap in the literature of evidence-based communication skills programs to enhance the communication skills of adults of lower socioeconomic status.

RESEARCH QUESTIONS
To what extent is a TPB-based communication program likely to influence the satisfaction of patients of lower socioeconomic status in physician-patient communication and adherence to antihypertensive regimen?

Using the TPB framework, is there statistically significant effect of:
• attitude on patient satisfaction with physician-patient communication?
• attitude on patient adherence to anti hypertensive regimen?
• subjective norm on patient satisfaction with physician patient communication?
• subjective norm on patient adherence to anti-hypertensive regimen?
• perceived behavioral control on patient satisfaction with physician-patient communication?
• perceived behavioral control on patient adherence to anti hypertensive regimen?
• generalized intention on patient satisfaction with physician-patient communication?
• generalized intention on patient adherence to anti hypertensive regimen?

PROCEDURES
In this quantitative study:
• 36 adults 50 to 75 years old completed a pre- and posttest 27-item TPB-based questionnaire.
• participants were recruited from lower income housing projects.
• participants were randomly assigned to control and intervention groups.
• pilot study of the survey instrument was conducted using a convenience sample (n = 5)

DATA ANALYSIS
Descriptive statistics of study variables by groups.
Attitude, subjective norm, perceived behavioral control and generalized intention were measured on 5-point semantic or bipolar scales on eight dependent variables.
SPSS version17 was used to conduct the repeated measures analysis of variance (ANOVA) within-between subjects effects.
Group differences were compared and effect size measured.

FINDINGS
No significant effects for time or differences between control and intervention groups.
Significant effects within the groups (df = 1,33):
• attitude on patient satisfaction with physician-patient communication ($F = 7.89, p < .008$)
• intention on patient satisfaction with physician-patient communication ($F = 4.37, p < .045$)
• intention on patient adherence to antihypertensive regimen ($F = 5.27, p < .028$)

LIMITATIONS
Intervention was developed for English-speaking African and European Americans, 50 years of age and older.
Majority of participants (n = 35) were women (33).
Focus of the study was on the communication skills of patients of lower socioeconomic status with a diagnosis of hypertension.
Participants had only 30 minutes between the intervention and the completion of the posttest survey.
There was subjectivity of response in the design of the survey.

CONCLUSIONS
This study suggests that attitude and intention are potential targets in the development of programs to address patient satisfaction in physician patient communication for a similar population.
The results of this study will contribute to future research on theory- and evidence-based communication skills programs for patients.

SOCIAL CHANGE IMPLICATIONS
Self-empowerment of a population for effective communication and satisfaction with doctor-patient communications.
Decreased disparity in hypertension control and related morbidity and mortality among similar populations.
Positive impact on healthcare costs.