

# 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.

## 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.

## PURPOSE

The purpose of this study was to address **evidence-based communication skills programs** for adults of lower socioeconomic status, a population that is most vulnerable to the burden of hypertension. The study examined the extent of effectiveness of a communication skills program using the TPB framework.

## RELEVANT LITERATURE

Literature reviewed included topics on:

- **Patients and health communication:** Ashton et al. (2010), and Zolnierok & DiMatteo (2009).
- **Physicians, patients and adherence:** Chobanian et al. (2003), Coran et al. (2010), and Bosworth et al. (2008).
- **TPB:** Ajzen (1999), Ajzen & Fishbein (1972), Francis et al. (2004), and Sharma & Romas (2008).

## RESEARCH QUESTIONS

To what extent is a TPB-based communication program likely to influence the satisfaction of patients of lower socio economic 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.