Adherence, despite being a relatively new concept in the field of nursing is a key concept in nursing practice and affects healthcare outcome for the patients.

The purpose of the concept analysis papers was to define and describe the concept of adherence utilizing Wilsonian method and to analyze the concept of adherence. The need for analysis of the concept of adherence specifically in the nursing practice arose due to the transition in terminology from compliance to adherence and more recently to concordance. Difference exist between these terms, although they are used interchangeably in the medical literature.

It is important to mention that healthcare literature uses the concept of adherence interchangeably with the concepts of compliance and concordance. Despite overall agreement of importance of the phenomenon of adherence the definition of the concept of adherence is vague and ambiguous. One of the most commonly seen definition of adherence in health care literature states, that adherence can be defined as the extent to which the patients follow the instructions. (Bisso) The World Health Organization Adherence Project uses following definition of adherence “the extent which a person’s behavior-taking medications, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a health care provider” (Gardener). The term compliance was very popular in the 1970. During 1950s and 1960s term articles were published by physicians and behavioral scientists researching theoretical framework behind compliance. However, no articles were published that approached concept of compliance from nursing perspective. Marston was the first nursing author who emphasized importance of holistic nursing-patient perspective on the compliance. Non-compliance became nursing diagnosis in 1973. During 1990 the term adherence started substitute the term compliance in the literature because negative connotations were linked to the term compliance because it was liked to lack of autonomy and passiveness of the patient during the treatment process. In contrast to compliance which is merely obedience, in the concept of adherence, the patient agrees with the prescribed recommendations. The term concordance appeared in 1990 that suggests that “patients and healthcare professionals to come to a mutually agreed regimen through a process of negotiation and shared decision-making.” (Bisso) The term corcordance although becoming more common in healthcare literature is still very rare in nursing literature.

The significance of the concept of adherence becomes evident after researching the consequences of adherence or non-adherence. Poor adherence could lead to decreased effectiveness of treatment regimens, threat to patient safety, and increase cost for disease management in the acute care settings for relapses and exacerbations of chronic conditions. It has been estimated that non-adherence costs approximately 177 billion dollars annually. (Gardener) Non-adherence amoung individuals with chronic illness is a major cause of poor health outcomes. Yet, some authors suggest that perfect adherence could lead to an increase in the rate of adverse medication side effects as patient ignore side effects in an attempt to strictly adhere to prescribed regimen. (Bisso). Adherence rates with prescribed regimen range from 0% to 100% with the average of 50%. It is known that illness acuity, social and financial support, and patients’ healthcare beliefs influence adherence rates.

In the concept anamysis article by Gardner, articles were reviewed that provide a diverse representation of the concept of adherence.

Adherence is a dynamic concept and it is influenced by social context in which it is used. ((bisso))Adherence can be describes as a multidimensional concept incorporating health system, social and economic factors, type of the health problem, patient beliefs and treatments prescribed.

Nursing

In the nursing literature , aithors view patients as active participants in their communication with healthcare providers. (Bisso)

Gardner describes four uses of the concept of adherence and eshe explains them using four cases as examples. Rather than classifying the concept of adherence only binary as adherence and nonadherence, Gardner proposes more precise gradation. In the article she provides four examples: model case, contrary case, related case, and borderline case. In each case she described hypothetical scenario where she provides information about the patient, his medical problem and treatment plan. In the “model case”, The patient agrees with the healthcare provider that she has a problem and she agrees to start medications and lifestyle changes. She follows up with all her appointments and strictly follows treatment plan. In this example patient demonstrates all common elements of the concept of adherence like, patient discusses discuss treatment options with healthcare provider and they both agree on the treatment plan. The patient is actively envolved in the planning process which emphasizes importance of autonomy (mention in the beginning) in the definition of the concept of adherence. In the “contrary case”, the patient and the provider discuss treatment options and the patient agrees on treatment plan and follows it for a while. However, he fails to come for the second follow up visit and stops taking madications because he does not like how they make him feel. He fails to report that to the provider and it is become known only three months later when the patient comes to clinic with a different concern. This case illustrates nonadherence. Gardner discusses that nonadherence can be intentional and unintentional. In this case patient demonstrates intentional nonadcherence where he knowingly decides to stop taking prescribed medications. Unintentional nponadherence occurs when factors beyond the patient’s control interfere with adherence. For example, cognitive deficits, poor comprehension, or physical limitations. (GArdner). In related case, Gardner discusses treatment refusal as a related concept to the concept of adherence. “Treatment refusal differs from nonadherence in that the patient is not accepting the plan of treatment from the beginning.” (Gardner) In the treatment refusal, patient is still actively involved in the planning of treatment, but he chooses not accept and it and refuses the treatment. The fourth case is an example of a borderline case of adherence. Patient is concerned with his health and expresses eager desire to change his lifestyle. Provider and patient develop treatment plan that included medications, as well as dietary changes, stress reduction, and incorporation of exercise. After following this treatment plan for 3 months, patient see significant improvement in his health status manifested by reduction in weight, improved overall well-being and decreased symptoms of the condition. He follows the regimen precisely, however he stopped taking medications after 2 months because symptoms went away. This demonstrated borderline case of adherence, where patient reached the treatment goal, although, he deviated from the recommended plan of care.

Other disciplines

In the paper by Bisso, she/he looked at the concept of adherence in other healthcare disciplined other than nursing: psychology, general medicine, and pharmacy.

Adherence to therapy is a key element in mental health care. The terms adherence and compliance are used interchangeably in psychology literature. With the term adherence dominating in behavioral science literature and term compliance in medical literature. There are a few themes were noticed through the review of literature. The first one is that in mental health, patients are non-adherent because of embarrassment about having mental illness. The problem is aggravated by the fact that mental health clinicians fail to recognize non-adherent behavior. It was proved by using medication-taking event monitoring system. Another theme is that mental healthcare professionals see non-adherence as a symptom of mental illness. Mental health literature’s main focus is to identify relations between factors that affect adherence among psychiatric patients.

In the general medicine literature, the concept of adherence was researched with respect to adherence rate among patients with chronic conditions like asthma, diabetes, HIV/AIDS, transplantations, Hypertension, epilepsy, and cancer. (Bisso).The goal of these studies were to determine how best to predict, measure, or intervene to improve adherence. (Bisso)

In the nursing practice nurses encounter the concept of adherence on daily basis. Majority of the adults 65 years of age and older have at least one chronic condition. Success of managing of the chronic condition often depends on the adherence to the treatment regimen, either taking medications, or lifestyle changes or both. I encountered nurses in the hospital settings who blamed patients who were admitted for exacerbations of chronic conditions. During the change of the shit reports or just in casual conversation with members of the healthcare team, they state that the patient is non adherent and as a consequence their condition got worse. Itt happened a few time that after talking to the patient, it becomes obvious that the patient was adhering to the treatment plan and was concerened about his health but medications not always work and conditions progress. They often verbalize frustration, because they follow medication regimen and change their diet and lifestyle, but they are not getting better. In some cases their condition deteriorated despite following treatment regimen.