

less likely the family is to comply. During long-term conditions that involve multiple treatments and considerable rearrangement of lifestyle, compliance is severely affected.

Although it is helpful to know those factors that influence compliance, assessment must include more direct measurement techniques. A number of methods exist, each with advantages and disadvantages. The most successful approach includes a combination of at least two of the following methods:

Clinical judgment: This is subject to bias and inaccuracy unless the nurse carefully evaluates the criteria used in assessment.

Self-reporting: Most people overestimate their compliance by about 20% even when they admit to lapses.

Direct observation: This is difficult to use outside the health care setting, and awareness of being observed frequently affects performance.

Monitoring appointments: Keeping appointments indirectly indicates compliance with the prescribed care.

Monitoring therapeutic response: Few treatments yield directly measurable results (e.g., decreased blood pressure, weight loss); record on a graph or chart.

Pill counts: The nurse counts the number of pills remaining in the original container and compares the number missing with the number of times the medication should have been taken. Although this is a simple method, families may forget to bring the container or deliberately alter the number of pills to avoid detection. This method is also poorly suited to liquid medication. Another technique is the use of pill container caps that record every opening as a presumptive dose.

Chemical assay: For certain drugs, such as digoxin, measurement of plasma drug levels provides information on the amount of drug recently ingested. However, this method is expensive, indicates only short-term compliance, and requires precise timing of the assay for accurate results.