



Cultural adaptation of an evidence-based nursing intervention to improve medication adherence among people living with HIV/AIDS (PLWHA) in China

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ABSTRACT

Background: Adapting nursing interventions to suit the needs and culture of a new population (cultural adaptation) is an important early step in the process of implementation and dissemination. While the need for cultural adaptation is widely accepted, research-based strategies for doing so are not well articulated. Non-adherence to medications for chronic disease is a global problem and cultural adaptation of existing evidence-based interventions could be useful.

Objectives: This paper aims to describe the cultural adaptation of an evidence-based nursing intervention to improve medication adherence among people living with HIV/AIDS and to offer recommendations for adaptation of interventions across cultures and borders.

Site: The intervention, which demonstrated efficacy in a randomized controlled trial in North America, was adapted for the cultural and social context of Hunan Province, in south central China.

Sources of data: The adaptation process was undertaken by intervention stakeholders including the original intervention study team, the proposed adaptation team, and members of a Community Advisory Board, including people living with HIV/AIDS, family members, and health care workers at the target clinical sites.

Procedures: The adaptation process was driven by quantitative and qualitative data describing the new population and context and was guided by principles for cultural adaptation drawn from prevention science research.

Results: The primary adaptation to the intervention was the inclusion of family members in intervention activities, in response to the cultural and social importance of the family in rural China. In a pilot test of the adapted intervention, self-reported medication adherence improved significantly in the group receiving the intervention compared to the control group ($p = 0.01$). Recommendations for cultural adaptation of nursing interventions include (1) involve stakeholders from the beginning; (2) assess the population, need, and context; (3) evaluate the intervention to be adapted with attention to details of the original studies that demonstrated efficacy; (4) compare important elements of the original intervention with those of the proposed new population and context to identify primary points for adaptation; (5) explicitly identify sources of tension between intervention fidelity and cultural adaptive needs; (6) document the process of adaptation, pilot the adapted intervention, and evaluate its effectiveness before moving to dissemination and implementation on a large scale.

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What is already known about the topic?

- Individual, social, and cultural factors influence the effectiveness of evidence-based nursing interventions when they are implemented in real world settings.

What this study adds?

- Based on the experience of adapting an evidence-based intervention, the paper provides recommended guidelines for the cultural adaptation of nursing intervention prior to implementation and dissemination.

1. Introduction

1.1. Cultural adaptation of efficacious nursing interventions

In response to the growing call for implementation and dissemination of evidence-based nursing interventions, nurse researchers face the challenge of building a portfolio of interventions that have demonstrated both efficacy and effectiveness. To meet this challenge, thoughtful and articulate descriptions of the process of moving from efficacy to effectiveness to implementation are imperative. Adapting nursing interventions to suit the needs and culture of a new population (cultural adaptation) is an important early step in the process of implementation and dissemination.

Evidence-based nursing interventions are those which have been evaluated in high quality research studies which were conducted according to established scientific principles for conduct of research. Under these conditions, interventions that demonstrate a significant impact on outcomes of interest can be considered “efficacious”. However, successful implementation and dissemination of an efficacious intervention into clinical practice requires an initial demonstration of the “effectiveness” of the intervention (Flay et al., 2005). Intervention effectiveness is established through studies conducted under real world conditions with fidelity to the original intervention and sound measures of the outcome (Flay et al., 2005; Kellam and Langevin, 2003).

Progress in conducting effectiveness research is hampered by the lack of research on the process of adapting interventions that demonstrated efficacy under the highly controlled conditions of clinical trials to the real world clinical context. Nowhere is the adaptation effort more important than when seeking to implement an intervention in a country other than that where it was developed and first tested.

The goal of adaptation is to maintain the efficacy of the intervention by preserving the core features that account for the intervention’s success while delivering an intervention that is responsive to the new community and cultural context. Fidelity, or the extent to which delivery of the intervention adheres to the original study protocol, requires replication of the core concepts and mechanism of effect (Castro et al., 2010). When an intervention is delivered to a new population, tension between intervention fidelity and the need to adapt the intervention to suit the needs and culture of the new population is inevitable (Bell et al., 2007; Castro et al., 2004).

Adaptation of evidence-based interventions may require changes in content and the form of delivery (Castro et al., 2004). Surface structure changes to interventions are alterations that match the materials and the methods of the intervention to the characteristics of the population without changing its essential core components (Osuna et al., 2011). Although strategies for identifying core components of interventions are largely untested (Elliott and Mihalic, 2004), there is general agreement on a range of prerequisites for successful adaptation. These include (1) knowledge about the population and context for which the adaptation is intended, (2) acceptability of the intervention by the population, (3) maintenance of core elements, (4) a systematic approach to reducing discrepancies between the intervention as tested and the needs and sensibilities of the new population, and (5) documentation of the adaptation (Castro et al., 2004; Solomon et al., 2006).

A structured framework organizes the many individual tasks required to adapt interventions. Prevention science researchers have proposed several frameworks for organizing adaptation activities which are relevant for nursing researchers (Kumpfer et al., 2008; McKleroy et al., 2006; Wingood and DiClemente, 2008). While the details of the frameworks differ, all are stage models and all include initial assessment and information gathering, identification of contextual characteristics that could influence intervention effect, some type of community or patient feedback, and an organized approach to making the adaptive changes. An important goal is to identify sources of potential mismatch between the original study context and the new context. These potential mismatches, which can be categorized as group characteristics, intervention delivery characteristics, and administration or community factors, then make up the primary targets for cultural adaptation (Castro et al., 2004).

This paper describes the cultural adaptation of a nursing intervention, including the steps taken to adapt the intervention, and offers recommendations to guide the cultural adaptation of nursing interventions preliminary to implementation and dissemination studies.

1.2. A nursing intervention to improve adherence among people living with HIV/AIDS

Non-adherence to medications for chronic disease is a world-wide challenge (DiMatteo, 2004; Sabate, 2003) which nurses often are called to address. ATHENA (Adherence Through Home Education and Nursing Assessment) is an evidence-based home nursing intervention that demonstrated efficacy in a randomized clinical trial (RCT) in northeastern United States. ATHENA aims to improve medication adherence among patients for whom antiretroviral (ARV) therapy for HIV infection is prescribed. The intervention is guided by the pedagogical theory of Paolo (Freire, 1986) and led by nurses who facilitate a self-directed process in which patients identify individual and social factors which influence their success with adherence to medication regimens and which, when recognized, can lead to more effective self-management of medication (Williams et al., 2005).

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