
The Patient–Provider Relationship as Experienced by a Diverse Sample of Highly Adherent HIV-Infected People

John Brion, PhD, RN

Qualitative interviews with 23 HIV-infected people who self-reported high-level adherence to antiretroviral therapy were used to examine the process by which they came to accept their HIV infection and engage in high-level adherence behaviors. A major theme that emerged during data analysis was the importance of the patient–provider relationship. The quality of the relationship between patient and provider emerged as an important component of working through early struggles with diagnosis and the on-going struggles of living with a chronic illness. A variety of factors impacting the patient–provider relationship emerged as subthemes. What can be taken from this study is the importance of the patient–provider relationship in the effective self-management of HIV infection. Additionally, several specific behaviors can enhance the patient–provider relationship and help assure movement toward patient acceptance of the illness and engagement in high-level adherence behaviors.

(Journal of the Association of Nurses in AIDS Care, 25, 123-134) Copyright © 2014 Association of Nurses in AIDS Care

Key words: *acceptance, high-level adherence, HIV infection, patient–provider relationship*

With the advent of antiretroviral therapies (ART), HIV infection changed from an acute, terminal illness to a chronic health condition. This change requires that the focus of care change from the traditional prescriptive provider/passive patient to a patient-centered relationship that supports patient self-management of care through collaborative goal setting and treatment planning (Wagner et al.,

2005). Adherence to prescribed treatment is critical to managing most disease states, but for the approximately 1.2 million people living with HIV infection in the United States, successful adherence to ART is required to inhibit viral replication, reduce destruction of CD4+ T cells, limit viral resistance, and slow progression to AIDS (Molassiotis, Morris, & Trueman, 2007; Wood et al., 2003). Nonadherence to treatment by 30% of HIV-infected individuals has resulted in poor clinical outcomes, decreased quality of life, increased medical costs, and creates serious implications for public health (DiMatteo, 2004; Dunbar-Jacob et al., 2006; Rintamaki, Davis, Skripkauskas, Bennett, & Wolf, 2006). The quality of the patient–provider relationship has been identified as a significant factor impacting disease self-management and ART adherence (Beach, Keruly, & Moore, 2006; Brion & Menke, 2008; Kempf et al., 2010; Schneider, Kaplan, Greenfield, Li, & Wilson, 2004).

Few studies have approached HIV self-management from the perspective of individuals who report successful adherence to ART, and those few focused primarily on attitudes, beliefs, and behaviors around adherence. A number of factors have been shown to promote adherence and disease self-management, including acceptance of one's HIV infection; optimism and an orientation toward the future; finding and using personal strengths; belief in the efficacy of ART; belief that only total

John Brion, PhD, RN, is an Assistant Professor, Duke University School of Nursing, Durham, North Carolina, USA.

adherence leads to clinical success; identifying oneself as a partner in making health care decisions within a supportive, patient-focused, patient-provider relationship; and using cues, such as improved laboratory values or the better health of adherers and the poor health of nonadherers, to validate one's success (Alfonso, Geller, Bermbach, Drummond, & Montaner, 2006; Brion & Menke, 2008; Gray, 2006; Lewis, Colbert, Erlen, & Meyers, 2006; Malcolm, Ng, Rosen, & Stone, 2003; Murphy, Roberts, Martin, Marelich, & Hoffman, 2000; Race & Wakeford, 2000; Sidat, Fairley, & Grierson, 2007).

The quality of the patient-provider relationship has also been identified as a key protective factor for successful disease management, especially among chronically ill patients (Ingersoll & Heckman, 2005; Ncama et al., 2008). The post-ART re-conceptualization of HIV as a chronic illness and evidence of poor ART adherence rates make examination of the patient-provider relationship for persons with HIV of particular importance.

Health care providers play a variety of well-documented roles in the patient's successful disease self-management. They are not only responsible for patient education, assessment of disease status, direct medical care, and access to medications but also serve as a source of support for patients negotiating the challenges of managing a complex chronic illness (Bodenlos et al., 2007). Successful disease self-management and adherence to treatment among persons with HIV is highly correlated with health care provider support (Ingersoll & Heckman, 2005; Molassiotis et al., 2007), and strong, positive, patient-centered, patient-provider relationships have specifically been associated with higher medication adherence rates (Brion & Menke, 2008; Ingersoll & Heckman, 2005; Molassiotis et al., 2007; Van Servellen & Lombardi, 2005). However, the literature is silent on the specific components that make up these important patient-provider relationships. In addition, little is known about how the patient-provider relationship develops over time as individuals adapt successfully to living with HIV and achieve successful medication adherence.

The limitations of previous work are related in part to study methodology. In most studies, HIV-related

adherence has been conceptualized as a dichotomous variable: adherent versus not adherent. The predominant use of quantitative, cross-sectional research methods, using prescribed variables to examine single points in time, has supported the conceptualization of adherence as a static state and focused more on those factors predictive of nonadherence. In contrast, adherence to therapy may be conceived as a complex and continuous process occurring in the context of a chronic illness trajectory that begins with the patient's first suspicion or awareness of illness. The time of diagnosis is one of crisis that requires the individual to begin to re-conceptualize her or his sense of self. How individuals manage this crisis depends on the characteristics of challenges, the existence of internal and environmental resources, and how the individual leverages available resources (Amico et al., 2007; Brion, Leary, & Drabkin, 2014; Brion, Menke, & Kimball, 2013; Chidwick & Borrill, 1996; Meleis et al., 2000). Management of this crisis is necessary if an individual is to engage in meaningful and effective health-related behaviors, such as disease self-management and medication adherence (Brion et al., 2013). Previous work has suggested that the health care provider plays a key role in the transition from crisis to acceptance of the HIV diagnosis and the need to become and remain adherent to the treatment plan (Brion & Menke, 2008; Schneider et al., 2004).

The focus of this study was to retrospectively explore the process of becoming and remaining adherent to medication regimens among highly adherent, HIV-infected individuals. Using open-ended questions allowed the patient-provider relationship to emerge as a significant social factor in an individual's successful adaptation to living with HIV as evidenced by high-level adherence behaviors. Findings from the study presented here focus on specific attitudes and behaviors of health providers seen as critical by HIV-infected patients who self-report achieving and maintaining successful adherence to ART regimens. Specific components of the patient-provider relationship that helped to facilitate successful adaptation, disease self-management, and adherence to ART, as well as those negative attitudes and behaviors that undercut efforts at disease self-management emerged as key themes.

Download English Version:

<https://daneshyari.com/en/article/2660483>

Download Persian Version:

<https://daneshyari.com/article/2660483>

[Daneshyari.com](https://daneshyari.com)