

## SELF-EFFICACY AND ADHERENCE TO TREATMENT: THE MEDIATING EFFECTS OF SOCIAL SUPPORT

### *AUTOEFICACIA Y ADHERENCIA AL TRATAMIENTO: EL EFECTO MEDIADOR DEL APOYO SOCIAL*

**María José Martos-Méndez**

Departamento de Psicología Social, Antropología Social, Trabajo Social y Servicios Sociales.  
Facultad de Psicología. Universidad de Málaga (España).

Received: April, 21, 2015  
Review: June, 16, 2015  
Accepted: September, 30, 2015

Correspondence should be directed to: Dr. María José Martos-Méndez, e-mail: [mjmartos@uma.es](mailto:mjmartos@uma.es)

#### Abstract

Treatment adherence is a key health behavior in chronic patients. This study investigates the mediating role of perceived social support in the relationship between perceived self-efficacy and adherence to treatment. The sample is composed of 202 chronic patients living in Spain. Stratified random sampling was used to select participants based on the variables age group and type of disease. As predicted, patient self-efficacy is associated with lower levels of nonadherence as well as greater perceived social support. The results show that self-efficacy has a significant direct effect and an indirect effect (through social support and satisfaction with support) on patient adherence, specifically regarding diet and exercise. This study contributes to understand the processes underlying increased levels of nonadherence to treatment in people with lower self-efficacy and less social support. The results are discussed in terms of their contribution to future intervention programs for improving adherence to treatment in chronic patient groups.

Keywords: Self-efficacy, social support, adherence, chronic patients.

## Resumen

*La adherencia terapéutica es una conducta de salud esencial en los pacientes crónicos. En el presente estudio se analiza el papel del apoyo social percibido como un posible mediador en la relación entre autoeficacia percibida y la adherencia al tratamiento. La muestra está formada por 202 pacientes crónicos residentes en España. La selección de la muestra se hizo en base a un muestreo aleatorio estratificado en función de variables como el grupo de edad y tipo de enfermedad. Como se esperaba, la autoeficacia de los enfermos se relaciona con menores niveles de incumplimiento así como con una mayor percepción de apoyo social. Además, los resultados de los análisis de mediación indican que la autoeficacia tenía un efecto significativo directo, pero también indirecto (a través del apoyo social y de la satisfacción con el apoyo), sobre la adherencia de los pacientes, en concreto, en cuanto a la dieta y el ejercicio físico. El presente estudio contribuye a la comprensión de los procesos subyacentes implicados en cómo las personas con menos autoeficacia y menos apoyo social son más “incumplidores” de sus tratamientos. Finalmente, se discuten aportaciones de estos resultados para su aplicación en futuros programas de intervención para la mejora de la adherencia al tratamiento en enfermos crónicos.*

**Keywords:** Autoeficacia, apoyo social, adherencia, pacientes crónicos.

## Introduction

Adherence to health recommendations has been an issue of social concern for many decades (Martos, & Pozo, 2011a; Serrano-Castro, Pozo-Muñoz, Alonso-Morillejo, Martos-Méndez, & Bretones-Nieto, 2011; Turk, & Meichenbaum, 1991; Zeber et al., 2013). Advances in medicine, improved nutritional guidelines, improved quality of life in general, hygiene practices in particular, and the development of effective preventive and curative measures, such as vaccines and antibiotics, have made it possible to win the battle against most infectious diseases. However, these changes have increased the number of people with long-term illnesses, functional limitations, and physical and psychological disabilities; that is, chronic patients (Smith, Anderson, Salinas, Horvatek, & Baker, 2015). Once again, this raises the issue of quality of life, although from a different perspective.

There is evidence that health habits have a direct impact on the individual's health (Jackson, Tucker, & Herman, 2007). One of the most-studied health behaviors is treatment adherence or adherence behavior. This can be defined as the extent to which a person's behavior (taking medication, following a diet, making lifestyle changes, etc) coincides with the advice received regarding health and prescriptions (Epstein, & Cluss, 1982; Rosner, 2006). Similarly, according to Meichenbaum and Turk (1991), the term adherence is used to refer

to the increased involvement and voluntary collaboration of the patient in a course of behavior accepted by mutual agreement with the health provider to produce a desired preventive or therapeutic result. The World Health Organization (2004) refers to adherence as a multidimensional phenomenon determined by the interplay of five sets of factors: the health system or healthcare team, the disease, socioeconomic aspects, the treatment, and the patient.

Adherence to medical recommendations is vital to patients with a chronic illness. Once a patient has been diagnosed as having a chronic illness, major lifestyle changes need to be implemented. Such patients need to follow a strict drug regimen, take medications several times a day, or even self-administer daily insulin injections in the case of diabetic patients (Gross et al., 2003). In addition, maintaining a good quality of life has increased the importance of diet and daily exercise (Hayes, 2002). Patients with chronic diseases should adopt behaviors that promotes or protects health. That is, they are recommended to change their lifestyle: they ought to follow a healthy diet, take physical exercise, and should not smoke or drink alcohol (Ferrer, 1995). Therefore, the extent to which the patient feels able to carry out these changes will be crucial to developing these healthy behaviors and, ultimately, to their adhering to treatment (Bandura, 1999; Granados, Roales-Nieto, Moreno, & Ybarra, 2007).

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