



Parental Attitudes and Medication Adherence in Groups of Adolescents After Liver and Kidney Transplantations

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ABSTRACT

The objective of the study was to determine the connection between parental attitudes and medication adherence and the selected aspects of treatment in groups of adolescents after kidney and liver transplantations, in comparison with adolescents with diabetes and inflammatory bowel disease. Attitudes were assessed using M. Plopa's Parental Attitudes Scale, which distinguishes 5 types of attitudes. Medication adherence was evaluated on the basis of the Morisky Medication Adherence Scale (MMAS-8), used with the author's consent. With the 4-item scale developed by the authors, the following aspects of treatment were assessed: the patient's level of knowledge about the disease, treatment effects, and physician's satisfaction with patient cooperation. In both groups of adolescents after transplantation, 2 types of parental attitudes were found to correlate with medication adherence: the Accepting Attitude and the Overly Protective Attitude. The results of other studied aspects varied in terms of gender, age, and chronic disease type.

ONE of the key reasons of treatment failure is the patients' lack of adherence to medical recommendations. This not only has health consequences, but also impacts the economic and social fields. Studies show that even for severe diseases the problem is widespread and that adolescents are the group facing the highest risk [1,2]. Empirical studies attempt to identify the determining factors of medication adherence difficulties and those supporting patients' health behavior [3-5]. When a child is diagnosed with a serious chronic disease, the parents find themselves in a stressful situation. The disease changes the parents' behavior, and difficulties in dealing with the situation may lead to, *inter alia*, developing improper parental attitudes and disrupting the relations between the parents and the child. As relatively permanent tendencies to apply specific parenting methods, parental attitudes determine the emotional attitude towards children and the behavior towards them. They impact a number of aspects of children's functioning, including their attitudes about themselves and their health, their ability to cope with stress, relations with their environment, their level of aggression, and problematic behavior, moral choices, etc. [6-9]. Some data show that parental attitudes are also of the essence for children's participation in the therapeutic process and the level of cooperation during treatment [10] and suggest that the attitudes in which acceptance and emotional closeness

prevail are the best predictors of self-discipline and cooperation during treatment [10,11].

METHODS

Characteristics of the Group

A total of 197 children participated in the study: 97 boys and 100 girls aged 12-18 years ($M = 14.71$; $Sd = 1.747$) and 197 parents: 32 fathers and 165 mothers aged 29-60 years (mean = 43.15; $SD = 5.886$). The patients included 4 groups of adolescents: after kidney transplantation (KTx) $N = 52$, after liver transplantation (LTx) $N = 44$, with inflammatory bowel disease (IBD) $N = 50$, and with diabetes (D) $N = 51$. The uneven numbers in the subgroups are due to the fact that during the study there were no further patients after liver transplantation meeting the inclusion criteria. The selection of patients for the studied group was based on: age 12 to 18 years, the diagnosed disease lasting at least a year, the ability to complete the questionnaire on one's own, no intellectual disability, and the parent's participation in the study.

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Table 1. Parental Attitudes and Medication Adherence, Cooperation and Treatment Effects with Regard to Disease Types. N = 197

	Accepting	Overly Demanding	Autonomous	Inconsistent	Overly Protective
© MMAS	rho = 0.387** KTx rho = 0.309* LTx	rho = 0.292* LTx	n.s	n.s	rho = 0.387**KTx rho = 0.310*LTx
<u>Questionnaire</u>	n.s	n.s	rho = 0.337**D	n.s	rho = -0.317*IBD
1 Patient's knowledge					
2 Involvement in the treatment	rho = 0.306*D	rho = -0.336** KTx rho = -0.327*LTx	rho = 0.364**D	n.s	n.s
3 Treatment results	rho = 0.240*D	n.s	rho = 0.277*D	n.s	n.s
4 Physician satisfaction	rho = 0.281*D	rho = -0.238* KTx rho = 0.236*D	n.s	rho = -0.234* KTx	n.s

*P < .05.

**P < .01.

Procedure and Research Tools

The study involved completing anonymous psychological tests by individuals who had been informed about the study's objective and voluntarily gave their written consent to participate. The tests were carried out by a psychologist during the children's stay at a hospital ward or during their visit in the Outpatient Clinic.

The Parental Attitudes Scale (PAS) [12] has 2 versions, for mothers and for fathers, with an identical structure and number of questions. The PAS method specified 5 types of parental attitudes: Accepting, Overly Demanding, Autonomous, Inconsistent, and Overly Protective.

The Morisky Medication Adherence Scale (MMAS-8) [13] is a self-report scale applied to evaluate the degree of cooperation during treatment understood as medication adherence.

The cooperation level and treatment effects were evaluated with a 4-item questionnaire. On a scale from 1 to 5, the attending physician evaluated the knowledge of a given patient on his or her disease, his or her involvement in treatment, therapeutic results, and the level of his or her own satisfaction with patient cooperation.

RESULTS

The data obtained with the MMAS method demonstrate that, regardless of the disease, the dominant tendency in the studied group of adolescents is a medium level of medication adherence (mean = 6.55 points) within a range of 50-70%. The results of the groups of patients after organ transplantation are favorable as compared to other patients. The percentage of patients taking medications irregularly was lower (5.8% - KTx and 11.4% - Ltx), in comparison to

patients from other groups (15.7% - D and 16% - IBD), while a higher share of individuals were taking medications very regularly (40.4% - KTx and 31.8% - Ltx), as compared to patients with IBD - 17.65% and diabetes - 14%.

In an attempt to answer the question whether parental attitudes are correlated with medication adherence and other aspects of treatment, Spearman's correlation was applied. The analyses demonstrated that only the Overly Protective Attitude is conducive to displaying medication adherence by adolescent patients (rho = 0.236) P < .01. However, when taking the disease type into consideration, other significant differences were observed in the impact of parental attitudes on medication adherence and other treatment aspects (Table 1). It was found that, in the group of patients after transplantation, 2 attitudes had a significant favorable impact on medication adherence: the Accepting Attitude and the Overly Protective Attitude. In contrast, the Overly Demanding Attitude had a negative influence on involvement in the treatment by patients after transplantation, and in the case of adolescents after kidney transplantation, it negatively correlated with the level of physician satisfaction with cooperation with a specific adolescent patient (Tables 2 and 3).

DISCUSSION

The study focused on verifying which parental attitude type is associated with medication adherence and other selected aspects of cooperation in the treatment process in groups of

Table 2. Descriptive Statistics PAS questionnaire, MMAS - 8 and 4 -Item Scale

Tests	N	Minimum	Maximum	Mean	Standard Deviation
PAS Accepting	197	18	50	44.42	5158
PAS Overly demanding	197	10	49	27.55	8186
PAS Autonomous	197	17	50	37.69	5821
PAS Inconsistent	197	9	47	21.14	7818
PAS Overly protective	197	9	50	29.84	8885
MMAS-8	197	1	8	6.66	1321
4 - item scale					
1.Knowledge about disease	197	1	26	4.04	1854
2.Involvement in treatment	197	1	29	3.97	2061
3.Therapeutic results	197	1	5	4.25	791
4.Satisfaction with patient cooperation.	197	1	5	4.09	1027

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