



UNIVERSITI PUTRA MALAYSIA

**UNDERSTANDING ADHERENCE EXPERIENCE
OF HYPERTENSIVE PATIENTS REFERRED FOR
COUNSELLING AT A PUBLIC HEALTH CLINIC**

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the degree of Doctor of Philosophy

UNDERSTANDING ADHERENCE EXPERIENCE OF HYPERTENSIVE PATIENTS REFERRED FOR COUNSELLING AT A PUBLIC HEALTH CLINIC

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This study aims to understand the experience of hypertensive patients in adhering to medicine. Despite the availability of effective medicine, non-adherence to medicine has been identified as the main cause of failure in controlling hypertension. Adherence is a complex phenomenon that affects not only the health of the patients but also their entire lives. The research gap in this field is the absence of the patients' perspective and a dearth of qualitative research. The researcher adopted the Abductive Research Strategy (ARS), which emphasized on postmodern epistemology-social constructionism to explore the social world of participants and generate social scientific knowledge through abducting participants' accounts. Four research questions were designed to investigate the adherence experience of the patients: 1) What are the psychological responses of patients after being diagnosed as hypertensive? 2) How do patients perceive the medicine prescribed for them? 3)

What types of adherence behaviour do patients engage in? 4) Why do patients engage in a particular type of adherence behaviour?

The researcher purposively selected 26 participants from a public health clinic in Selangor, Malaysia. After obtaining ethical committee clearance, the researcher interviewed participants through in-depth semi-structured interviews lasting between one and two hours for three sessions on different dates. The interviews were recorded and transcribed verbatim. NVivo 7 was used to organise the data and the data were analysed by using the constant comparison method to produce typologies. The rigour and trustworthiness of the study was achieved through prolonged engagement, member checking, non-participant observation, review of documents, field notes, peer examination and audit trail.

The findings demonstrated that psychological responses undergone by participants after being diagnosed with hypertension were divided into emotional and cognitive responses. Sub-types of emotional response include anxiety, denial, depression, and acceptance, while cognitive sub-types comprise the justification of illness causation through which patients rationalize their illness as being caused by the risk factors of hypertension, self-inflicted, change of environment, emotional stress and personality.

Participants are presented with six types of perception of medicine – positive perception to Western Medicine (WM), negative perception to WM, positive perception of Complementary and Alternative Medicine (CAM), negative perception

of CAM, positive versus negative perception to WM and positive versus negative perception to CAM. Three types of adherence behaviour were found including faithful adherence, self-regulating and intentional non-adherence. Participants follow medicine faithfully because of fear of death and disease complications, positive perception towards medicine, social support, good relationship with doctor and limited choices. Participants self-regulate their medicine because of the side effects of medicine, adapted to treatment, influence of cultural and lay knowledge as well as avoid not being treated by the doctor. Intentional non-followers do not take medicine due to the absence of the symptoms of illness as well as communication and language barrier.

In summary, adherence to medicine is a multifactorial and value-laden type of behaviour. Likewise, patient is not a passive follower of the medicine prescribed. Therefore, to improve adherence to the prescribed medicine in hypertension, the counsellor should use patient-centred counselling approaches to encourage self-management in long-term treatment. Thus, cognitive behavioural therapy and post modern approach –narrative therapy was suggested for counsellors to utilize in the process of helping and understanding the clients. The understanding of clients' experience could assist counsellor in decision-making and improve the quality of counselling services.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia
sebagai memenuhi keperluan untuk ijazah Doktor Falsafah

**PEMAHAMAN TERHADAP
PENGALAMAN KEPATUHAN UBAT PADA PESAKIT HIPERTENSI YANG
DIRUJUK UNTUK KAUNSELING DI KLINIK KESIHATAN AWAM**

Oleh

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Kajian ini bertujuan untuk memahami pengalaman kepatuhan terhadap ubat di kalangan pesakit hipertensi. Walaupun terdapat ubat yang efektif, ketidakpatuhan kepada ubat telah dikenalpasti sebagai penyebab utama terhadap kegagalan dalam pengawalan penyakit hipertensi. Kepatuhan adalah suatu fenomena yang kompleks dimana ia bukan sahaja mempengaruhi kesihatan pesakit tetapi keseluruhan hidupnya. Jurang penyelidikan dalam bidang ini ialah ketiadaan perspektif pesakit dan kekurangan penyelidikan kualitatif. Penyelidik menggunakan “Abductive Research Strategy” (ARS) yang menegaskan epistemologi posmoden-“social constructionism” untuk meneroka dunia sosial responden dan menjanakan pengetahuan social saintifik dengan mengambil kira pandangan responden terhadap pengalaman kepatuhan terhadap ubat. Empat soalan kajian telah dibentuk untuk menyiasat pengalaman kepatuhan ubat: 1) Apakah respon psikologi pesakit selepas

didiagnos hipertensi? 2) Bagaimana persepsi pesakit terhadap ubat yang dipreskripsikan? 3) Apakah jenis tingkahlaku kepatuhan ubat yang terlibat oleh pesakit ? 4) Kenapa pesakit terlibat dalam jenis tingkahlaku kepatuhan ubat yang tertentu?

Penyelidik memilih 26 responden berdasarkan kriteria dari sebuah klinik kesihatan awam di Selangor, Malaysia. Setelah memperolehi persetujuan daripada jawatankuasa etika penyelidikan, penyelidik menemubual responden melalui temubual separa-struktur yang mendalam selama satu hingga 2 jam untuk 3 sesi pada tarikh yang berlainan. Temubual direkod dan ditranskrip verbatim. Nvivo 7 digunakan untuk menyusun data dan data dianalisis dengan menggunakan cara perbandingan berterusan untuk menghasilkan tipologi. Kesahihan kajian dicapai melalui memanjangkan tempoh penglibatan, semakan ahli, pemerhatian tanpa penglibatan, ulasan dokumen, nota kajian, teknik pemeriksaan rakan dan dokumen audit.

Dapatan kajian menunjukkan bahawa respon psikologi yang ditempuhi oleh responden selepas didiagnos hipertensi terbahagi kepada emosi dan kognitif. Jenis respon emosi termasuk kebimbangan, penafian, kesedihan, dan penerimaan. Manakala jenis respon kognitif terdiri daripada justifikasi penyebab kejadian penyakit, dimana pesakit menjelaskan penyebab penyakit mereka adalah disebabkan oleh faktor risiko hipertensi, perbuatan sendiri, perubahan persekitaran, tekanan emosi dan personaliti.

Responden menunjukkan enam tipologi berkenaan dengan persepsi terhadap ubat yang dipreskrip-positif persepsi pada Ubat Barat (UB), negatif persepsi pada UB, positif persepsi pada Ubat Komplimentari dan Alternatif (UKA), negatif persepsi pada ubat UKA, positif dan negatif persepsi pada UB dan positif dan negatif persepsi pada UKA.

Tiga jenis tingkahlaku kepatuhan didapati ialah taat , pengaturan sendiri dan tidak patuh dengan sengaja. responden mengambil ubat dengan taat kerana ketakutan terhadap kematian dan komplikasi penyakit, positif persepsi terhadap ubat, sokongan sosial, perhubungan yang baik dengan doktor dan pilihan yang terhad. Responden mengatur sendiri ubat kerana kesan sampingan ubat, penyesuaian diri terhadap ubat, pengaruh budaya dan pengetahuan biasa serta mengelakan daripada tidak dirawat oleh doktor . Responden yang sengaja tidak patuh pada ubat kerana tiada simptom penyakit serta masalah komunikasi dan halangan bahasa.

Kesimpulannya, Kepatuhan terhadap pengambilan ubat adalah sejenis tingkahlaku yang dipengaruhi oleh pelbagai faktor dan mempunyai nilai-nilai murni, Begitu juga, pesakit bukanlah pengikut yang pasif terhadap ubat yang dipreskripkan. Oleh sebab itu, untuk memperbaiki tingkahlaku kepatuhan terhadap pengambilan ubat hipertensi, kaunselor seharusnya menggunakan pendekatan kaunseling yang berpusatkan pesakit untuk menggalakkan pengurusan ubat sendiri dalam rawatan jangka panjang. Maka, Terapi Kognitif Tingkahlaku dan Pendekatan Posmoden-Terapi Naratif dicadangkan untuk kaunselor dalam process membantu and memaham pengalamam klien.

Pemahaman pada pengalaman klien dapat membantu kaunselor dalam membuat keputusan dan memperbaiki mutu perkhidmatan kaunseling.



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Approval

I certify that an Examination Committee has met on 27 April 2012 to conduct the final examination of Lee Khuan on her Doctor of Philosophy thesis entitled “Understanding adherence experience of hypertensive patients referred for counselling at a public health clinic” in accordance with Universiti Pertanian Malaysia (Higher Degree) Act 1980 and Universiti Pertanian Malaysia (Higher Degree) Regulations 1981. The Committee recommends that the student be awarded the degree of Doctor of Philosophy.

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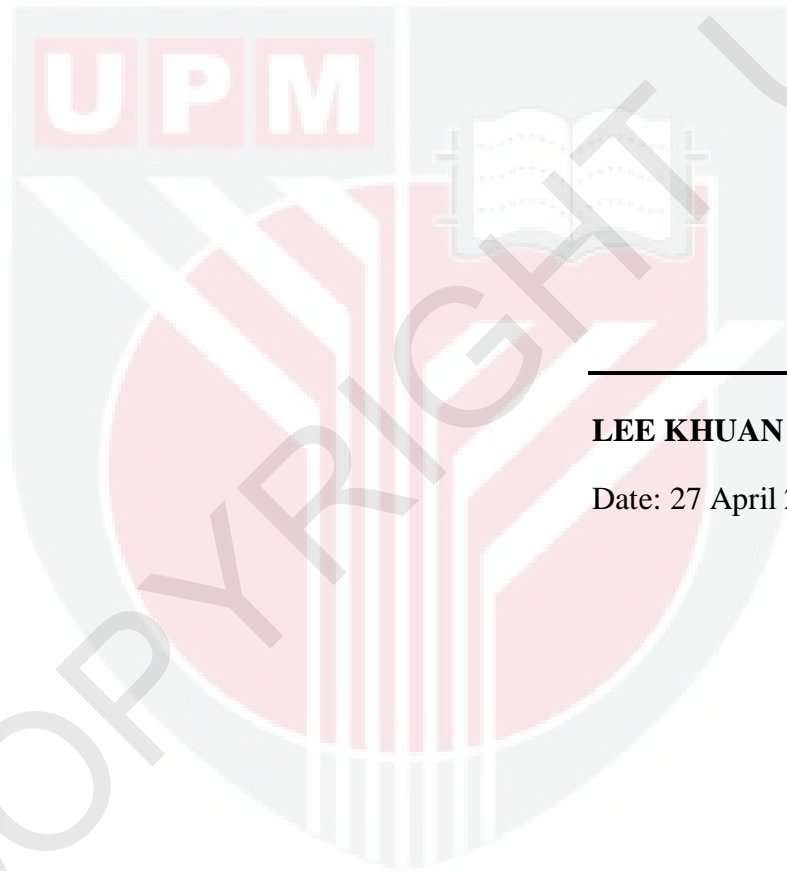
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DECLARATION

I declare that the thesis is my original work except for quotations and citations which have been duly acknowledged. I also declare that it has not been previously, and is not concurrently, submitted for any other degree at Universiti Putra Malaysia or at any other institution.



LEE KHUAN

Date: 27 April 2012

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