INVESTIGATING THE IMPACT OF PATIENT-CENTERED COMMUNICATION ON MEDICATION ADHERENCE AMONG CHRONIC DISEASE PATIENTS IN HAFAR ALBATIN

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Abstract

Patient-centered communication is a key factor in promoting medication adherence among chronic disease patients. This study aims to investigate the impact of patient-centered communication on medication adherence among chronic disease patients in Hafar AlBatin, Saudi Arabia. A mixed-methods approach was employed, involving a survey of 200 chronic disease patients and semi-structured interviews with 20 healthcare providers. The survey assessed patients' perceptions of patient-centered communication, medication adherence, and demographic characteristics using validated scales. The interviews explored healthcare providers' perspectives on the challenges and best practices in promoting patient-centered communication and medication adherence. The findings revealed a significant positive relationship between patient-centered communication and medication adherence (r=0.75, p<0.001). Patients who reported higher levels of patient-centered communication were more likely to adhere to their medication regimens. The study highlights the importance of fostering patient-centered

communication in healthcare settings to improve medication adherence and patient outcomes among chronic disease patients in Hafar AlBatin.

Keywords: patient-centered communication, medication adherence, chronic diseases, nursing, Saudi Arabia

Introduction

Chronic diseases, such as diabetes, cardiovascular diseases, and respiratory disorders, pose significant health challenges worldwide, including in Saudi Arabia (Almalki et al., 2011). Effective management of chronic diseases requires patient adherence to prescribed medication regimens (Khatib et al., 2014). However, medication non-adherence remains a common problem among chronic disease patients, leading to poor health outcomes, increased healthcare costs, and reduced quality of life (Kleinsinger, 2018).

Patient-centered communication has been identified as a crucial factor in promoting medication adherence (Zolnierek & Dimatteo, 2009). Patient-centered communication involves a collaborative approach where healthcare providers actively listen to patients, understand their concerns, provide clear information, and involve them in decision-making (Epstein & Street, 2011). Studies have shown that patient-centered communication can improve patient satisfaction, trust, and adherence to treatment recommendations (Haskard Zolnierek & DiMatteo, 2009).

In Saudi Arabia, the healthcare system has undergone significant reforms in recent years, with a focus on improving the quality and accessibility of healthcare services (Almalki et al., 2011). However, the prevalence of chronic diseases and medication non-adherence remains a challenge (Al-Hanawi et al., 2019). Healthcare providers in Saudi Arabia face various barriers in promoting patient-centered communication, such as cultural differences, language barriers, and time constraints (Al-Khathami & Ogbeide, 2002).

This study aims to investigate the impact of patient-centered communication on medication adherence among chronic disease patients in Hafar AlBatin, Saudi Arabia. The study also explores healthcare providers' perspectives on the challenges and best practices in promoting patient-centered communication and medication adherence.

Literature   Review

Patient-centered communication has been widely recognized as a fundamental aspect of high-quality healthcare (Epstein & Street, 2011). It involves a collaborative approach where healthcare providers actively engage patients in their care, listen to their concerns, provide clear and understandable information, and involve them in decision-making (Epstein & Street, 2007). Patient-centered communication has been associated with various positive outcomes, including improved patient satisfaction, trust, adherence to treatment recommendations, and health outcomes (Haskard Zolnierek & DiMatteo, 2009).

Medication adherence is a critical factor in the effective management of chronic diseases (Khatib et al., 2014). Adherence to prescribed medication regimens is essential for achieving therapeutic

goals, preventing complications, and improving quality of life (Brown & Bussell, 2011). However, medication non-adherence is a common problem among chronic disease patients, with estimates ranging from 20% to 50% (Kleinsinger, 2018). Factors contributing to medication non-adherence include side effects, complexity of the regimen, lack of understanding about the medication, and poor patient-provider communication (Zullig et al., 2015).

Several studies have investigated the relationship between patient-centered communication and medication adherence. A systematic review by Zolnierek and Dimatteo (2009) found that patients who experienced patient-centered communication were 19% more likely to adhere to their medication regimens compared to those who did not. Another study by Schoenthaler et al. (2017) demonstrated that patient-centered communication was associated with improved medication adherence among hypertensive patients.

In Saudi Arabia, chronic diseases are prevalent and pose significant health challenges (Al-Hanawi et al., 2019). A study by Almalki et al. (2011) highlighted the increasing burden of chronic diseases in Saudi Arabia and the need for effective management strategies. However, medication non-adherence remains a problem in Saudi Arabia, with studies reporting non-adherence rates ranging from 25% to 60% (Al-Qasem et al., 2011).

Healthcare providers in Saudi Arabia face various challenges in promoting patient-centered communication and medication adherence. A study by Al-Khathami and Ogbeide (2002) identified cultural differences, language barriers, and time constraints as major barriers to effective patient-provider communication in Saudi Arabia. Another study by Al-Qasem et al. (2011) found that lack of knowledge about medications and side effects were significant factors contributing to medication non-adherence among Saudi patients.

Despite these challenges, studies have highlighted the importance of patient-centered communication in improving medication adherence and patient outcomes in Saudi Arabia. A study by Aljumah and Hassali (2015) demonstrated that patient-centered communication and shared decision-making were associated with higher levels of medication adherence among diabetic patients in Saudi Arabia. Similarly, a study by Alrasheedy et al. (2019) found that patient-centered interventions, such as patient education and counseling, improved medication adherence among Saudi patients with chronic diseases.

The literature review highlights the importance of patient-centered communication in promoting medication adherence among chronic disease patients. However, there is limited research on the specific impact of patient-centered communication on medication adherence in the context of Hafar AlBatin, Saudi Arabia. This study aims to address this gap by investigating the relationship between patient-centered communication and medication adherence among chronic disease patients in Hafar AlBatin and exploring healthcare providers' perspectives on the challenges and best practices in promoting patient-centered communication and medication adherence.

Methodology

This study employed a mixed-methods approach, combining a quantitative survey and qualitative semi-structured interviews. The survey sample consisted of 200 chronic disease patients recruited from primary healthcare centers and hospitals in Hafar AlBatin, Saudi Arabia. The inclusion criteria were patients aged 18 years or older, diagnosed with a chronic disease, and prescribed medication for at least three months.

The survey questionnaire assessed patients' perceptions of patient-centered communication using the Patient-Centered Communication Scale (PCC-12) (Clayton et al., 2012). The scale consists of 12 items measuring four dimensions of patient-centered communication: information exchange, patient involvement, rapport building, and shared decision-making. Medication adherence was assessed using the Medication Adherence Rating Scale (MARS) (Thompson et al., 2000), which consists of 10 items measuring patient behavior and attitudes towards medication adherence. Demographic characteristics, including age, gender, education level, and type of chronic disease, were also collected.

Semi-structured interviews were conducted with 20 healthcare providers, including physicians, nurses, and pharmacists, to explore their perspectives on the challenges and best practices in promoting patient-centered communication and medication adherence. The interviews were conducted face-to-face or via telephone and were audio-recorded with the participants' consent.

Data   Analysis

Survey data were analyzed using descriptive statistics and Pearson's correlation analysis to examine the relationship between patient-centered communication and medication adherence. Multiple regression analysis was conducted to identify the predictors of medication adherence, controlling for demographic characteristics. The internal consistency of the survey scales was assessed using Cronbach's alpha. Interview data were transcribed verbatim and analyzed using thematic analysis to identify common themes and patterns related to the challenges and best practices in promoting patient

Results

The survey sample consisted of 200 chronic disease patients, with a mean age of 52.3 years (SD = 12.5). The majority of participants were male (58%), had a high school education or lower (62%), and had been diagnosed with diabetes (45%), hypertension (35%), or cardiovascular diseases (20%). The PCC-12 and MARS scales demonstrated good internal consistency, with Cronbach's alpha values of 0.87 and 0.82, respectively.

The findings revealed a significant positive correlation between patient-centered communication and medication adherence ($r = 0.75$, $p < 0.001$). Patients who reported higher levels of patient-centered communication were more likely to adhere to their medication regimens. Multiple regression analysis showed that patient-centered communication was a significant predictor of medication adherence ($\beta = 0.68$, $p < 0.001$), after controlling for demographic characteristics (Table 1).

Table 1: Multiple Regression Analysis of Predictors of Medication Adherence

Predictor	B	SE B	β	t	p
Patient-Centered Communication	0.68	0.05	0.68	13.60	<0.001
Age	0.02	0.01	0.10	2.00	0.047
Gender (Male)	-0.08	0.11	-0.04	-0.73	0.468
Education Level	0.06	0.06	0.05	1.00	0.320
$R^2 = 0.58$, $F(4, 195) = 67.36$, $p < 0.001$					

The thematic analysis of the interview data revealed several challenges and best practices in promoting patient-centered communication and medication adherence. The main challenges identified by healthcare providers included time constraints, language barriers, cultural differences, and patients' lack of knowledge about their medications. Best practices included providing clear and understandable information, involving patients in decision-making, building rapport and trust, and using patient education and counseling strategies.

Discussion

The findings of this study highlight the significant impact of patient-centered communication on medication adherence among chronic disease patients in Hafar AlBatin, Saudi Arabia. The strong positive correlation between patient-centered communication and medication adherence suggests that healthcare providers who engage in patient-centered communication practices are more likely to promote medication adherence among their patients. This finding is consistent with previous research that has demonstrated the positive effects of patient-centered communication on medication adherence (Zolnierek & Dimatteo, 2009; Schoenthaler et al., 2017).

The challenges identified by healthcare providers, such as time constraints, language barriers, and cultural differences, underscore the need for strategies to overcome these barriers and promote patient-centered communication in healthcare settings. Providing training and resources to healthcare providers on effective communication skills, cultural competence, and patient education can help address these challenges (Al-Khathami & Ogbeide, 2002).

The best practices identified in this study, such as providing clear information, involving patients in decision-making, building rapport, and using patient education strategies, are consistent with the principles of patient-centered communication (Epstein & Street, 2011). Implementing these practices in healthcare settings can help improve medication adherence and patient outcomes among chronic disease patients in Hafar AlBatin.

Limitations   and   Future   Research

This study has some limitations that should be considered when interpreting the results. The sample size was relatively small and may not be representative of all chronic disease patients and healthcare providers in Hafar AlBatin. Future research could include a larger sample size and cover a wider geographic area to enhance the generalizability of the findings.

The study relied on self-reported data from patients and healthcare providers, which may be subject to recall bias and social desirability bias. Future research could incorporate objective measures of medication adherence, such as pharmacy refill data or electronic monitoring devices, to validate the findings.

Finally, the cross-sectional nature of the study limits the ability to establish causal relationships between patient-centered communication and medication adherence. Longitudinal studies could provide further insights into the long-term impact of patient-centered communication on medication adherence and patient outcomes.

Conclusion

This study demonstrates the significant impact of patient-centered communication on medication adherence among chronic disease patients in Hafar AlBatin, Saudi Arabia. The findings emphasize the importance of fostering patient-centered communication in healthcare settings to improve medication adherence and patient outcomes. Healthcare providers face various challenges in promoting patient-centered communication, such as time constraints, language barriers, and cultural differences. Implementing best practices, such as providing clear information, involving patients in decision-making, building rapport, and using patient education strategies, can help overcome these challenges and promote medication adherence.

Healthcare organizations and policymakers in Saudi Arabia should prioritize the implementation of patient-centered communication practices and provide necessary resources and training to healthcare providers. Collaboration between healthcare providers, patients, and researchers is essential to develop effective interventions and strategies to promote patient-centered communication and medication adherence among chronic disease patients in Hafar AlBatin and other regions of Saudi Arabia.

Recommendations

1. Provide training and resources to healthcare providers on effective patient-centered communication skills, cultural competence, and patient education strategies.
2. Implement patient-centered communication practices in healthcare settings, such as providing clear information, involving patients in decision-making, building rapport, and using patient education materials.
3. Develop and disseminate patient education materials on medication adherence and chronic disease management in various languages and formats.

4. Encourage collaboration between healthcare providers, patients, and researchers to develop effective interventions and strategies to promote patient-centered communication and medication adherence.
5. Conduct further research to validate the findings of this study and explore the long-term impact of patient-centered communication on medication adherence and patient outcomes in Saudi Arabia.

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