

THE ROLE OF BELIEFS AND PRACTICES IN HEALTH ON PATIENTS' COMPLIANCE

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ABSTRACT

The degree of influence of traditional beliefs and practices of a person as part of his or her cultural background is indeed a creative molder of a person's behavior such as attitudes, beliefs and practices regarding health promotion and prevention of illness. This study determined the level of influence of health beliefs and practices on the level of compliance with regard to discharge instructions given to the patients in selected hospitals in Sogod, Southern Leyte, Philippines. Utilizing a co-relational design, thirty respondents were selected by purposive sampling technique. A researcher-made interview schedule was utilized. The compliance behavior of the respondents on medications showed that majority of the respondents were highly and moderately compliant while compliance with out-patient referral showed that majority have poorly complied. Majority of the health beliefs most frequently identified were scientific while the practices were mostly parochial. There was no significant relationship between health beliefs and practices with medication compliance. Significant correlations were shown between health beliefs and practices and out-patient referral compliance. Reasons for non-compliance for medications includes financial constraints and forgetfulness while on out-patient referral, respondents did not comply the follow-up consultation due to the absence of symptoms or due to the suggestions of a faith healer for further management. It is concluded that health beliefs and practices do not influence compliance of medication since it is basically a consideration of individual's budgetary capacity. It is further concluded that health beliefs and practices significantly influence out-patient referral compliance since it is affected more by the behavioral attributes.

Keywords: Patients' Compliance, Traditional Beliefs, Traditionals Practices.

INTRODUCTION

Adherence to medication is a multifaceted occurrence, predisposed by a diversity of aspects. Analysis of the situations in the hospitals of Philippines revealed that factors associated with medication knowledge affected the patient compliance towards medication. Medication adherence can be enhanced by providing high-quality information about treatment and counseling strategies to build patients' confidence. Thus it is the duty of the staff members to make the patient aware of the medication details and increase the knowledge so that they comply properly with the post treatment medication to prevent further occurrence of the symptoms

RATIONALE

Every individual enters into this world without having a set culture – one's own beliefs, values, attitudes and perception of things is powerfully influenced by the way people behaves and acts in the surroundings. It is almost impossible to exaggerate the power and influence of one's environment on the human mind (Zeber *et al.*, 2011).

The impact of an individual's cultural influences on traditional health beliefs and practices has been reflected in a survey in Southern Leyte. The study revealed that out of 122 numbers of deaths during a survey of six-months, 43.44% died in the hospital and 55.56% died in their homes. Out of those who died in the hospital, 16.39% have no experience of consultation with faith healers or quack doctors (herbolario), 27.04% had previous treatment from faith healers or quack doctors before they were admitted at the hospital. For those who died at their homes, 50.82% were under the care of faith healer and 5.73% died because of terminal cancer and debilitating diseases (Rural Health Unit, March to August, 1985). The degree of influence of traditional beliefs and practices of a person as part of his or her cultural background is indeed a creative molder of a person's behavior such as the values, attitudes, beliefs and practices regarding health promotion and prevention of illness. It is ironical that with the onset of modernized facilities and approaches on managing diseases, there are still a number of people who refuse to accept treatment regimen and practices provided (Panopio, 1995).

Health care providers are known to have difficulties in accepting traditional beliefs and practices among clients since there are those which are beyond the explanation of medical sciences. Yet, Berger and Williams (1999) stated that one's health beliefs and practices play significant roles in healing and treating individual illnesses. Thus, it is observed that many clients who sought consultations sometimes selectively comply with the treatment regimen because of respective beliefs and practices. It is often noted that patients who had been discharged from the hospital were readmitted due to recurrence of the illness because of the failure to follow the prescribed discharge instruction.

It is on this premise that the researcher implemented this study in order to determine whether health beliefs and practices of clients influenced their compliance of the discharge instructions given at the time of discharged from the hospital.

THEORETICAL FRAMEWORK

The basic focus of this study is on the behavior of an individual specifically with regard to healthcare beliefs and practices. In this study Guthrie's Child-rearing practices (Guthrie & Jacobs, 1966) are utilized along with Bandura's Social Cognitive Theory (Bandura, 1989).

Guthrie's Theory emphasizes that human beings are products of significant relationship with others. Prior studies of Filipino culture were observed mainly on adult models. Since children cannot be excluded from adult activities and they are generally surrounded by members of the family which enable them to learn in advance, so this study tried to include the children population. The constant exposure of the children to the adult activities helps them to learn and be influenced by the existing beliefs and practices of their parents (Hunt, *et al.*, 1997). The beliefs and practices are inculcated into the individual's system and affect the potential behavior of a person.

Bandura's Social Cognitive Theory, on the other hand, exemplifies that an individual learns by observation. Thus individuals are greatly influenced by their traditional beliefs regarding treatment of diseases and can also unlearn those harmful practices according to their will (Kaplan, 1993).

STATEMENT OF THE PROBLEM

This study was purposely designed to determine the level of influence of both health beliefs and practices on

the treatment procedure of the patients in the hospital. Along with these their level of compliance with discharge instructions at the time of discharge was also studied in selected hospitals in Sogod, Southern Leyte, Philippines. Thus this study further determined:

- a) To what extent discharge instructions were complied by the medical patients in medication and out-patient referral;
- b) The level of health beliefs and practices of the study sample as categorized into traditional, parochial and scientific knowledge;
- c) The study took into account the influence of health beliefs and practices with regard to compliance with discharge instructions and
- d) The reasons of the medical patients' non-compliance with discharge instructions.

This study hypothesized that there is a significant relationship between the medical patients' level of compliance on discharge instructions and health beliefs and practices.

METHODOLOGY

This study was done in two selected secondary hospitals in Southern Leyte, Philippine, a rural area. These hospitals cater to the health needs of the residents within the town and neighboring towns. Utilizing a co relational design, thirty respondents were selected by purposive sampling technique with the following inclusion criteria:

- i. previously hospitalized for minimum of three days
- ii. discharged within the year,
- iii. 15 to 70 years old and with medical problems.

In data gathering, a researcher-made interview schedule was utilized with two parts such as seven questions relating to patient's personal data and eight questions pertaining to the problem. Considering that the tool used was not standardized, a pilot-testing was done on five patients who were excluded from the actual sample which enabled the researcher to improve the interview schedule and master the skills in interviewing. Variables on compliance with discharge instructions and out-patient referrals were categorized into high, moderate and poor compliance. Respondents' health beliefs and practices were also

classified as traditional, parochial and scientific. Data were analyzed using percentage and chi-square in which the level of significance was set at 0.05.

RESULTS:

The compliance behavior of the respondents on medications showed that majority of the respondents were highly and moderately compliant which indicated that some respondents have completed their therapy, while others did not complete their therapy due to forgetfulness, financial constraints or as advised by faith healer to stop taking the medications of the hospital.

Compliance with out-patient referral showed that majority have poorly complied the referral regarding follow up consultation with reasons identified as lack of money to pay for consultation and shortage of time. The findings seemed alarming since referral cases for consultation after being discharged from hospitalization needs to follow the instruction at the time of discharge, necessary to prevent recurrence of illness or complications. The economic implication for noncompliance of out-patient referral can be resolved by referring clients to the health center since these facilities do not require payment for consultation.

Utilizing open-ended, multiple response data retrieval method, it was found that majority of the health beliefs most frequently identified were scientific such as illness due to fatigue, diabetes is caused by obesity and heredity, ulcer or gastritis is due to skipping of meals among others. But there are other traditional beliefs which were non-scientific like illness due to exposure to air (*panuhot*), illness bestowed by dead relatives (*gihangop sa kalag*), illness due to taking a bath at night time or due to curse or *gaba*. This implies that although the respondents have their own animistic beliefs, most of the beliefs are scientifically related which increases the possibility of promoting health or preventing illness.

On the health beliefs, majority were classified as parochial such as drinking boiled parts of Nino plant, healing through whispered prayers, blowing or putting of saliva (*tayhop*), applying oil or water blessed by herbolario or faith healer. This was followed by scientific beliefs such as applying liniments, massage, drinking boiled herbs among others.

Findings also revealed that there is no significant relationship between health beliefs and compliance in medication which implies that whatever the type of respondents' beliefs, compliance of medication is not affected. On the other hand, it was found that there was a significant relationship with out-referral compliance and the condition of the health. The negating result between compliance on medication and out-patient referral maybe attributed to the fact that medication compliance entails more economic demand compared to the follow-up consultation.

On the relationship between health practices and medication compliance, it revealed an absence of correlation while significant correlation is shown in the compliance with out-patient referral.

Non-compliance with discharge instructions was further investigated. On the non-compliance for medications, financial constraints and forgetfulness were highly identified. While on out-patient referral, respondents did not comply the follow-up consultation when there was absence of symptoms or they went to a faith healer instead of further management from the hospital.

CONCLUSION

Based on the findings, it is concluded that health beliefs and practices do not influence compliance of medication since it is basically a consideration of individual's budgetary capacity. It is further concluded that health beliefs and practices significantly influence out-patient referral compliance since it is basically influenced by behavioral attributes rather than economic implications.

RECOMMENDATIONS

It is recommended that hospital administrators should formulate standard patient-teaching guidelines for discharged patients to be provided as guidance to patients' compliance of discharge instruction. Health personnel should also develop a working knowledge and non-judgmental attitude towards patients' health beliefs and practices to enable them to provide guidance and proper knowledge specially for those which are harmful to them.

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