

## How can we as nurses, ensure compliance from our patients???

Compliance is a major issue with many individuals especially those in the community who are given treatments and interventions to manage their conditions. For example many individuals who are diagnosed in the early stages of Type 2 Diabetes are encouraged to change their lifestyle by increasing exercise and modifying their diet. For some individuals these behaviours are hard to change, therefore nurses need to learn skills and techniques to encourage and ensure their clients to comply with the interventions needed for a healthier, longer life.

In adults, 40 years and over with Type 2 Diabetes, how can nurses involvement compared with self-management ensure adherence with non-pharmacological treatments of Type 2 diabetes in the community long term?

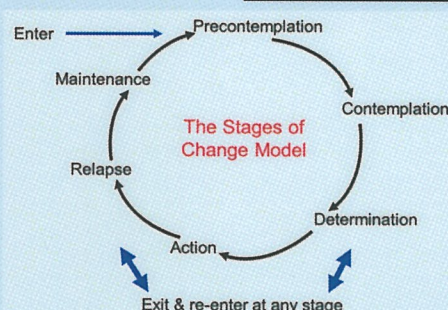
### Therapeutic relationships:

Initiating and maintaining therapeutic relationships with clients is an important aspect of nursing care, to educate them around the importance of complying with their treatments or interventions to be able manage and control their conditions. A study conducted by Roopinder Brar (2005), states that clients feel that nurses first need to be aware of and respect their beliefs, attitudes and priorities, therefore building a trust and rapport to ensure that the education and guidance provided is understood and compliance is then maintained.

### Motivational interviewing:

Motivational interviewing was a common tool used throughout the studies I researched. It is the client orientated communication that allows clients to enhance their intrinsic motivation to change (Bartol, 2011). Butterworth (2008) states that there are 7 main principles of motivational interviewing that nurses can use to help ensure and maintain compliance, these are express empathy, roll with resistance, elicit-provide-elicite, support autonomy, explore ambivalence, elicit change talk and then develop an action plan.

### Trans-theoretical model:



This model is supported by motivational interviewing. It is also called the wheel of change. It involves clients moving through five stages of change.

A study was conducted to determine if clients receiving increased support, consultations, and advice would move through the stage of change more quickly. It showed that those receiving these interventions moved to a higher stage than those who weren't in the first 6 weeks, therefore behaviour modification was easier and faster (Jackson, Asimakopoulout and Scammell, 2007).

### Social supports:

Social supports are an important aspect for any individual from diagnosis, behaviour change and management of the conditions. Supports include family, friends and also health care professionals. In a study conducted by Gomes-Villas Boas, Foss, Foss de Freitas and Pace (2012), they found that social supports are often crucial and usually relatives are the main source. They believe that the influence family members have may reinforce the health orientations of individuals therefore leading to increased compliance to diet and exercise or behaviour modifications and change.

### Conclusion:

It was evident that such interventions are needed to ensure that patients are able to be compliant and maintain compliance with treatments in the community. Nurses need to be aware that every individual is different in the way they learn and travel through the process of behaviour change. They need to be able to use these skills and techniques and adapt them to work for the individual to ensure that compliance to behaviour change or modification is achieved and maintained therefore increasing the quality of life and health for the individual.

### References:

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**Initial search question:** "How can Nurses ensure adherence with non-pharmacological treatments in patients with Type 2 Diabetes?"

**Population:** Adults, both male and female of any ethnicity who are 35 years and older, and have been recently diagnosed with Type 2 Diabetes. The reason for this population is that diabetes is prevalent in both genders and all ethnicities. I have chosen the age of 35 years and over as Diabetes New Zealand (2014), states that the diagnosis of Type 2 diabetes is often in adulthood after the ages of 30-40 years. It will specifically be related to recent diagnosis of Type 2 Diabetes as this can be managed with non-pharmacological treatments, before progression of the disease leads to pharmacological treatments such as exogenous insulin.

**Exposure/Intervention:** How nurses in the community can ensure patient adherence with non-pharmacological treatments of the early stages of Type 2 diabetes. I will be looking for articles where nurses are involved in the diabetes treatment and management, and how they go about ensuring that their patients continue to adhere with treatments in the community.

**Comparison/Control:** Comparing patient adherence to patient non-adherence in regards to non-pharmacological treatments such as lifestyle changes. I will be looking to find articles where patients non-adhere with the diabetes lifestyle change, and how this may affect their disease and health long term.

**Outcome:** To establish whether with nurses involvement in the management and treatment of the early stages of type 2 diabetes, ensures patients continue to adhere to non-pharmacological treatments, therefore enabling them to control their diabetes in the community. Also how nurses go about ensuring that adherence is maintained. By establishing whether it is vital for nurses to be involved in diabetes treatment and management and to ensure adherence with treatment in the community, may allow it to be seen if there is something more that can be done to improve the situation in the future.

**Time:** There will be no specific timeframe as Diabetes management and care is long term and ongoing for many patients.

**PECOT question:** In adults, 40 years and over with Type 2 Diabetes, how can nurses involvement compared with self-management ensure adherence with non-pharmacological treatments of Type 2 diabetes in the community long term?