APRNs Application of Transtheoretical Models to Improve Treatment Adherence in Hypertensive Patients

Natalie Belko, MSN, FNP-C; Eileen Creel, DNS, RN; Penny Thomas, DNP, FNP-C

University of South Alabama and Southeastern Louisiana University

Background
- Uncontrolled hypertension (HTN) - major modifiable risk factor of chronic illness (Benjamin et al., 2017)
- Only 1/3 of patients are adherent to HTN treatment regimens (Ritchey et al., 2016)
- Global death rate from HTN is approximately 8 million annually (Chow et al., 2013)
- Expected economic burden of HTN in the U.S will exceed $200 billion in next 10 years (Benjamin et al., 2017)

Purpose
- APRN in the ambulatory setting operates as change agent needed to enhance adherence to antihypertensive regimens.
- Advancing nursing knowledge through use of a transtheoretical review, crossing of disciplinary lines, resulting in the intermingling of scientific theories to stimulate dialogue and the advancement of new and emerging evidence based interventions.

Nursing Metaparadigms
- Person: patient diagnosed with HTN, their social support system, & APRN directing the plan of care
- Environment: physical home, work environment, cultural & socioeconomic status
- Health: continuum illness versus wellbeing
- Nursing: art of creating therapeutic patient/provider relationships (Fawcett & DeSanto-Madeya, 2013)

Transtheoretical Integration into Advanced Practice
- Nursing metaparadigms, grand theory, borrowed mid-range theory, and complexity science all support and are integrated into treatment decisions chosen by the APRN
- The APRN reflects upon the unique aspects of each patient and their encounter, considering those components informed by the paradigms, theories, and models (Nilsen, 2015)
- Patients benefit from the APRN’s clinical judgement and promotion of shared decision making, guided by advanced theoretical knowledge, which in turn motivates treatment adherence (Hines & Stone, 2016)


Orem's Self-Care Deficit Nursing Theory (SCDNT)
The APRN utilizing SCDNT provides:
- Education
- Direct care via treatment
- Support to the patient with hypertension

Ajzen's Theory of Planned Behavior (TPB)
The APRN is assisted via TPB to provide:
- Guidance for the appropriate selection and adoption of evidence-based interventions
- Patient collaboration to promote a return to self-care
- Increased treatment adherence
- Decreased blood pressure

Complexity Science

Adaptive Leadership framework - integrates within the realm of complexity science to:
- Direct the APRN on how best to provide clinical guidance
- Promote patient understanding
- Allow for ultimate patient autonomy / control
- Combine cognitive-behavioral and affective attributes in the management of HTN (Engebretson & Hickey, 2015)
- Harmonious blending of interdisciplinary theories

Complexity Leadership Model

Conclusions / Recommendations
- The APRN should:
  - Execute evaluation of the interconnectedness between the constructs of blended theory and their adoption into clinical practice
  - Use multidimensional complexities which influence patients’ adherence to antihypertensive treatments to guide holistic and individualized care.
  - Identify treatment nonadherence among hypertensive patients
  - Develop new, empirically based protocols aimed to address nonadherence in the primary care setting

Acknowledgments
- Zeta Gamma Chapter of Sigma Research Congress Presenter Award
- Southeastern Louisiana University Center for Faculty Excellence Travel Grant