

Title:

Critical Factors That Influence Adherence to Therapeutic Medical Regimen Among Hypertensive US Virgin Islanders

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Session Title:

Cardiovascular Health in At-Risk Populations

Slot:

J 05: Tuesday, 31 October 2017: 8:00 AM-8:45 AM

Scheduled Time:

8:00 AM

Keywords:

Adherence , Hypertension and United States Virgin Islanders

References:

Callwood, Gloria B, PhD., R.N., Campbell, Doris, PhD, A.R.N.P., F.A.A.N., Gary, Faye, EdD., F.A.A.N., & Radelet, M. L., PhD. (2012). Health and health care in the U.S. Virgin Islands: Challenges and perceptions. *ABNF Journal*, 23(1), 4-7. Retrieved from <http://ezproxy.barry.edu/login?url=http://search.proquest.com/docview/918213081?accountid=>

Cuffee, Y. L., Hargraves, J. L., Rosal, M., Briesacher, B. A., Schoenthaler, A., Person, S., & ... Allison, J. (2013). Reported Racial Discrimination, Trust in Physicians, and Medication Adherence Among Inner-City African Americans With Hypertension. *American Journal Of Public Health*, 103(11), e55-e62. doi:10.2105/AJPH.2013.301554

Hutchison, J., Warren-Findlow, J., Dulin, M., Tapp, H., & Kuhn, L. (2014). The Association Between Health Literacy and Diet Adherence Among Primary Care Patients with Hypertension. *Journal Of Health Disparities Research & Practice*, 7(2), 109-126.

Marshall, J., & Archibald, C. (2015). The Influence of Spirituality on Health Behaviors in an Afro-Caribbean Population. *ABNF Journal*, 26(3), 57-62.

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Tucker, C. M., Lopez, M. T., Campbell, K., Marsiske, M., Daly, K., Nghiem, K., . Patel, A. (2014). The effects of a culturally sensitive, empowerment-focused, community-based health promotion program on health outcomes of adults with type 2 diabetes. *Journal of Health Care for the Poor and Underserved*, 25(1), 292-307. doi:10.1353/hpu.2014.0044

Abstract Summary:

The findings from this study articulates some of the various factors that influence hypertensive therapeutic adherence practices among persons from the United States Virgin Islands, but also lends to the understanding of these factors in like populations.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
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At the end of this presentation the learner will be able to: Discuss critical factors that influence adherence to therapeutic medical regimen among hypertensive United States Virgin Islanders	The presenter will provide direct quotations from transcripts that support the identified categories
The learner will be able to: Draw conclusions from the evidence presented in the research findings	The presenter will provide core categories arrived at through the use of Strauss and Corbin's grounded theory method and the social process induced as a result. The researcher will also provide current literature that relatively support these findings.

Abstract Text:

Background: Hypertension is an astounding global public health challenge affecting approximately 60 million Americans and more than 1 billion individuals worldwide. Hypertension has fervent implications in cardiovascular disease and premature death. It is one of the most common and most important modifiable risk factors for coronary artery disease, stroke, congestive heart failure, chronic kidney disease, and peripheral vascular disease. Non-adherence to a therapeutic regimen is an international crisis, preventing efficacious management of chronic diseases like hypertension. The rate of hypertension among the US Virgin Island population is disquieting when equated to that of persons living on the US mainland. US Virgin Islanders are American citizens living in the Caribbean. The social structure and cultural influences of this population thus are unique and may influence their everyday life patterns in ways that significantly impact adherence to therapeutic regimens. Safe and effective therapeutic interventions are the driving forces behind effective patient care and overall optimal patient outcomes. Influences affecting adherence practices on hypertension have not been studied in this population and must be isolated to effectively curtail the deleterious effects of this disease process.

Purpose: The purpose of this qualitative grounded theory study was to 1) explore the critical factors that influence therapeutic adherence among hypertensive patients residing in the US Virgin Islands; 2) identify the attitudes of US Virgin Islanders that may influence therapeutic adherence; and 3) determine the health beliefs of US Virgin Islanders that may influence therapeutic adherence.

Philosophical Underpinnings: Grounded Theory is based in the Naturalist Constructivist paradigm and is informed by the philosophical constraints of symbolic interactionism and pragmatism.

Method: The research approach was qualitative. Grounded Theory was used to uncover a substantive theory that could articulate the critical factors influencing adherence to therapeutic medical management among the hypertensive population residing in the United States Virgin Islands.

Design: Strauss and Corbin's Grounded Theory method guided the data collection and analysis of this study. Purposive, snowball and theoretical sampling were utilized respectively in this study. Data was collected through semi-structured interviews. Interviews were conducted with twenty-one individual participants and then with a focus group of four participants. The process of data collection and analysis was simultaneous; data was scrutinized as themes and categories were extrapolated using open, axial and theoretical coding techniques. This process yielded five main categories and sixteen subcategories, which were further conceptualized into a substantive theory that offered a conceptual description of the phenomenon.

Results: The main categories that emerged to describe the behavior of adherence to therapeutic medical management in the hypertensive population from the United States Virgin Islands were (1) **mistrusting**, (2) **reacting**, (3) **educating**, (4) **socializing** and (5) **financing**. These categories were supported by the

subcategories (1a) *perceived lack of provider*, (1b) *perceived lack of provider cultural sensitivity*, (1c) *perceived lack of adequate provider credentialing*, (1d) *perceived inflation of healthcare cost*, (2a) *fear of complications* (2b) *symptom-based management*, (3a) *denying*, (3b) *relying*, (3c) *owing*, (3d) *defying*, (4a) *dietary influences*, (4b) *use of herbal remedies*, (4c) *strong sense of spirituality*, (5a) *healthy eating purchasing medications* and (5b) *long-term sustainability*. The interfacing and critical analysis of these categories and subcategories led to the development of the social process of *deciding*. *Deciding* is conceptualized as the most active and finite process that offers an in-depth description of the dynamic process of adherence to a hypertensive regimen among hypertensive individuals from this population.

Conclusion: The theoretical framework constructed in this study is useful to inform nursing education, practice research and policy. Ethno-cultural effective care is an essential component of efficacious disease management. This study provides insights that could prove useful in informing care initiatives for the population from the United States Virgin Islands and other like populations.