Title:
Factors influencing adherence to prescribed medications and lifestyle change recommendations: Comparing First Nations patients and patients of European ancestry

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This comparative study aimed at gaining a better understanding of the factors influencing adherence to prescribed medications and lifestyle change recommendations among First Nations patients and patients of European ancestry, who are currently residing in Northern Canada.
The Issue

- Nonadherence to doctors’ recommendations is a prominent healthcare issue. By not following prescribed treatment regimen, patients experience treatment failure and relapse, which is detrimental to their own health, is a waste of physicians’ time and efforts, and is unnecessarily driving the healthcare cost higher.
Researchers have found that 50% of the time, patients do not take their medications as directed by their physicians, while the rate of nonadherence to lifestyle change recommendations sometimes reach 90%.
Rationale for this Study

- To develop effective strategies to promote adherence, it is essential to have a good understanding of the factors affecting adherence behaviours. While there is a large body of research that focused on factors influencing medical adherence, we do not fully understand how these factors vary across ethnocultural groups.
Method

- Postcolonial theories call for research methods that give voice to marginalized people. Therefore, a qualitative research method was chosen for the present study which involved individual interviews. The goal was to gain a better understanding of the factors influencing adherence.
Sampling

Convenience and snowballing sampling methods were used to recruit a total of 40 participants across many communities in Northern British Columbia, including 20 First Nations (FN) and 20 Euro-Canadian (non-FN) participants.
Actual Sample

- While all 20 First Nations interviews were used for analysis, only 19 of the Euro-Canadian interviews were used in the data analysis process as the quality of one interview was poor and non-usable.
Age of Participants

The First Nations (FN) group was composed of 12 females and eight males between the ages of 21 to 55 years old ($m = 37.5$). With the exception of three participants, they all lived on reserves. The non-FN group involved 13 females and six males between the ages of 21 to 53 ($m = 34$).
Participants were asked to discuss their last visit(s) to physicians, whether they were advised to take medications, whether they have adhered or not to the prescribed medication regimen, and, most importantly, to discuss the reasons why they have taken or not taken their prescribed medications.
The same questions were asked again with respect to lifestyle change recommendations made by physicians. In order to further probe into the factors that can potentially influence medical adherence, participants were finally asked to discuss ways to improve patient adherence.
Interviews were audio-recorded with the participants’ consent. An honorarium of ten dollars was given to the participants to thank them for their time.
Data Coding

- As a first step, interview excerpts were sorted into personal factors and situational factors. The content of these two categories was then coded inductively according to emerging themes. Narrow codes were first created and were later organized hierarchically into overarching categories.
Using NVIVO

Participants were identified in terms of their group affiliation and a matrix coding was run with NVivo to compare the number of sources and references made to each code, aiming at exposing similarities and differences between FN and non-FN participants with respect to the factors that have influenced their adherence behaviours.
Participants elaborated on a number of reasons why they followed or did not follow their physicians’ advice. These reasons fall into personal factors such as attitudes, beliefs, and expectations, and situational factors which include healthcare experiences and socioeconomic barriers.
A recurrent theme discussed by approximately half the participants is the lack of access to healthcare services. Indeed, many participants stated there are not enough physicians available and, consequently, some of them did not have a family doctor or a regular doctor.
Although there were individual differences in the role these factors played, there were a disproportionate number of First Nations participants who faced situational or external factors that impeded with medical adherence.
In general, more FN interviewees reported not having adhered to medications prescribed by their physicians. However, adherence to lifestyle change recommendations was similar between both groups.
Implications

- Strategies to promote medical adherence should aim at reducing barriers within the healthcare system and the wider social context that interfere with adherence, especially for FN patients. There needs to be a continued effort to improve the quality of the doctor-patient relationship, which is key to promoting patient adherence.