# The Significance of Patient Belief and Desire in Achieving Highly-Effective Patient Compliance

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Chronic diseases and health conditions are among the most common, most preventable, and most costly of health challenges we face in America today resulting in seven out of ten deaths each year. According to reports from the Centers of Disease Control and Prevention, approximately half of adults living in the United States have at least one chronic disease and, to make matters worse, about one-third of them have multiple conditions, complications, and comorbidities. As such, caring for patients with chronic health conditions and diseases – including diabetes, COPD, obesity, arthritis, heart disease, asthma, stroke, and others – accounts for over eighty-five percent of our nation's healthcare expenses.

When it comes to understanding healthcare expenses, we are somewhat familiar with the costs of care and the multitude of factors that contribute to them. What is often overlooked, however, is the cost of patient noncompliance. According to the Annals of Internal Medicine, McKesson, and The Atlantic Monthly Group, seventy-five to eighty-five percent of patients are noncompliant in one or more ways based on their failure to comply with prescribed treatment regimens. Consequently, patient therapeutic noncompliance, one of the most costly healthcare challenges we face today, accounts for over $300 billion in wasted healthcare spending per year. As a result, patient noncompliance has reached epidemic proportions in the United States.

## ADVANCES IN UNDERSTANDING COMPLIANCE

For more than sixty years, healthcare professionals, clinicians, and researchers have been studying patient activities and behaviors that engender noncompliance in attempts to uncover ways in which they can enhance and improve preventative and therapeutic compliance yet, in all that time, there have been no significant advances in either managing or transforming patient health behaviors. During the last sixty years, however, hundreds of models were created in an attempt to explain and address human health behaviors. Although each model may add something to our understanding, no model succeeds in fully engaging and activating patients to completely bring about patient commitment, persistence, and compliance.

Still, what we have learned are patient choices and actions, which constitute health behaviors and give rise to compliance, originate in what are called patient predisposing factors, enabling factors, and reinforcing factors. While patients always make choices, they may or may not take actions originating in their choices. We want to know exactly what contributes to patients making healthy choices and taking healthy actions. Which predisposing, enabling, and reinforcing factors contribute to optimal patient choices and actions and, more to the point, ensure optimal patient compliance?

## PREDISPOSING, ENABLING, AND REINFORCING FACTORS

Patient predisposing factors are the thoughts and feelings patients have regarding their health and healing. Patients, at some point, focus on matters about their diagnosis and disease, their care and care plan, and their physical and emotional condition as well as their quality of their life. Accordingly, patient predisposing factors are a multifaceted collection of patient opinions and judgments, attitudes and values, beliefs and viewpoints. It is this dynamic, this distinctive collection of patient perceptions and preferences biased in their emotions,

which affects patient self-efficacy, choice, and action. The predisposing factors of patients, unlike enabling and reinforcing factors, determine patient willingness and desire to comply.

In contrast to predisposing factors, patient enabling factors involve patient knowledge, education, experience, and skills as well as patient access to healthcare resources like products, programs, services, and support. Reinforcing factors are different from thoughts and feelings, knowledge and skills. They are the influences a patient experiences with healthcare professionals, clinicians, and experts, friends and family members, and others that either acknowledge patient health behaviors or censure them. As reinforcing factors, people motivate and manipulate, prompt and persuade, provoke and push patients to make specific choices and take specific actions. In view of that, reinforcing factors are transient in their efficacy; they hold influence for a brief period of time before their usefulness in achieving overall compliance vanishes.

In efforts to manage and transform patient behaviors today, healthcare professionals, provider organizations, pharmaceutical manufacturers, clinical and research associations, and others are working to improve patient engagement and activation by designing, developing, and applying innovative technologies and tools, protocols and best practices, and new methods of education and motivation. These initiatives clearly focus on enabling factors and, to some extent, reinforcing factors in efforts to improve patient health behaviors by enhancing patient-clinician relations and communications, by tracking and reporting patient activities within obvious limitations, and by providing patient information, education, and motivation. These initiatives, however, do not – actually they cannot affect patient predisposing factors to improve their health behaviors. Human emotion is transient and typically unpredictable, areas in which technology and process do not apply. What's more, human emotion always trumps technology.

## PATIENT TENDENCIES

Patients are human beings with human tendencies guided by their changing emotions, moment to moment, affecting their feelings, choices, and behaviors while causing them to be somewhat variable and unpredictable. As such, patient preventative and therapeutic compliance requires ongoing patient services and support with ongoing communication, education, and motivation in efforts to enable and reinforce patient choices and actions. And in the end, as we know, the only predictable thing about patients is that patient choices, behaviors, and actions are unpredictable.

How, then, are healthcare professionals able to influence the predisposing factors of patients especially since they comprise a multifaceted collection of opinions and judgments, attitudes and values, beliefs and viewpoints? That is the $300 billion question occurring yearly with wasted healthcare spending from patient noncompliance.

People and patients establish their lives inside of life experiences; they form perceptions and preferences for what they think is right and wrong, good and bad, true and false. In making meaning of life and in forming perceptions and preferences, human beings continually develop and acquire opinions and assessments; they make judgments about thoughts and things, people and places, circumstances and conditions. Along their journey, people also acquire attitudes and ways of being and over time, they adopt certain moralities and values, ethics and ideals. What's more, people develop certain individual beliefs and viewpoints, faith and hope, in life. It is this multifaceted collection of thoughts, feelings, and emotions that comprise patient predisposing factors which consequently influence patient self-efficacy, choice, and action. Self-efficacy, as we know, is an amalgam of patient self-confidence, self-assurance, and self-reliance which originate in patient opinions,

judgments, attitudes, and beliefs. Based on their level of self-efficacy, patients make confident choices or uncertain choices or no choices all leading then to either action or inaction. Consequently, self-efficacy or patient confidence impacts patient choices, behaviors, and actions.

#### PATIENT BELIEF

Of all patient thoughts, feelings, and emotions, belief is the one predisposing factor that ultimately influences and directs patients in their confidence, choice, behavior, and action. Although we generally associate belief with trust and faith as well as agreement and acceptance, belief is also about conviction. As a predisposing factor, belief is a patient conviction which may or may not involve trust and faith, agreement and acceptance. While patients create their personal beliefs, they may or may not align with the beliefs of their healthcare professionals and those who are concerned with the wellbeing of the patient. Patients create beliefs that contribute to either confidence or lack of confidence in managing their condition and either certainty or uncertainty in making decisions. Patient action and inaction, which equates to patient compliance and noncompliance, arise out of patient beliefs.

In generating optimal patient compliance, healthcare professionals must make every effort to work with patients in developing their beliefs for health and healing and wellbeing. Clinicians need to work with patients in developing trust and faith in their ability to heal, to make healthy choices and take healthy actions, and to make and keep commitments. Clinicians also need to help patients actively participate in, agree with, and accept decisions regarding their care, care givers, and care plan.

#### PATIENT CONVICTION

When healthcare professionals encounter patients who are noncompliant, they instinctively know there is some lack of conviction or some level of dislike, distrust, or disbelief with the patient. Stated another way, the patient has a belief or conviction that is either opposed to following their doctor's instructions and recommendations (and taking actions consistent with them) or is opposed to their health, healing, and wellbeing.

While nurturing patient beliefs and convictions for the good of the patient, clinicians need to create patient like, trust, and belief in their care, care givers, and care plan in addition to creating patient confidence, conviction, and belief in their self, their ability to self-care and manage their condition, and their body's ability to heal as appropriate. Healthcare professionals accomplish these important measures by creating a background of relatedness with their patients through conversations so that patients know they are not only listened to but they are gotten and heard. By being related, healthcare professionals can work to uncover patient skepticism and doubt so as to open up opportunities for healthy conversations relative to patient interests and concerns answering their questions and providing reassurance in contrast to conversations of cynicism, unworkability, and distrust.

Although patient predisposing factors, especially patient belief, determine patient confidence in their choices and actions, what exactly contributes to patient belief?

#### PATIENT NEEDS, WANTS, AND DESIRES

The answer is basic to existence. As human beings, we survive by satisfying our needs and wants. While we recognize needs are essentials in life and wants are enhancements, we understand the differences of requisites and necessities in contrast to excesses and indulgences. How patients articulate their needs and wants in relation to their life, their diagnosis and disease, care and care plan, and physical and emotional condition, gives

voice to their perceptions and preferences for health and healing. Does the patient, for example, need to or want to follow doctor's instructions and recommendations? Does the patient need or want their medication? In listening and really hearing patients, clinicians can better understand that which is important to the patient and their compliance; they can also ascertain patient beliefs.

Patient needs and wants contribute to patient beliefs. Patient needs define certain beliefs and convictions whereas patient wants define other types of beliefs and convictions. As such, the needs and wants of patients affect their predisposing factors.

Before patients articulate their needs or wants, however, patients formulate them as their desires. Desires are dreams, hopes, wishes, fantasies, or urges people think about and speak about but do not act on. They are simply thoughts and feelings having no significance in life particularly if what all people do with their desires is to think and speak about them without taking action. Accordingly, when patients state their desires, they are neither needs nor wants; they are simply digressions in thought and language. However, when patients take actions consistent with their desires, they transform. Desires become what the patient intends as either wants or needs grounded in the type of actions the patient takes bringing the desire from intellectual and emotional thoughts and ideas into physical reality. Strong patient desires, which are always acted on, contribute to compliance. Research in the computational theory of mind and studies in intuitive psychology indicate patient desires and beliefs are the most powerful contributing factors to patient confidence, choices, behaviors, and actions.

## SUMMARY

If they are nurtured in a positive, productive manner, patient beliefs and desires elevate and drive confidence, choices, behaviors, and action resulting in compliance. In view of that, patient beliefs and desires are critical to realizing patient engagement and activation, commitment and persistence. If patient beliefs and desires are conversely negative or neutral, however, they can extinguish confidence, create uncertainty and indecision, and cause patient indifference as well as inaction resulting in noncompliance. By nurturing their beliefs and desires for the good of the patient, healthcare professionals can advance patient beliefs and desires in helping to ensure optimal clinical, economic, and patient satisfaction outcomes.

In summary, patient belief is about patients liking, trusting, and believing in themselves, their ability to make right and good decisions, their ability to manage their care, and their ability (actually, their mind and body's ability) to respond to treatment, recover from illness, and heal accordingly. Patient belief begins with patient acceptance and agreement in their diagnosis and disease, their therapy, care, care plan, and care givers, and those things that are associated with their regimen including examinations, tests and screenings, medications, healthcare and personal products, and the use of devices or other instrumentation and equipment.

Before patients form patient beliefs, however, they must have a strong, powerful desire for health, healing, and wellbeing. It is not enough for patients to simply articulate their hopes, dreams, and desires; patients must powerfully choose them and act on them now as urgent wants or needs. Patient belief and desire always, without exception, drive patient engagement and activation, persistence and compliance.