PATIENT MANAGEMENT STRATEGY

The Intangible Complexities of Achieving Patient Compliance

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Advancing the health, healing, and wellbeing of the patient and achieving optimal clinical outcomes, it is fundamentally important for the patient to follow the instructions and recommendations of their care plan, for the patient to make healthy choices and to take healthy actions, for the patient to be committed and compliant. And yet, patient compliance is not a standard in health care; it is not typical and normal, rather patient noncompliance is widespread and prevailing.

According to the Annals of Internal Medicine, McKesson, and The Atlantic Monthly Group, seventy-five to eighty-five percent of patients with chronic disease are noncompliant in one or more ways based on their failure to comply with prescribed treatment regimens, failure to follow care plan instructions and recommendations, and failure to choose health, healing, and wellbeing. Consequently, patient 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.

Prior to having a conversation regarding the complexities and complications of choice and compliance, it is necessary we distinguish compliance and noncompliance, distinguish many of the qualities and characteristics of patient compliance, and distinguish some causes, reasons, and determinations of patient noncompliance.

THE NATURE OF PATIENT COMPLIANCE AND NONCOMPLIANCE

Patient compliance is a state of engagement, activation, and persistence in which the patient effectively and efficiently manages their health, healing, and wellbeing. For patient compliance to be effective and efficient, the patient must be interested and involved in their life and engaged in their care and care plan. Besides being engaged, the patient must also be moved to take actions consistent with their care plan and the patient must be determined, committed, and persistent in achieving optimal outcomes. In their engagement, activation, and persistence, the patient chooses to follow the care provider's instructions and recommendations set forth in the care plan and takes actions consistent with those instructions and recommendations.

In direct contrast to compliance, patient noncompliance is the result of adverse conditions, circumstances, or events, such as barriers, breakdowns, setbacks, or behaviors which arise with the patient. Impeding patient choices and actions, adverse barriers, breakdowns, setbacks, and behaviors constrain, obstruct, and thwart patient compliance. Besides concerns associated with unfavorable patient self-efficacy and self-confidence, noncompliance is often a matter of contrary patient thoughts and feelings including opinions and beliefs, judgements and viewpoints, attitudes and principles regarding their care and care plan, their care provider and care team, and even their own self-care. The bottom line is that patient noncompliance arises with adverse patient perspectives, perceptions, and preferences about their health, healing, and wellbeing. What's more, noncompliance can occur at any time from any number of causes or reasons. Patient noncompliance happens; it is a fact of life and health care.

The intention of this paper is to present the intangible complexities of patient compliance, complexities that arise with the patient making choices and choosing to take action. As expected, these complexities are different from patient to patient as they are unique in their behaviors and ways of being; the complexities are the characteristics and qualities of human thought and feeling, belief and perception, attitude and value that drive behavior, choice, and action. The complexities of compliance reside in patient intention and motivation, in patient self-efficacy and confidence; in patient perspectives, perceptions, and preferences; in patient relatedness and being; in patient beliefs and desires; and then in patient consideration and choice.

THE UNIVERSALS OF PATIENT COMPLIANCE

When we survey the nature of patient compliance, we see many similar characteristics and qualities for the processes, practices, and progress of compliance. For example, there are similarities in how compliance works overall, how it specifically works with the care plan and the stages of compliance; there are similarities in how the patient becomes compliant and the characteristics and qualities that encourage or thwart compliance; there are similarities in patient barriers as well as their breakdowns, setbacks, and behaviors adversely affecting compliance; and there are similarities in how the patient is monitored, measured, and managed for compliance, and more. As such, there are many universal characteristics and qualities associated with patient compliance. Let's take a closer look.

First, there are universals in the components of compliance like the need for the patient to follow their instructions and recommendations; to take their medications as prescribed; to use their healthcare and personal products as directed; to utilize their medical devices, appliances, and equipment as instructed; to go through additional tests, examinations and therapies as appropriate; to continue their primary care and seek secondary or other additional care as appropriate; to abide by their diet and nutritional guidelines; to follow suggestions and advice for exercise, rest, and activity; to enhance and modify their behaviors and lifestyle choices; to be responsible and committed to their care; and so forth. These components of compliance and more are basic and yet essential for patient compliance; they are generally common and similar in scope regardless of the patient and their condition.

Besides the components of compliance, we see, second, there are also universals in the stages or continuum of compliance for patient engagement, activation, and persistence. With the engagement stage, the patient creates awareness, interest, and involvement in their diagnosis and disease, in their condition and care; with the activation stage , the patient participates and prepares for their care and self-care, makes choices and takes actions appropriate to the care plan, and evaluates the results of their choices and actions; and with the persistence stage, the patient embraces responsibility and resilience, the patient commits to their care and care plan, actively continues their care, persists in their performance and progress, and works for continuous quality improvement for optimal outcomes. Although patient engagement, activation, and persistence are common stages of compliance, they are nonetheless indispensable for achieving highly-effective patient compliance.

Third, we see there are universals in the ideals for achieving compliance including the need for quality patient communication, education, and training as well as patient encouragement and motivation; the need for excellent patient services and support, technology and tools, products and programs; and so forth. Other universals for achieving compliance also include the need for patient comprehension and understanding of their diagnosis and disease; patient ability to learn and retain information; patient ability to remember and perform their instructions; patient capacity, confidence, and capability for self-care; patient ability to adopt and adapt to new circumstances and changes in life; and patient ability to make healthy choices and take healthy actions to name a few. These ideals for achieving compliance are essential; as we can see, there are some shared principles as well as characteristics and qualities that are common to the patient for advancing their performance, progress, and persistence.

Fourth, when we further survey the nature of compliance, we also see there are other universals in patient barriers and their causes as well as similarities and parallels in patient breakdowns, setbacks, and behaviors. Regarding the effect of patient barriers and behaviors on their compliance, fifth, it requires the healthcare professional to monitor, measure, and manage patient compliance; as such, there are universals in managing the patient and helping the patient to choose health and healing, to follow instructions and take actions, to be responsible and resilient, to be committed and persistent, and to achieve compliance and optimal outcomes.

THE UNIVERSALS OF PATIENT CHOICE

Although there are several universals associated with the nature of patient compliance that are certainly worthy of our continued examination, we need, however, to turn our attention to the most influential, most important patient characteristics and qualities that affect compliance; that is to say, how the patient considers and chooses

compliance and how the patient takes action and achieves compliance based on their choices. Indeed, the universals of the patient making choices and choosing are the intangible complexities of patient compliance. Sixth in our understanding, the universals of patient choice involve patient predisposing, enabling, and reinforcing factors; patient perspectives, perceptions, and preferences; patient intentions and motivations; patient self-efficacy and confidence; patient relatedness and being; and patient belief and desire all leading to patient consideration and choice. The universals of patient choice contribute to and comprise the process of choice and choosing.

DISTINGUISHING CHOICE AND DECISION

Before continuing this conversation, it is important to define choice and distinguish choice from decision. First, when faced with two or more possibilities or options, choice is a process of acquiring information about the options; discerning their features, benefits, and usefulness; assessing them for their meaning, relevance, and value; and making a selection. Patient choice is established in patient perspective, perception, and preference, belief and desire, and other factors which we will review shortly.

Second in distinguishing choice from decision, choice is about actively and continuously choosing or selecting options, making choices, and yet keeping all options open, all the while. In contrast, decision is about deciding and once the decision is made, it is fixed and resolute. In other words there are no other options; the patient is free up to the point of decision; thereafter, the decision takes over. Here's why it is important to create the distinction: the words decide and decision come from the Latin *cidere* meaning to strike down or kill off; thus, we have the words homicide, suicide, insecticide, pesticide, and others; and we also have the words decide and decision. By deciding rather than choosing, the patient kills off or shuts down any future possibility and thus further opportunity.

The distinction of choosing rather than deciding is critical to compliance because the patient gets to actively and continuously choose health, healing, and wellbeing. As such, the patient powerfully chooses to follow their instructions and recommendations; the patient powerfully chooses to take action; the patient powerfully chooses their care and care plan; and so forth. What's more, by keeping choice continuous, it is empowering especially if or when the patient encounters barriers or experiences a breakdown or setback in their care. The patient can always choose compliance and choose again and again. Conversely, once the patient is decided, there are no other options; the decision is made; it's a done deal. Words and language make a difference in how the patient thinks, behaves, and takes action; they are decisive.

In understanding the influence of choice and choosing, perhaps one of the most empowering choices the patient will ever have to make in their life is choosing their condition; that is, choosing their diagnosis and disease rather than denying it or resisting it. On the surface there doesn't seem to be a choice; on the surface there doesn't seem to be any apparent options available to the patient but, in fact, there are. By choosing their condition, the patient chooses the possibility of health, healing, and wellbeing and, as such, the patient chooses the opportunity to achieve it made available by choosing their care and care plan, by choosing their care provider and care team, by choosing their self-care. In choosing their condition, the patient is, in essence, choosing life.

PREDISPOSING, ENABLING, AND REINFORCING FACTORS

Let's now turn our attention to the most influential patient characteristics and qualities that affect patient choice beginning with 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 perspectives, perceptions, and preferences biased in their feelings and emotions, which affects patient intention and motivation, patient self-efficacy and confidence, patient relatedness and being, patient belief and desire, patient choice and action. Unlike enabling and reinforcing factors, patient predisposing factors determine patient willingness and desire to comply.

In contrast to predisposing factors, patient enabling factors involve patient experience. The patient is their background and experience, an amalgam of their education, knowledge, abilities, skills, aptitude, upbringing, customs, culture, social and familial environment, ethical and spiritual beliefs, and so forth. What the patient thinks, feels, and believes, what the patient considers, chooses, and acts on, are guided by patient perspectives, perceptions, and preferences intentional or unintentional, conscious or unconscious, aware or unaware. Besides affecting patient self-efficacy and confidence, belief and desire, intention and motivation, enabling factors also involve patient access to and availability of healthcare professionals and other resources which can include therapies, products, programs, services, and other support. Enabling factors support and empower the patient in making healthy choices and taking healthy actions.

Patient reinforcing factors are different from patient thoughts and feelings, knowledge and skills. Reinforcing factors are the influences, encouragement, advice, instruction, and opinions of healthcare professionals, clinicians, and experts; friends, family members, and loved ones; and others that either support and acknowledge patient health behaviors or criticize and censure them. As reinforcement, others often motivate and manipulate, prompt and persuade, provoke and push the patient to make specific choices and take specific actions. In view of that, reinforcing factors are transient in their efficacy; they might hold influence over the patient for a brief period of time before their usefulness in inspiring and achieving some level of compliance vanishes.

Predisposing factors influence patient choice; they can be summarized as the thoughts and feelings, opinions and judgements, beliefs and viewpoints, attitudes and values, of the patient regarding their health, healing, and wellbeing. Besides providing patient access and support, enabling factors influence patient choice too; they can be summarized as the background and experience, education and knowledge, skills and abilities, customs and culture, upbringing and aptitude, of the patient concerning their care and care plan. Reinforcing factors, the opinions and judgements of others, can also influence patient choice but not to the extent of predisposing factors and enabling factors; reinforcing factors are short-lived motivations.

PATIENT PERSPECTIVES, PERCEPTIONS, AND PREFERENCES

Patient perspectives involve patient thoughts and feelings, opinions and judgments, attitudes and values, beliefs and viewpoints as to how the patient regards their occurring world; how the patient processes circumstances, conditions, concepts, and events; how the patient responds or reacts to their life; and how the patient listens to and really hears that which matters to their self and others. As such, the patient develops perspectives based on their filters in life for what is good or bad, right or wrong, true or false, like or dislike, positive or negative, and so forth. Patient filters are prejudgments and predispositions; they are the patient's previously determined, already, always way of viewing and listening to others. Located in their memory, residing in their remembrance and recollection of the past, the patient can only see and hear things the way they see and hear things; we are talking about the patient's already, always perspective. Patient perspectives, for good or bad, influence patient choices for compliance and noncompliance.

Patient perceptions involve patient considerations and discernments, patient assessments and insights, developed from past experiences, developed from previous circumstances, conditions, situations, and events, giving rise to fixed patient opinions, judgements, feelings, and beliefs. While patient perspectives are distinguished in how the patient senses and perceives the occurring world, patient perceptions are distinguished in what the patient believes, feels, and thinks about their occurring world; what the patient believes, feels, and thinks about their perspectives. Patient perceptions are patient judgements for that which is meaningful, relevant, and valued by the patient and that which is not. As such, positive patient perceptions are comprised of what the patient appreciates and likes, believes in, and trusts. In the final analysis, whether the patient recognizes it or not, patient perceptions are established in the patient's relationship to truth and illusion, love and fear, and peace and turmoil, as they sense and perceive their occurring world.

Patient preferences involve patient predilections and partialities based on patient perceptions and perspectives. Patient preferences are biases and prejudices, inclinations and affections, selections and choices; they work to assuage anticipations and expectations; they work to fulfill on patient needs, wants, and desires and, based on patient preferences, based on patient beliefs and desires, the patient makes choices. Patient preferences also work to advance patient satisfaction and gratification in meeting or exceeding their expectations. In their desire for health, healing, and wellbeing, in their preference for life, in their beliefs and desires, the patient chooses care, chooses to follow their care plan, chooses to take actions, and chooses compliance for the potential of achieving optimal outcomes. Patient perspectives, preferences, and preferences influence patient choice.

PATIENT INTENTION AND MOTIVATION

Patient intention involves the patient being deliberate, determined, and confident in making choices and choosing. The patient, in being present to their condition, evaluates options and establishes their meaning, relevance, and value giving rise to patient intention for making healthy choices and taking healthy actions; giving rise to the patient being purposeful and persistent. Patient intention begins with the patient and care provider mutually establishing goals using a care plan to achieve them; it begins with the patient being deliberate in following their instructions and recommendations and reaching set objectives. An important point regarding this conversation: there is no possibility for patient intention without patient integrity. The patient must have a relationship with truth rather than illusion; the patient must have a relationship with being authentic and acting with authenticity; the patient must have a relationship with giving and keeping their word rather than resorting

to excuses, justifications, apologies, explanations, and defenses. We will examine integrity and patient choice more thoroughly in an upcoming conversation for patient values.

Patient motivation involves the patient being encouraged, inspired, and enthusiastic in making choices and choosing. If we take some license, we can divide the word motivation and discover motive and action meaning the patient has a distinct reason, purpose, or cause in their intention to take action. It is important to note that motivation is distinct from manipulation. Motivation is encouraging and inspiring the patient to take action in their best interest whereas manipulation is prompting and pressuring the patient to take action in another's best interest. Patient motivation shows a concern and commitment to the patient; manipulation reveals an attachment to achieving results.

There are different forms of patient motivation; they can take on intellectual, emotional, ethical, or spiritual characteristics or some combination thereof. In other words, an ethical motivation might be one that appeals to the patient to do what is right and good; an intellectual motivation might be one that appeals to the patient to do what is sensible and wise. No matter its character and appeal, all motivation is transient in nature; it is short-lived and, as such, the patient requires ongoing encouragement and acknowledgement, inspiration and support, to sustain their engagement, activation, and persistence. And although it is transient in nature, motivation is a reinforcing factor that can briefly influence the patient, and their choices and actions, before its usefulness evaporates. Patient intention and motivation influence patient choice.

PATIENT SELF-EFFICACY AND CONFIDENCE

Patient self-efficacy involves the patient assessing their ability to powerfully manage their health and healing with competence and authority. Besides being a subjective positive assessment, patient self-efficacy is also the patient's belief in their ability, as well as their personal skills and proficiency, to follow the instructions and recommendations of their care plan, take actions consistent with those instructions and recommendations, and succeed in reaching their specific therapeutic goals. Empowered in their beliefs for their personal capacity, capability, and competency, the patient boldly embraces healthy behaviors; the patient makes healthy choices and takes healthy actions with certainty; and the patient completely and confidently persists in their care and care plan. Also based on their assessment and beliefs, the patient in their self-efficacy absolutely expects to reach a certain level of performance and progress; the patient expects to be successful and achieve optimal outcomes.

Patient confidence is closely related to patient self-efficacy in that the confident patient generally believes they are capable of being successful in most areas of life, in most of their behaviors and not just the ones specifically for managing their care and care plan. As such, confidence is a general feeling of patient trust in their abilities, qualities, and judgment. Accordingly, the patient initially requires some level of confidence to assess their personal capacity, capability, and competency for patient self-efficacy to occur. Accordingly, patient confidence is requisite for patient self-efficacy; and although the patient can be confident and self-assured to some extent to take on their care and care plan, the patient, to be entirely effective and efficient, needs to specifically assess and believe in their capacity, capability, and competency to be compliant and to achieve optimal health, healing, and wellbeing appropriate to their condition.

Besides being empowered, patient confidence is also a matter of control and authority, the ability of the patient to cope with their condition; the ability of the patient to manage their needs, wants, and desires; and the ability of the patient to monitor, measure, and manage their care and condition, their performance and progress. What's more, patient confidence is a matter of awareness and presence. In their confidence, the patient is aware of and present to their attitude, temperament, and mindset; and the patient is aware of and present to their emotions and feelings, their intentions and motives, their beliefs and desires; all of these factors affect the patient's faith, trust, and belief in their competence and ability, their assessments and judgements. Patient self-efficacy and confidence clearly influence patient choice.

PATIENT RELATEDNESS AND BEING

Patient relatedness involves patient self-awareness, affinity, and integrity; the patient is present to the meaning, relevance, and value of their life and mindful of their diagnosis, disease, and condition. The patient understands the need for care, agrees with it, and accepts it rather than denying or resisting it; the patient understands the risks and rewards of compliance and noncompliance. In addition, the patient is present to the need for truth and integrity in managing their care; they are present to the reality of their condition: there are no illusions about their diagnosis and disease.

With patient relatedness, the patient is present to their life and their love for family, friends, and associates; the patient is present to and appreciative of their contributions to others, their work and play, and the differences the patient has made in life and in family, career, and community. Patient relatedness is about the patient, their life, and their love of life. The patient is interested, involved, and in love with life; the patient chooses life. Without patient relatedness, there is no opportunity for patient engagement, activation, and persistence.

Patient being involves the patient living an enthusiastic, emboldened, energized existence, being enlivened and empowered with their care, care plan, care provider, and care team. Patient being is about the patient being at the source of health, healing, and wellbeing rather than being at the effect of illness and disease. Patient being consists of patient ways of being: being intentionally aware and present, being intentionally interested and involved, and being intentionally active and persistent. Because patient behaviors and ways of being occur intentionally and unintentionally in life, the patient needs to be mindful and attentive to their ways of being, in the same way the patient needs to be mindful and attentive to their disease state and condition, requiring the patient to intentionally and continuously choose a way of being. Patient default ways of being – whether they are right or wrong, good or bad, positive or negative, happy or sad, calm or mad, and so forth – occur when the patient is not intentional, when the patient is not present to life.

Patient being is a valuable part of making choices and choosing given that the patient can create possibilities and opportunities; that the patient can intentionally create ways of being. One such possibility is that the patient, in their imagination, in their thoughts and feelings, can create a future of health, healing, and wellbeing, in the moment, rather than dwelling in their memory and the helplessness of the past. It follows then that patient being is a remarkable factor of imagination and creation that contributes to patient transformation. For example, the patient can intentionally create an empowering way of being rather than one of suffering and victimization; or the patient can create a healthy way of being with the possibility of having energy, vitality, strength, and stamina rather than one of illness and disease. Or, for example, the patient can intentionally

create a way of being extraordinary and unstoppable. Imagining and creating intentional ways of being, asserting and affirming them, are powerful declarations meant to create a future of possibility and opportunity. In contrast, unintentional ways of being simply repeat the past. In the final analysis, patient relatedness and patient being influence patient choice.

PATIENT BELIEF AND DESIRE

Patient belief involves the patient having trust, faith, and certainty in their care, care plan, care provider, and care team; as such, the patient agrees with and accepts their condition, their need for care, and their need to be compliant. Besides belief in other people and the care they provide, patient belief also involves the patient having confidence, conviction, and faith in their self; in their capacity, capability, and competency to self-care and manage their condition; in their body's ability to heal as appropriate; and in their ability to achieve optimal clinical outcomes.

The patient, like all people, ceaselessly senses and perceives their occurring world; from awareness and presence, the patient makes judgements including that which they assert is good and bad, right and wrong, true and false, positive and negative, agree and disagree, safe and unsafe, and so forth. In their assertions, the patient forms opinions and shapes beliefs. Accordingly, patient beliefs are established in that which the patient likes or dislikes, in that which the patient approves or disapproves, in that which the patient trusts or distrusts, in that which the patient knows to be certain or uncertain, in that which the patient contends is true or untrue including their diagnosis and disease, treatment and care, to name a few. The patient forms beliefs in thought and feeling, opinion and judgement, attitude and value making patient belief a prodigious matter, complex and often difficult to understand patient by patient. In their belief, the patient makes choices and either takes action or not. In their belief, the patient is either compliant or noncompliant. Nevertheless, what we know with certitude about patient belief is whether the patient believes they can or they can't, the patient is correct.

As a final point, self-efficacy and confidence are factors influenced by patient belief as are patient perspectives, perceptions, and preferences. Patient belief is powerful and empowering. Accordingly, patient belief is the one decisive predisposing factor that ultimately influences and directs patients in their choices, behaviors, and actions.

But, what exactly contributes to patient belief? The answer is basic to our 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 the patient articulates 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 beliefs, gives voice to their perspectives, perceptions, and preferences for health and healing. In listening to and really hearing the patient (and in hearing also that which is unsaid), the care provider can understand that which is important to the patient in their engagement, activation, persistence, and compliance. As such, the care provider can ascertain certain patient beliefs as complex as they can be.

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 the patient

affect their beliefs which, in turn, affect patient predisposing factors, affect patient self-efficacy and confidence, and affect patient perspectives, perceptions, and preferences.

Before the patient articulates their needs or wants, however, the patient formulates them as desires. Patient desires are dreams, hopes, wishes, fantasies, or urges we often think about and speak about but do not act on. They are simply thoughts and feelings having no significance in life particularly if what we do with our desires is to think and speak about them without taking action. Accordingly, when the patient states their desires, they are neither needs nor wants; they are simply digressions in thought and language. And yet, when the patient takes action consistent with their desires, the patient transforms their wishes and dreams into reality satisfying their needs and wants. Desires become what the patient intends as either needs or wants grounded in the type of actions the patient takes bringing the desires from intellectual and emotional thoughts and ideas, in the realm of intellectual concept, into the realm of physical reality. Strong patient desires, which are always acted on, contribute to patient 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.

If nurtured in a positive, productive manner, patient beliefs and desires elevate and drive patient choices, behaviors, and actions resulting in highly-effective patient 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, the healthcare professional can advance patient beliefs and desires in helping to ensure optimal clinical, economic, and patient satisfaction outcomes.

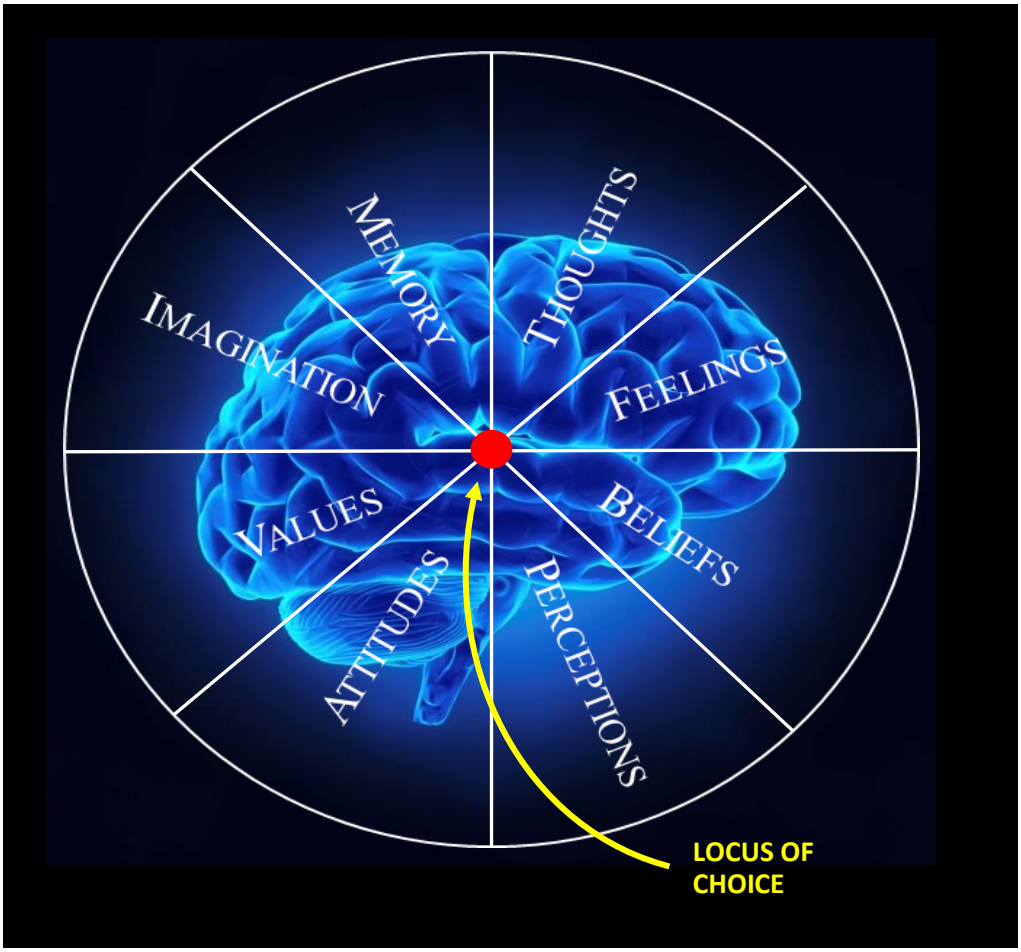
Patient belief is about patients liking, trusting, and believing in themselves, their ability to make right and good decisions, their ability to manage their care, and their ability (actually, the ability of their mind and body) to respond to treatment, recover from illness, and heal accordingly. Before they form beliefs, however, the patient must have a strong, powerful desire for health, healing, and wellbeing. It is not enough for the patient to simply articulate their hopes, dreams, and desires; the patient must powerfully choose them and act on them immediately, in the moment, as urgent wants or needs. Patient belief and desire always, without exception, drive patient engagement and activation, persistence and compliance.

PATIENT THOUGHTS AND FEELINGS

Think of patient choice and the process of choosing as an amalgam of patient thoughts and feelings. Specifically, patient choice is a blend of rational and irrational, reasonable and unreasonable, emotional and unemotional thinking; it is a blend of patient perspectives, perceptions, and preferences for their care and care plan, their care provider and care team, their engagement and activity, their persistence and compliance, their health, healing, and wellbeing. Originating in patient thoughts and feelings, opinions and judgements, convictions and beliefs, attitudes and values, feelings and emotions, memories and recollections, imagination and creation, patient choice and choosing is a good deal to consider and understand especially since the patient thinks the way the patient thinks, feels the way the patient feels, and believes the way the patient believes; as such, the patient is unique and different; there is no other like the patient.

As we well know, the patient makes choices based on several influences, characteristics, and qualities including but not limited to predisposing, enabling, and reinforcing factors; patient perspectives, perceptions, and preferences; patient intentions and motivations; patient self-efficacy and confidence; patient belief and desire; and patient relatedness and being making the intangible complexities of patient choice and compliance a rather prodigious subject.

In an effort to create further understanding for patient choice and choosing, let's streamline it by segmenting and individualizing cognitive functions, skills, and abilities that influence choice, by defining the fundamental roles of the mind. In the diagram below, we have segmented cognitive functions into eight divisions; they are: patient thoughts and feelings, patient beliefs and perceptions, patient attitudes and values, and patient imagination and memory. Moreover, we are suggesting the locus of choice is central with these fundamental roles of the mind. Let's review each segment independently and see their influence with patient predisposing, enabling, and reinforcing factors; patient perspectives, perceptions, and preferences; patient intentions and motivations; patient self-efficacy and confidence; patient relatedness and being; and patient belief and desire.



1. Patient Thoughts

Actually all consideration, reflection, and understanding is thought. In fact, feelings and emotions, opinions and judgements, convictions and beliefs, attitudes and values, remembrance and imagination are thought. The first division of thought that influences choice is established, however, to specifically distinguish intellectual, logical, and rational thinking as well as ignorant, illogical, and irrational thinking in contrast with patient emotional, ethical, and spiritual thinking; in contrast with patient opinions, judgements, and attitudes; in contrast with patient memory, recollection, ideation, and creation. Patient intellectual, logical, and rational thought involves patient wisdom and knowledge, patient critical and analytical thinking, and patient reasoning and rationalizing as well as patient informed thinking. And although these forms of thought are influenced by patient feelings, opinions, judgements, beliefs, attitudes, and values, patient thoughts is a division of thought that comprises all consideration, reflection, and understanding. Two fundamental manners of patient thought worth noting include truth, that which is factual, real, and honest, that which has integrity; and illusion, that which is fictional, nonexistent, and dishonest, that which lacks integrity. Established in patient thoughts, truth and illusion influence patient ways of thinking, speaking, being, acting, and interacting with others; truth and illusion clearly influence patient choice and choosing, compliance and noncompliance.

2. Patient Feelings

Patient feelings involve thoughts established in emotions; the two human emotions of love and fear influence all feelings, passions, and sentiments. As such, happiness, interest, enthusiasm, empathy, pride, desire, hope, joy, contentment, satisfaction, anticipation, curiosity, laughter, and other positive feelings arise in love. In particular, patient action and compliance occur in love, affection, appreciation, and devotion. In contrast to love, feelings of anger, shame, distress, anxiety, despair, hatred, worry, and resentment arise out of fear as well as feelings of guilt, sadness, regret, hostility, blame, apathy, uncertainty, and other negative feelings of which there are many. It is important to note that patient denial and resistance are grounded in fear. We need to review two other feelings, commitment and attachment, for a moment; commitment occurs in love whereas attachment arises out of fear. When the patient is committed to an outcome, the patient makes choices and takes actions in a different positive way than when the patient is attached to a result. Whereas positive patient choices and actions occur in love, resistance, denial, and inaction arise out of fear.

3. Patient Beliefs

Patient beliefs involve thoughts established in faith, trust, spirituality, and conviction. As conviction, the patient holds some idea or concept as a certainty; the patient is determinedly convinced of and influenced by an idea or concept. Patient belief is also having faith and trust in someone or something; the patient is dedicated and devoted to it, the patient likes, trusts, and believes in it. Acceptance is part of patient belief; the patient accepts someone or something as true and real having confidence in that person or thing. In addition to conviction, faith, and trust, belief also involves spirituality. The patient personally holds divine or sacred beliefs in ways which affect their desire to be compliant or noncompliant. Finally, patient belief, as we have explored, is one of the most influential, decisive factors in achieving health, healing, and wellbeing; in achieving patient compliance; patient belief and patient needs, wants, and desires impact patient choice and action. In view of that, the patient believes in their care, their care plan, their ability to self-care, their ability to heal, and so forth; in consequence, the patient makes healthy choices and takes healthy actions consistent with the instructions and recommendations of their care plan and, as a result, is compliant.

4. Patient Perceptions

Patient perceptions involve thoughts established in assessment, judgement, and opinion. The patient, in their wisdom, knowledge, experience, understanding, and background, develops perceptions of life based on their perspectives including conditions, circumstances, occurrences, concepts, things, people, and their self. Moreover, the patient even develops perceptions of their own thoughts and feelings, beliefs and convictions, attitudes and values, recollections and imagination. Accordingly, the patient generates opinions, judgements, beliefs, and viewpoints about everything. The patient, as do all people, evaluates things as right or wrong, good or bad, true or false, like or dislike, agree or disagree, positive or negative, safe or unsafe, and so forth. As with human nature and the need to know the meaning of all things in life, the patient assigns their own meaning to things and, in doing so, further establishes positive and negative patient perceptions. For example, in their attempt to answer the unanswerable question of why, the patient develops an opinion that becomes a viewpoint. Eventually, the patient, in their assessments and judgements, develops perspectives, shapes perceptions, and establishes preferences that direct their choices, behaviors, and actions.

5. Patient Attitudes

Patient attitudes involve thoughts established in temperament, disposition, and mindset. The patient develops a personality, individuality, and character that defines their nature and affects their manner of thinking, speaking, behaving, acting, and interacting with others. Recognizing patient attitudes are personal and individual, patient mindset is unique; at any given moment, patient temper and mood can influence and shape their way of being. Patient ways of being are intentional or unintentional, conscious or unconscious, as we have seen. With conscious, intentional ways of being, the patient is interested and involved, mindful and attentive to life, their condition, their care, and more. Patient unconscious, unintentional ways of being occur when the patient is not deliberate or purposeful, when the patient is not present to life. Patient attitudes and ways of being are a valuable part of achieving patient compliance given the patient can intentionally create empowering possibilities that can bring about opportunities, given the patient can create an outlook and attitude of health, healing, and wellbeing. And although they are variable and transitory, patient attitudes are decisive, in the moment, when it comes to making choices and choosing to take action.

6. Patient Values

Patient values involve patient thoughts established in their principles, ideologies, moralities, and ideals. The patient has ethics and standards in how the patient chooses to live life, how the patient chooses to behave, how the patient chooses to interact with others, how the patient chooses to act, and how the patient chooses to accomplish things and satisfy their needs, wants, and desires in life. Accordingly, the patient determines that which is right and wrong, good and bad, true and false, positive and negative, and so forth. The patient assesses and chooses, for example, that which is correct or incorrect, accurate or inaccurate, precise or imprecise based on their perspectives, perceptions, and preferences. All patient values arise out of integrity or the lack of integrity in the patient: the honesty, authenticity, responsibility, and reliability of the patient, the openness, involvement, decency, and compassion of the patient. Integrity is all about the patient doing what is right and good; the patient giving and keeping their word for following their instructions and recommendations, taking action consistent with them, and achieving patient compliance. In the final analysis, integrity is the patient valuing their life by making healthy choices and taking healthy actions.

7. Patient Memory

Patient memory involves patient thoughts established in recall, remembrance, retention, and retrospect. Living their life, the patient develops and grows with their education and experiences, environment and circumstances, wisdom and knowledge, aptitudes and skills, familial and social backgrounds, physical and mental conditions, cultural and spiritual beliefs, and so forth. Many of these characteristics and qualities distinguish and exemplify the patient; all of these characteristics and qualities are patient memory, recollections of life events which were good and bad, happy and sad, positive and negative, and so forth; life events that impact the patient's way of being, and life events that cause or create a future from the past. Often, the patient is unaware of their ways of being affecting their thoughts and feeling, their choices in life, their actions and behaviors. Patient compliance and noncompliance come about with sentient and insentient ways of being. What's more, in retaining and remembering patient information, in memorizing instructions and recommendations, in reliving adverse effects from medications or treatments, in recalling unfavorable experiences, the patient makes choices, good or bad, right or wrong, positive or negative, leading to action or inaction grounded and justified in their memory.

8. Patient Imagination

Patient imagination involves thoughts founded in patient vision, inspiration, creativity, and inventiveness. The patient creates and generates concepts and ideas; the patient creates and generates images and words, music and sounds; the patient creates and generates all within the imagination. Influenced by their thoughts, feelings, judgements, and opinions, influenced by their beliefs, values, attitudes, and memories, the patient creates a future by making choices and taking actions in the moment. The patient envisions their health, healing and wellbeing, chooses it, and acts on it; or, the patient does not or cannot envision it and, as a result, does not choose and act on it. Patient imagination is critical to compliance; belief influences the imagination and the imagination influences belief. Choices and actions are patient products of belief and the imagination. The imagination is powerful, so powerful that it engenders patient compliance as easily as it engenders patient noncompliance. For example, the patient creates intentions and motivations as easily as excuses and apologies; the patient creates responsibility and commitment as easily as reasons and rationales; it's all a matter of ingenuity and inventiveness directed in a positive manner to create healthy choices and healthy actions.

DISTINGUISHING KEY THOUGHTS AND FEELINGS

By examining the fundamental roles of the mind which have influence over choice and choosing, we see that Patient thoughts consist of intellectual thinking as well as feelings, opinions, judgements, beliefs, attitudes, and values all contributing to logical and illogical, rational and irrational, coherent and incoherent, reasonable and unreasonable thought; all contributing to consideration, reflection, and understanding. What's more, patient thoughts also consist of memories, reminiscences, remembrances, and recollections and of concepts, ideas, creations, inventions, and the imagination. We specifically distinguish patient thoughts, however, to identify two fundamental ways of thinking, truth and illusion, which influence patient choice, behavior, action, and compliance; which influence patient health, healing, and wellbeing. The patient establishes a relationship with truth and reality or one with illusion and fantasy and as a result the relationship acts like a filter over the way the patient thinks and feels, considers and chooses compliance. While truth and patient authenticity engender compliance, illusion leads to denial, resistance, and noncompliance.

Although the patient experiences a wide range of feelings in their lifetime, although feelings clearly influence patient choice in the moment, and although all feelings are transitory, patient emotions are specifically distinguished to recognize two human emotions, love and fear, which have influence over patient choice, behavior, action, and compliance. Patient emotions are also distinguished in the relationship the patient has with being committed or being attached to outcomes. With love, compassion, and contribution, the patient is committed and dedicated feeling enthusiastic about achieving outcomes; with fear, anxiety, and despair, however, the patient is attached and inflexible feeling stuck.

In addition to patient like, trust, and belief in their care, care plan, care provider, and care team, patient beliefs are specifically distinguished to acknowledge two essential factors having considerable influence over patient choice, behavior, action, and compliance; they are belief and desire. Patient belief and desire are decisive. As mentioned, patient belief involves patient faith, trust, confidence, conviction, and certainty in their care, in their care plan, care provider, and care team. More importantly, however, patient belief involves the patient having self-assurance, conviction, and certainty in their capacity, capability, and competency to self-care and to manage their condition. The patient believes in their care and their body's ability to respond to care. The patient believes in their ability and fully expects then to achieve optimal clinical outcomes.

Patient perceptions are distinguished in patient assessments of their experiences, circumstances, conditions, concepts, people, and things in life giving rise to their opinions, judgements, beliefs, and viewpoints. The patient considers everything that occurs in their life and in their health care and determines that which is right or wrong, good or bad, true or false, like or dislike, agree or disagree, positive or negative, safe or unsafe, and so forth. Accordingly, the patient develops their perspectives, shapes their perceptions, and establishes preferences in their evaluations and assessments that directly influence their choices, behaviors, and actions.

Besides patient temperament and mindset, patient attitudes is distinguished by the patient's conscious, intentional ways of being and unconscious, unintentional ways of being; both shape patient thinking, speaking, behavior, and action, both affect patient care and compliance. With patient attitudes, the patient can be positive or negative, thoughtful or thoughtless, purposeful or mechanical, in making choices and taking actions. Creating an optimal outlook and attitude on health, healing, and wellbeing, the patient is empowered when the patient is intentional whereas the patient is ineffective when unintentional leading to noncompliance.

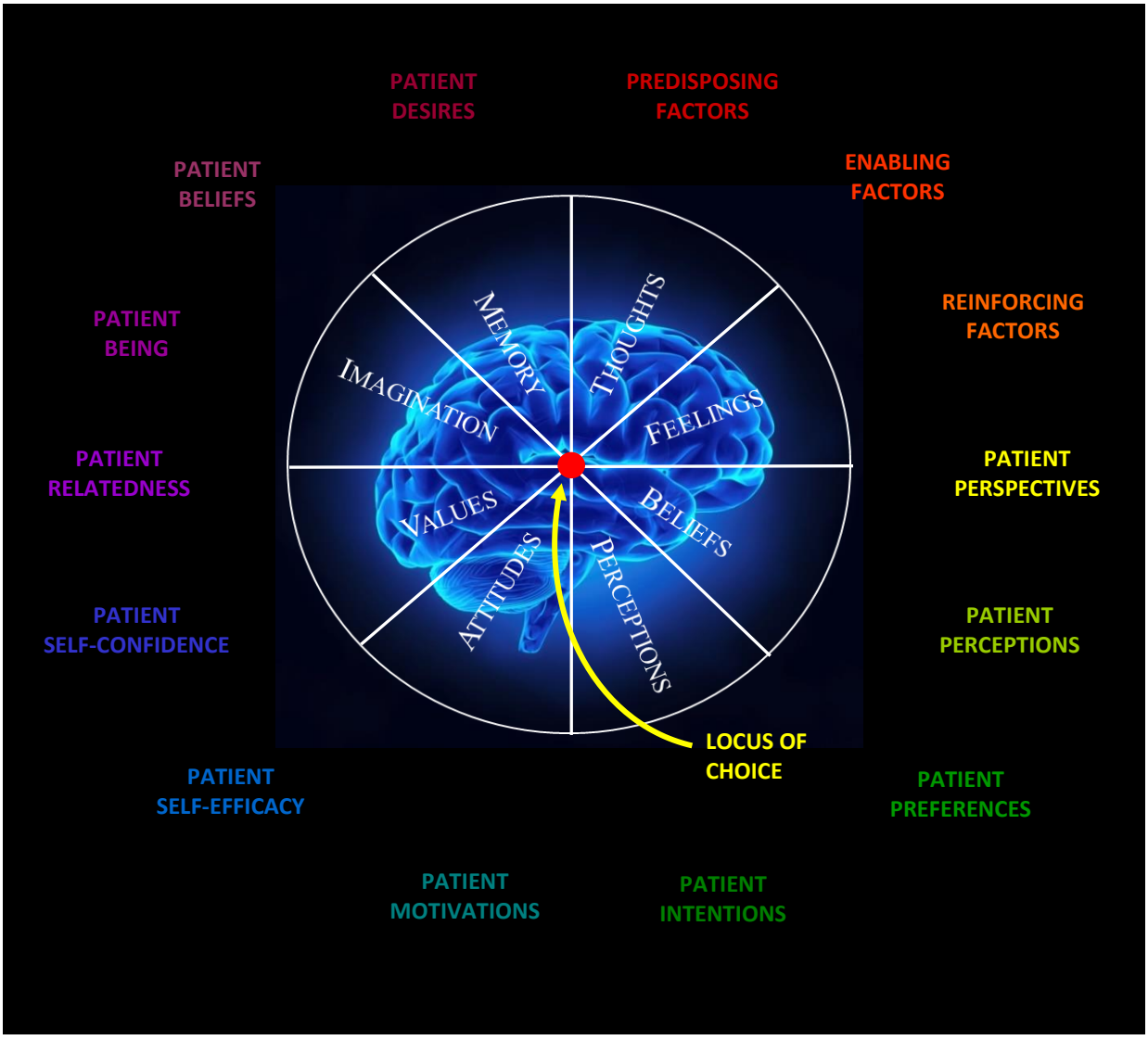
Patient principles, standards, and ethics are part of patient values and, to be clear, they greatly influence patient choice, behavior, action, and compliance. And yet the most significant impact on compliance is patient integrity; that which is right and good, positive and true. Patient integrity is the patient being authentic, responsible, and reliable; patient integrity is the patient giving their word, being committed, making healthy choices, taking healthy actions, and doing the work of compliance that way it was meant to be done or better.

Patient memory is distinguished by the comforts or challenges, the pleasures or pains, the losses or gains of the past if the patient indeed lives into their future based on their past. The patient makes choices based on past experiences and the stories they attach to those experiences whether they are good or bad, true or false, right or wrong, positive or negative. Patient memory works both ways by encouraging or discouraging the patient to make healthy choices and take healthy actions. Accordingly, past is prologue. The patient's probable, almost

predictable future is what has been the past; that is, unless the patient generates new possibilities and creates a new future, which can be very important especially if the patient's past was not optimal.

Patient imagination is distinguished by the patient being intentional, generating possibilities and opportunities, making healthy choices, and taking healthy actions, for their care and compliance, for their health, healing, and wellbeing. Like memory, however, patient imagination also works both ways for creating good or bad, true or false, right or wrong, positive or negative motivations and choices. Accordingly, the patient achieves compliance by creating a new future from their perspectives, perceptions, and preferences for the possibility of health and healing and by being committed, responsible, resilient, and powerful in their care.

Having reviewed the fundamental roles of the mind that influence choice; and, having reviewed predisposing, enabling, and reinforcing factors; patient perspectives, perceptions, and preferences; patient intentions and motivations; patient self-efficacy and confidence; patient belief and desire; and patient relatedness and being that also influence choice, what exactly contributes to patient choice and choosing?



This question, as you can expect, is unanswerable in the specific sense since the patient is unique in their needs, wants, and desires; unique in their thoughts, feelings, opinions, and judgements; unique in their attitudes, values, experiences, and backgrounds; unique in their beliefs and perceptions; unique in their perspectives and preferences. The question, however, can be answered in a general sense: some or all of the influences contribute to patient choice; this is exactly why patient choice and choosing is vague and elusive as well as intricate and complicated; patient choice and choosing are the intangible complexities of patient compliance.

What can be asserted from this conversation, however, is the locus of choice resides in the center of thoughts, feelings, beliefs, perceptions, attitudes, values, imagination, and memory and that these fundamental roles of the mind – and their qualities and characteristics individually and collectively – contribute to patient predisposing, enabling, and reinforcing factors; patient perspectives, perceptions, and preferences; patient intentions and motivations, self-efficacy and confidence; and patient relatedness and being, beliefs and desires.

PATIENT MIND AND BODY

While patient compliance is in general taking action to manage, treat, and heal a physical condition of the body, compliance begins in the mind. The patient makes choices to follow the instructions and recommendations of their care plan and to take actions consistent with those instructions and recommendations.

In their contemplation, reasoning, and feeling; in their reflection, discernment, and consideration, the patient chooses to be compliant based on their thoughts and feelings, attitudes and values, intentions and motivations, and self-efficacy and confidence; the patient chooses to be compliant positioned in their perspectives, perceptions, and preferences; established in their relatedness and being; and determined in their beliefs and desires. Then, consistent with their choice for being compliant, the patient intentionally takes action to care for and nurture their body and mind.

Fundamentally, patient choice and choosing is a culmination of logic and reasoning, feelings and emotions, opinions and judgements, attitudes and values, perceptions and preferences, shaped by past experiences, created with new possibilities, and directed in beliefs and desires. Choice is central to compliance in the same way it is influential with noncompliance. Noncompliance occurs when the patient chooses not to take action whereas compliance occurs when the patient chooses to take action, the patient chooses to do what they intend to do, to transform the conditions of their physical and mental being.

Beginning in the mind as patient belief and desire, and continuing in the mind as patient consideration and choice, and coming to pass in physical reality as patient action and compliance; the very nature of compliance is the transformation of patient thoughts and feelings, beliefs and desires into choices and actions followed by the further transformation of those choices and actions into compliance and outcomes.

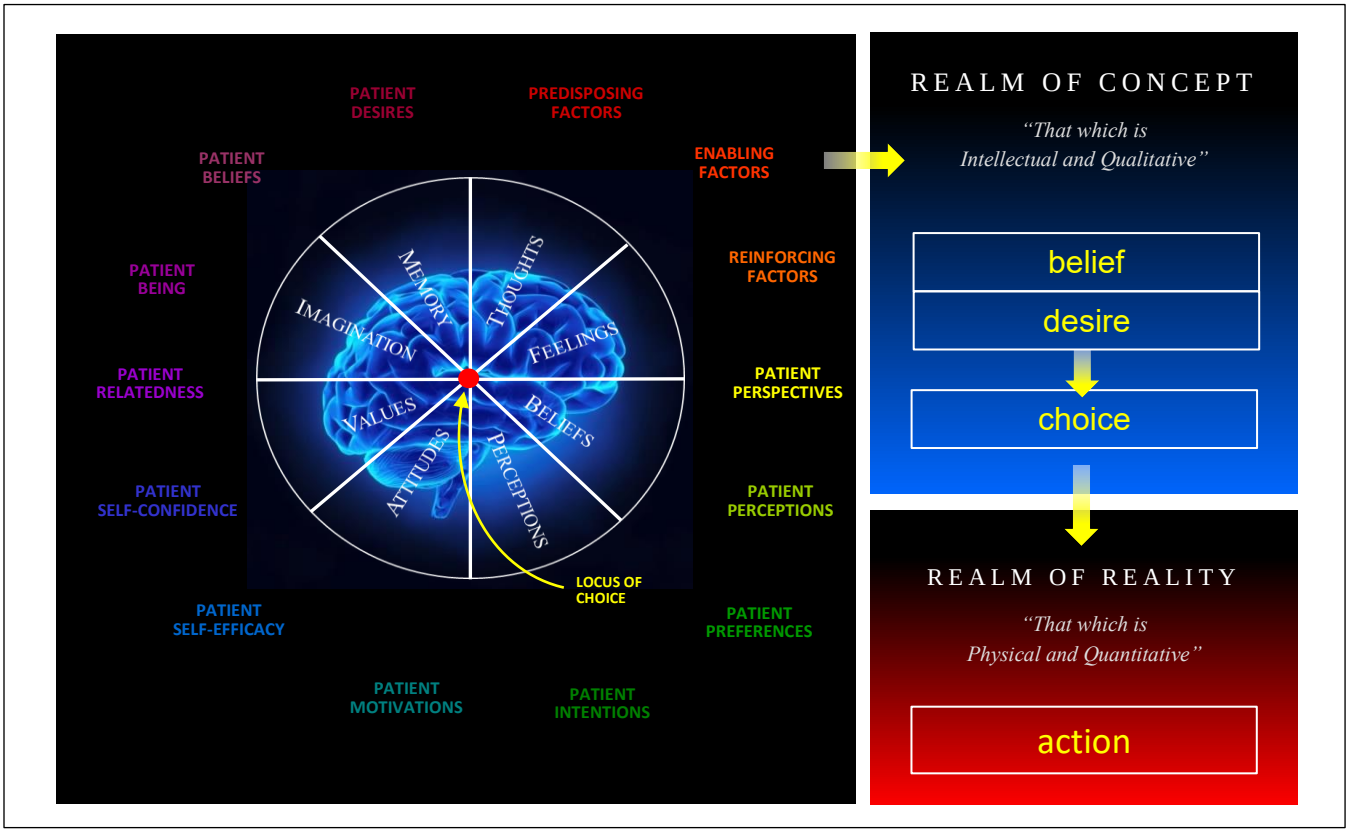
Patient belief, desire, and choice reside in the mind, in the realm of intellectual concept and, as such, are intangible and abstract; these are the intangible complexities of patient compliance. However, by taking action to manage, treat, and heal a physical condition of the body, the patient moves from a realm of intellectual concept into a realm of physical reality generating tangible and concrete outcomes; these are the measureable results of patient compliance. What's more, in experiencing the results of their actions, the patient moves from

the realm of physical reality back into a realm of intellectual concept in the awareness and mindfulness of their contentment and satisfaction for making healthy choices and taking healthy actions. Making choices and choosing to take action and taking action is transformative. It contributes to a new patient normal, a new patient identity, and a new way of being; it contributes to healthy behaviors and creates a personal culture of self-care.

TRANSFORMING THINKING, BEING, AND DOING

In adopting healthy behaviors, patient choice is the transformation of patient ways of thinking and feeling into patient ways of being and doing. Transformation moves patients from a realm of intellectual concept into a new realm of physical reality as they adopt healthy behaviors and take healthy actions. And although taking healthy actions is the very nature of compliance, compliance cannot exist without positive, constructive patient beliefs and desires but, more importantly, compliance cannot exist without the patient making positive, constructive choices. Moreover, compliance cannot endure and generate lasting outcomes without sustained patient contentment and satisfaction for choosing to be persistent with their self-care.

Accordingly, patient choice and compliance involves understanding individual patient needs, wants, and desires; patient intentions and motivations; patient confidence and self-efficacy; patient thoughts and feelings, attitudes and values; and patient beliefs and desires. Patient choice and compliance also involves understanding patient approval and appreciation, acceptance and agreement for their care plan and care team; understanding patient willingness, enthusiasm, and involvement in their care and self-care; understanding patient being and relatedness of their condition and life; and understanding patient contentment and satisfaction, expectations and fulfillment of their outcomes.



SUMMARY

Understanding the intangible complexities of choice and compliance is certainly possible with the individual patient through planned conversation and deliberate listening and exchange; but, understanding that which all patients base their choices and compliance is impossible. To suggest there are perhaps three or four factors that absolutely ensure patient choice and compliance is short-sighted and narrow-minded. This paper is simply intended to create awareness for and distinguish the universal characteristics and qualities of patient choice and choosing; create awareness for the fundamental roles of the mind that influence patient healthy choices, behaviors, and actions.

Besides creating awareness, the healthcare professional might want to consider, as appropriate, enhancing communications and relations patient by patient by being in the listening of the patient. What that means is developing a greater awareness and appreciation for the thoughts and feelings, opinions and judgements, beliefs and viewpoints, attitudes and values of the individual patient. It also means developing an understanding of patient intentions and motivations, patient self-efficacy and confidence, patient perspectives, perceptions, and preferences, patient relatedness and being, and patient beliefs and desires. And although time with the patient is limited, it is of the essence, there are tools, technologies, processes, and programs available to the professional to gain this valuable patient information helping to generate conversations for advancing patient choice and compliance. Choice and compliance involves having a deep understanding for the patient's occurring world; that is to say, how patients perceive themselves and their life in their circumstances, in their condition, including their perceptions and preferences, including their being and relatedness to their diagnosis and disease, their care and care plan; their beliefs and desires for health healing, and wellbeing; and their commitment to achieving compliance and optimal outcomes.

The strategies and interventions for patient compliance cannot just encourage patients to make healthy choices and take healthy actions in the expectation of achieving outcomes; they must address the complex nature of choice and compliance and the complex nature of human thoughts, feelings, beliefs, and behaviors with all its diverse qualities and characteristics. Creating an understanding and appreciation for the intangible complexities of choice and compliance hopefully provide some support, some assistance, some insight for the healthcare professional in helping to achieve optimal patient compliance, helping to advance patient health, healing, and wellbeing, and helping attain quality clinical, economic, management, and patient satisfaction outcomes.

In the final analysis, however, the only likely thing about patient choice and patient compliance, the only predictable thing about the patient, is that the patient is unpredictable.