

Patients' Health Beliefs and Practices and Compliance with Discharge Instructions

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Abstract - This study was purposely designed to determine the level of influence between health beliefs and practices and level of compliance with discharge instructions by the patients in selected hospitals in Sogod, Southern Leyte. Utilizing a quantitative-qualitative and correlational design, thirty respondents were selected by purposive sampling technique with the following inclusion criteria: previously hospitalized with a minimum of three days and discharged within the year, 15 to 70 years old and with medical problems. A researcher-made interview schedule was utilized with two parts such as seven questions relating to patient's personal data and eight questions pertaining to the problem. Variables on compliance with discharge instructions and out-patient referrals were categorized into high, moderate and poor compliance. Respondents' health beliefs and practices were also classified as traditional, parochial and scientific. Data were analyzed using percentage and chi-square in which the level of significance was set at 0.05. Based on the findings, it is concluded that health beliefs and practices do not influence compliance of medication since it is basically a consideration of individual's budgetary capacity. It is further concluded that health

beliefs and practices significantly influence outpatient referral compliance since it is basically affected more on behavioral attributes rather than economic implications.

Keywords - health beliefs, discharge instructions, outpatients

INTRODUCTION

Every individual enters into this world cultureless – one's own beliefs, values, attitudes and perception of things are powerfully influenced by the way people behaves and acts in the surroundings. It is almost impossible to exaggerate the power and influence of one's environment on the human mind.

The impact of an individual's cultural influences on traditional health beliefs and practices has been reflected in a survey in Southern Leyte which revealed that out of 122 number of deaths for the six-month survey, 43.44% died in the hospital and 55.56% were in their homes. Out of those who died in the hospital, 16.39% have no experience of consultation with faith healers or quackdoctors (herbolario), 27.04% had previous treatment from faith healers or quackdoctors before they were admitted at the hospital. For those who died in their homes, 50.82% were under the care of faith healer and 5.73% died because of terminal cancer and debilitating diseases (Rural Health Unit, March to August, 1985).

The degree of influence of traditional beliefs and practices of a person as part of his or her cultural background is indeed a creative mold of a person's behavior such as the values, attitudes, beliefs and practices regarding health promotion and prevention of illness. It is ironical that with the onset of modernized facilities and approaches on managing diseases, there are still a number of people who refuse to accept treatment regimen and practices provided (Panopio, 1995).

Health care providers are known to have difficulties accepting traditional beliefs and practices among clients since there are those which are beyond the explanation of medical sciences. Yet, Berger (1992) states that one's health beliefs and practices play significant roles in healing and treating individual illnesses. Thus, it is observed that many clients who sought consultations selectively comply the

treatment regimen because of respective beliefs and practices. It is often noted that patients who had been discharged from the hospital were readmitted due to recurrence of the illness because of the failure to follow the prescribed discharge instruction.

It is on this premise that the researcher implemented this study to determine whether health beliefs and practices of clients influenced their compliance on discharge instructions given after being discharged from the hospital.

FRAMEWORK

With the basic focus on this study which is on the behavior of an individual specifically on the health beliefs and practices, Guthrie's Child-rearing practices is utilized with Bandura's Social Cognitive Theory.

Guthrie's Theory emphasizes that human beings are products of the relationship with significant others. Filipino culture is observed to have many opportunities of seeing adult models since children are not excluded from adult activities and are generally surrounded by members of the family which enable the children to learn earlier. The constant exposure of the children to the adult activities help them learn and be influenced by the existing beliefs and practices of their parents (Hunt, et al., 1997). The beliefs and practices are inculcated into the individual's system and affects the potential behavior of a person.

Bandura's Social Cognitive Theory, on the other hand, exemplifies that an individual learns by observation, thus people are greatly influenced by their traditional beliefs regarding treatment of diseases and can also unlearn those harmful practices (Kaplan, 1993).

OBJECTIVES OF THE STUDY

This study aimed to determine the level of influence between health beliefs and practices and level of compliance with discharge instructions by the patients in selected hospitals in Sogod, Southern Leyte.

Specifically, this included the following objectives:

1. To measure the extent of compliance to discharge instructions among the medical patients in the areas of medication and out-patient referral.
2. To determine the respondents' health beliefs and practices in the following categories: traditional, parochial, and scientific.
3. To relate health beliefs and practices to the compliance with discharge instructions.
4. To determine the reasons to the non-compliance with discharge instructions.

METHODOLOGY

This study was done in two selected secondary hospitals in Southern Leyte, Consuelo K Tan Memorial Medical Center and Sogod District Hospital. These hospitals cater to the health needs of the residents within the town and neighboring towns.

Utilizing a quantitative-qualitative and correlational design, thirty respondents were selected by purposive sampling technique with the following inclusion criteria: previously hospitalized with a minimum of three days and discharged within the year, 15 to 70 years old and with medical problems.

In data gathering, a researcher-made interview schedule was utilized with two parts such as seven questions relating to patient's personal data and eight questions pertaining to the problem. Considering that the tool used was not standardized, a pilot-testing was done to five patients, which were excluded from the actual sample which enabled the researcher to improve the interview schedule and master the skills in interviewing.

Variables on compliance with discharge instructions and out-patient referrals were categorized into high, moderate and poor compliance. Respondents' health beliefs and practices were also classified as traditional, parochial and scientific.

Data were analyzed using percentage and chi-square in which the level of significance was set at 0.05.

RESULTS AND DISCUSSION

The compliance behavior of the respondents on medications showed that majority of the respondents were highly and moderately compliant which indicate that some respondents have completed their therapy while others did not due to reasons which they have identified as forgetfulness, financial constraints or advised by faith healer to stop taking the medications.

Compliance with out-patient referral showed that majority have poorly complied the referral for follow up consultation with reasons identified as lack of money to pay for consultation and no time for consultation. The findings seemed alarming since referral for consultation after being discharged from hospitalization indicates the necessity for prevention of recurrence of illness or complications. The economic implication for noncompliance of out-patient referral can be resolved by referring clients to the health center since these facilities do not require payment for consultation.

Utilizing open-ended, multiple response data retrieval, majority of the health beliefs most frequently identified were scientific such as illness is due to fatigue, diabetes is caused by obesity and heredity, ulcer or gastritis is due to skipping of meals among others. Some of the mostly identified traditional beliefs were illness is due to exposure to air (*panuhot*), it is given by dead relatives (*gihangop sa kalag*), illness is due to taking a bath at night time or it is due to curse or *gaba*. This implies that although the respondents have their own animistic beliefs, most of the beliefs are scientifically related which increases the possibility of promoting health or preventing illness.

On the health beliefs, majority were classified as parochial such as drinking boiled parts of Nino plant, healing through whispered prayers, blowing or putting of saliva (*tayhop*), applying oil or water blessed by "*herbolario*" or faith healer. This was followed by scientific beliefs such as applying liniments, massage, drinking boiled herbs among others.

Findings also revealed that there is no significant relationship between health beliefs and compliance in medication which implies that whatever the type of respondents' beliefs, compliance of

medication is not affected. On the other hand, health revealed a significant relationship with out-referral compliance. The negating result between compliance on medication and out-patient referral maybe attributed to the fact that medication compliance entails more economic demand compared to the follow-up consultation.

On the relationship between health practices and medication compliance, it revealed an absence of correlation while significant correlation is shown in the compliance with out-patient referral.

Non-compliance with discharge instructions were further investigated. On the non-compliance for medications, financial constraints and forgetfulness were highly identified while on out-patient referral, respondents did not comply the follow-up consultation since they don't feel any symptoms anymore or they went to a faith healer instead for further management.

CONCLUSIONS

Based on the findings, it is concluded that health beliefs and practices do not influence compliance of medication since it is basically a consideration of individual's budgetary capacity. It is further concluded that health beliefs and practices significantly influence out-patient referral compliance since it is basically affected more on behavioral attributes rather than economic implications.

RECOMMENDATIONS

It is recommended that hospital administrators should formulate a standard patient-teaching guidelines for patients to be discharged to provide guidance to patients' compliance of discharge instruction. Health personnel should also develop a working knowledge and non-judgmental attitude towards' patients' health beliefs and practices to enable them to provide guidance and proper knowledge specially those which are harmful to them.

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