## An Understanding of Perception Regarding Medication and Adherence Behaviour from the Perspective of Hypertensive **Patients**

Lee Khuan<sup>1</sup>\*, Halimatun H.M.<sup>2</sup>, Steven E. K<sup>3</sup> & Ong B. K.<sup>4</sup>

## **ABSTRACT**

## Introduction

Hypertension is a significant public health problem. Despite the availability of effective treatment, non-adherence to treatment has been identified as the main cause of failure in controlling hypertension. The fragmented pattern of research related to adherence is unavoidable because adherence, as a complex phenomenon, affects not only the health of patients but also their entire lives. The research gap in this field is the absence of the patients' perspective and a dearth of qualitative research. The objective is to explore patients' perception regarding medication and the extent that these perceptions are reflected in adherence behaviour.

Methods

This was a qualitative exploratory study on hypertensive patients conducted in a community health clinic in the state of Selangor, Malaysia. A purposive sampling technique was used initially, followed by theoretical sampling. Data reached saturation when 26 participants went through face to face semistructured interview.

Results

Participants perceived that prescribed Western Medicine (WM) from the clinic was scientifically proven but had undesirable side effects. Therefore, Complementary and Alternative Medicine (CAM) were used to counteract the harmful effects of WM. The types of adherence behaviour found include faithful follower, self-regulator and intentional non-adherer. Individual patient uses subjective illness experience to cope with hypertension, therefore the reason to engage in particular adherence behaviour indicates a contextual relationship with the perception concerning the medication. It is important to understand patient's adherence behaviour, thus, patient centred care can be designed to optimise patient outcome.

Conclusions

To improve self-management and self-efficacy in coping with chronic illness, patient-tailored education and an empowerment approach should be introduced.

<sup>&</sup>lt;sup>1</sup>Nursing Unit, Department of Medicine, Faculty of Medicine and health Sciences, University Putra Malaysia, Serdang, Malaysia

<sup>&</sup>lt;sup>2</sup>Department of counselor education and counseling psychology, Faculty of Educational Studies, University Putra Malaysia, Serdang, Malaysia

<sup>&</sup>lt;sup>3</sup>Community Educations and Youth Studies Laboratory, Institute for Social Science Studies (IPSAS), University Putra Malaysia, Serdang, Malaysia

<sup>&</sup>lt;sup>4</sup>School of Social Sciences, University Sciences Malaysia, Pulau Pinang, Malaysia

<sup>\*</sup>For reprint and all correspondence: Lee Khuan, Nursing Unit, Department of Medicine, Faculty of Medicine and health Sciences, University Putra Malaysia, Serdang, Malaysia