

Communication for Asthma Treatment Adherence

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Communicating effectively as a nurse, patient advocate, concerned relative, or colleague can sometimes be challenging. Human beings are not only rational beings; they are emotional as well. Several emotions and certain state of beings can interfere with effective communication, such as nervousness, fear, anger, sympathy, and so on. The acquisition of communication strategies through training and experience can make interactions more effective, pleasant, and fulfilling. Learning about several strategies has fostered my ability to communicate well, and has also allowed me to identify and improve on areas of my skills that were lacking. Improvement in communication is ongoing, but these strategies serve as guidelines to becoming an expert. Utilizing a guiding style of communication, acknowledgment of patient's specific needs (physiological and emotional), active listening, assertiveness, and increasing motivation through responses elicited from the patient are some very effective strategies.

The Righting Reflex: "How Dare You Go Running?"

Asthma is a respiratory condition that causes a bronchoconstriction and a subsequent episode of respiratory distress. This condition has several triggers, one of them being exercise. Exercise-induced asthma (EIA) occurs during or after exercise (DeVesty & Richards, 2014). There is a rare potential for devastating consequences, such as fatality, if a rescue inhaler is not used as fast as possible. Inhaling a short-acting bronchodilator before exercise can also be effective in preventing an exercise-induced attack (DeVesty & Richards, 2014). Some risk factors for EIA include chronic asthma, being a child, poor control of allergic rhinitis, and engaging in sports that require long periods of activity—such as long distance running (DeVesty & Richards, 2014).

My youngest brother is an asthma sufferer. As he transitioned into adolescence, like most boys his age, he developed an interest in participating in organized sports; particularly football. His training for this sport requires running for long periods of time in order to build stamina. All of the aforementioned risk factors for EIA apply to him. As a sibling who is seven years his senior, I normally utilize a directing style of communication when speaking to him about better control of his respiratory conditions. Questions such as “why don’t you take your Zyrtec at the same time every day?” or “how many times do I have to tell you to take your pump with you to the park?” often prevailed in our interactions. These questions would normally be followed by a run-down of asthma related facts and the importance of adhering to the treatment regimen. It is imperative that one follows his/her asthma action plan and adhere to medications in order to prevent exacerbations of the disease (DeVesty & Richards, 2014). As a deeply concerned sister, it is understandable why I would be so eager to inform and direct my younger brother; the goal is to ensure his safety. However, as stated by Rollnick, Miller, and Butler (2008), the righting reflex can often lead to resistance, rather than a change in behavior. It causes one to defend of the “status quo” as an attempt to protect his/her self-esteem (Rollnick, Miller, & Butler 2008, p. 8).

During a hot and humid summer day, my brother had been preparing to train at the local park. This was a mandatory workout session as per his high school football coach. The day’s training would entail running for a long period of time. A Weather Advisory was issued for that day due to the thick, stagnated air. My initial reaction was to reprimand him for poor judgment and proceed to lecture him about the dangers of poor air quality and asthma. Luckily, this interaction occurred after my acquisition of several communication skills. I wanted to try and take more of a guiding approach. Resisting the righting reflex, I began by asking him if had checked the weather for the day. He replied, saying no, and then asked why I wanted to know. I

relayed what I heard about the weather advisory and then I asked him if he knew what that meant for people with asthma. He verbalized understanding the risk of an attack in such conditions. Instead of directing him as to what he should do to prevent an attack, I asked my brother what actions he thinks he should take to prevent one. He said “Well I took my Zyrtec last night.” As usual, he made no mention of the bronchodilator inhaler. I replied saying it was good that he remembered to take his Zyrtec. According to Rollnick, Miller, and Butler (2008), it is important to increase optimism by emphasizing the positive changes made by an individual. In order to elicit a response from my brother about the correct plan of action while on the field, I asked an open-ended question: “What are you going to do before you exercise today?” His countenance and mood changed. He broke his eye contact with me and diverted his attention to his gym bag. He appeared to be annoyed, and replied “I don’t know.” I immediately shifted to a directing style of communication and informed him that he should inhale 2 puffs before 5 minutes before exercising. I did not try to elicit information from him regarding his reason for continuously ignoring the need for his pump. I also did not ask for permission to give information; hence, there was no respect for the autonomy in decision-making that adolescents try to achieve (Riekert, Borrelli, Bilderback, & Rand, 2010). There are several possibilities as to why he refused to take his inhaler. Adolescents are at the stage in life where they “become more aware of their peers and how their peers may view them” (Clayton, 2014, p. 69). He may have perceived himself to be different than his peers because of his asthma, and thus found using his inhaler before a workout to be embarrassing. In fact, this is what I believed to be my brother’s perception of his asthma, and so I mentioned that he may be feeling embarrassed. He agreed, however this is a response I should have tried to extract from him through the use of open-ended questions. Allowing an individual to come to certain realizations on his/her own can bring about

awareness for the need to change; this can lead to self-motivation, which is the most effective way to successfully change a health behavior (Rollnick, Miller, & Butler, 2008). A better approach would have been to convey the fact that I did not believe he truly didn't know what to do. Said in a nonjudgmental manner, this kind of statement causes the individual to assess their own denial. It can also lead to that person opening up and offering more truthful responses. The shift in my brother's emotional state to that of passivity was reflective of my accidental premature focus. Not giving a person the chance to consider discussing other lifestyle factors on his/her own accord can be demotivating (Rollnick, Miller, & Butler, 2008). He took his inhaler out of his dresser and placed it in his bag, assuring me that he would take his medicine 5 minutes before he ran. It is unclear whether or not he adhered.

Motivational Interviewing and Asthma Medication Adherence

A study conducted amongst African-American inner-city adolescents sought to explore the influence of motivational interviewing (MI) on asthma medication adherence. This category of asthma sufferers are especially at risk for morbidity and mortality related to asthma complications (Riekert, Borrelli, Bilderback, & Rand, 2010). The researchers conducted several in-home intervention sessions in which the goal was to resolve ambivalence and build motivation for adherence to asthma medications. They employed patient-centered communication skills, agenda setting, decisional balance, and self-motivational statements (Riekert, Borrelli, Bilderback, & Rand, 2010). They also assessed confidence on a scale of 1 to 10, with 1 being the lowest confidence for change and 10 being completely motivated to adhere. The elicit-provide-elicit method of informing was also utilized.

The study found that the motivation and readiness to adhere to asthma medications increased in these adolescents after motivational interviewing. Although the caregivers and patients were aware of medical facts regarding asthma prior to motivational interviewing, many of them still failed to adhere (Riekert, Borrelli, Bilderback, & Rand, 2010). This is because informing is not enough to promote successful health behavior change; the incentive to change a behavior must come from the patient's inner self (Rollnick, Miller, and Butler, 2008). The interventions focused on the developing-autonomous adolescents' self responsibility for adherence. Asthma morbidity improved in these patients. It can be concluded that motivational interviewing is an effective strategy for increasing asthma medication adherence in African-American adolescents and that incorporating MI into management programs may render positive outcomes. Based on the results of this study, motivational interviewing should have remained the focus of my interaction with my brother.

Perfecting Communication: A Necessary Ongoing Process

As evidenced by my interaction with my youngest brother, my communication skills have not yet been perfected; this takes some practice. Having a tendency to shift from guiding to directing and premature focus are factors that can cause patients to shut down. Successful motivational interviewing is a process that entails self-motivation, not directing. The motivation to make a health behavior change must come from the individual. Nurses are patient advocates, and are therefore always trying to make decisions that would benefit the patient most. However, long-term changes in behavior are most effectively achieved through oneself. Motivational interviewing closely mirrors aspects of the Social Cognitive Theory, in which self-efficacy is a major factor in predicting an individual's adherence (Riekert, Borrelli, Bilderback, & Rand, 2010). Perceived self-efficacy is also one of the dimensions of the Health Belief Model. Self-

efficacy is defined by Albert Bandura as one's belief that he or she can successfully execute the behavior needed to produce the expected outcome (Rosenstock et al., 1988). Chronic diseases, such as asthma, require significant lifestyle changes and the perceived competence of oneself (Rosenstock et al., 1988). It is subjective and can be enhanced through interventions such as motivational interviewing. In my interaction, I should have paid special attention to utilizing patient-centered communication skills in order to assess my brother's reasoning for not adhering, figuring out how the inhaler affects his social life, and collaborating on solutions to the problem. All of these strategies would have made our interaction more effective. Motivational interviewing has significant implications in nursing practice, especially with the shift from acute disease models to chronic disease models. With the prevalence of chronic diseases such as diabetes, asthma, and hypertension, self-management has become an essential part of health care. Proper-self management can only be achieved when patients have the right information, when their specific needs are addressed, and when they feel confident enough to care for self. This is why it is imperative to continue to hone our communication skills in practice and through experience.

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