THE NON-COMPLIANT CLIENT

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We've all seen them……

- The client who keeps adjusting their wheelchair and then calls to complain that it is not set up right
- The client who refuses to use the new chair and stays in the old chair that is falling apart
- The client who does not stay in bed to manage the pressure ulcer
- The client who wants the medical professional to "fix" the problem but does not take any responsibility for their own health
- The client who repeatedly cancels appointments…often on short notice

"Non-compliant" is often the label health care providers use to describe these clients. The Stedman's Medical Dictionary defines compliance as "The consistency and accuracy with which a patient follows the regimen prescribed by a physician or other health professional"[1]

In these times of decreasing health care resources the question may arise, "why should we spend health care dollars on these "non-compliant" patients when there are others out there waiting for service"? Focus may be directed at developing a discharge policy for these clients. For example some facilities have a policy that if the client misses/cancels 3 appointments without "just cause" the client is discharged from service. This leaves the client to search for an "acceptable" reason to give the clinician, rather than allowing the clinician to probe for underlying concerns.

"Non-compliant" may be an easy label to use in that it places failure (of treatment, prescription process, outcomes etc.) on the client. (Of course the wounds aren't healing, she is non-compliant".) Think about this for a moment though, how many of us go through life "conforming or acquiescing"? How many of us are "non-compliant" at times? Consider for instance:

- Have you in the past driven above the speed limit?
- When the waitress comes with the Fajitas and says not to touch the platter as it is very hot, what do many people do….touch or reach out to the platter.

"When my clinicians prescribed bed rest and I said I couldn't do it, I was told to buck up, toe the line, just do it and any other number of phrases that either stated or implied that I was weak, headstrong and in denial that this treatment was necessary" [2] Perhaps rather than labeling our clients as "non-compliant" we should be asking two questions "Why?" and "What are the other options?" When a treatment is prescribed without the client feeling they are part of the process, they only have 2 choices: to comply or not.

Factors Influencing Compliance

The way the therapist approaches rehabilitation can have an impact on the "compliance" of a client. A study[3] was done with nursing home residents who had a diagnosis of Alzheimer's disease. They compared 3 different interventions: a walking program, a conversation only program and a combined walking and conversation program, on the functional mobility of the residents. The decline in functional mobility was as follows: 20.9% for the walking group, 18.8% for the conversation group and 2.5% for the combined walking and conversation group. The authors note that "the conversation component of the combined walking and conversation treatment intervention appears to have improved compliance with the intervention, thereby improving treatment outcome"[3]

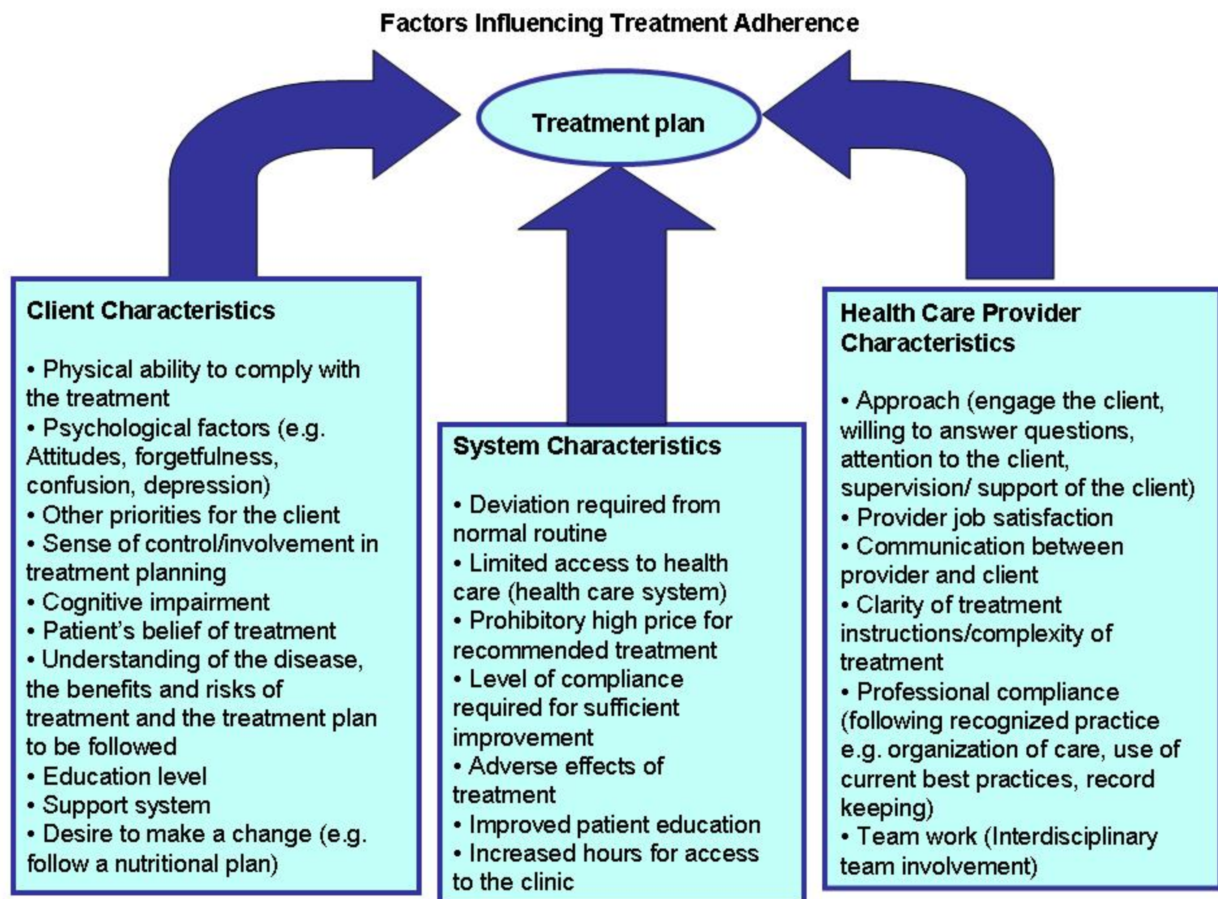
The factors influencing treatment adherence can be divided into three main domains: Client Factors, Provider Factors and System Factors[1] Client factors which influence adherence include the client's

ability to comply with the treatment program and how willing they are to change. The client's understanding of their diagnosis and the impact of the treatment are also important considerations.[4]

System factors include the access to the needed health care services. Some clients may want to use a device, or comply with treatment recommendations however they are unable to do so related to transportation issues or the need to organize care givers.[4]

Provider factors such as job satisfaction, willingness to answer questions and a higher number of patients seen per week were all related to an increase in adherence behaviors.[4] Communication skills of the provider and clarity of the treatment instructions also influence the client's compliance.

The influences on patient "compliance" can be visualized in the following diagram.[5]



Rather than discussing "conforming" or "acquiescing" to our treatment plans which suggests a submissiveness of our clients, joint treatment planning with the client and their adherence to that plan should be the focus. Adherence is defined as "the act or quality of sticking to something" or "the extent to which a patient continues an agreed-upon mode of treatment without close supervision."[1] "The very nature of the treatment and its delivery must be customized to meet the unique demands of the patient's lifestyle."[4]

Fostering Adherence

The first step in increasing adherence is to discuss with the client their goals and concerns. The client then may benefit from some education regarding their disease, condition, funding sources, equipment recommendations etc. From this information the therapist can outline the choices available to the client. If the client chooses or negotiates the course of action they are more likely to adhere to the plan. The difficulty for clinicians though may be when a client chooses a course of action which does not match with "the best" or recommended treatment.

The client needs to be aware though that when they choose a course of action, they also choose the consequences associated with that action. For example, the client may choose to sit in a wheelchair that does not have optimum pressure distribution, despite having pressure ulcers, as they perceive that this chair is better or more functional for them in other ways. As long as the client understands that this decision will impact the pressure ulcer then it is an informed choice. The clinician's role may then be to negotiate with the client and present other alternatives for consideration.

Treatment accommodation has been defined as "the extent to which a standardized treatment approach can accommodate to the complex and unique demands of patients' lives"[4] and is concerned with 3 domains; the purpose/goal of treatment, the content of treatment and the method by which the treatment is delivered.

For seating and mobility prescriptions, the purpose and goals must address the client concerns. For example, the client may be more concerned with their mobility and function within the chair rather than pressure sores. The therapist may be more concerned about posture, and pressure. Discussing these differences and accommodating the client's goals will improve the likelihood that the client will use that mobility device.

In terms of content the client "must see the content of treatments as relevant to them and their condition."[4]. For the mobility prescription, the first conversation with the client may be around their perceived need for a mobility device. Often it is the family or health care provider that has "told" the client that they need a device, and the client may or may not agree with this stance. This then becomes the initial area of intervention rather than the mobility prescription.

In terms of treatment delivery, when appointments are scheduled and how the therapist interacts with the client is important. Appointments which fit into the client's routine are more likely to be attended and probably will be more productive.

Summary and Recommendations

The "non-compliant" label needs to be removed from the vocabulary of health care providers as it places the blame for not achieving the outcomes desired on the patient without looking at the underlying causes. Examining the client's perspective and their concerns should be a focus of the intervention process. Encouraging client choice in treatment planning along with encouraging adherence to the established plans will result in client centered care and likely improve client outcomes.

References

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