

Theoretical Foundations of Adherence Behaviors: Synthesis and Application in Adherence to Oral Oncology Agents

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Background: The use of theory can provide structure for understanding the dynamics of adherence to oral agents for cancer (OACs) and facilitate the development of strategies for patient assessment and care planning related to oral adherence.

Objectives: The focus of this article is to identify common theories pertinent to medication-taking behavior, as well as their applications toward assessment and care planning regarding adherence to OACs. Approaches to apply these theories and their concepts in clinical practice are identified.

Methods: Theories applied to adherence behaviors were reviewed, and their concepts were compared and synthesized. These concepts were then applied to medication adherence behavior.

Findings: Various theories can help healthcare providers to better understand the influences and determinants of patients' adherence decisions and behaviors. They can then be used to structure assessment and plan related aspects of care.

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Adherence to healthcare treatments is complex, involving numerous factors that interact and produce specific individual behaviors. Theories related to healthcare behaviors provide structure—a way to explain or predict the likelihood of events, as well as to facilitate understanding of various determinants and dynamics of behavior. Theories can be used in individual patient interactions to plan clinical interventions and research, and also to develop healthcare strategies and policies. Using theory as a foundation of practice and program planning is in harmony with an emphasis on evidence-based practice.

Numerous theories can be applied to healthcare behavior at the intrapersonal, interpersonal, and community levels (National Cancer Institute, 2005). The current article focuses on intra- and interpersonal theories that describe individual characteristics and those that influence behavior, rather than theories that may inform healthcare policy. The aim of this article is to provide clinicians with models that can be useful when dealing with patients about issues of oral adherence.

The scope of the current article is too limited to explore all of the theories that could potentially be applied to patients' adherence to oral agents for cancer (OACs). Instead, theories that have been used in adherence research and are consistent with observations and issues in oral adherence have been selected for review. These are the Health Belief Model (HBM), the Theory of Planned Behavior (TPB), the medication-taking behavior model, the information-motivation-behavioral skills model, and concepts of dynamic adherence. Each is briefly defined and merged with current evidence regarding factors that influence adherence. Applications of theoretical concepts in clinical practice to facilitate medication adherence are identified.

Health Belief Model

The HBM, developed in the 1950s, is widely recognized, and model concepts have been used as the framework of some studies in oral adherence. This model was initially developed