

RELATIONSHIP IMPACT AND AFRICAN AMERICAN MALES' RESPONSES TO HEALTH CARE PRACTITIONER RECOMMENDATIONS

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This phenomenological research study was conducted to explore and identify reasons African American men comply or do not comply with the medical recommendations of their health care practitioner. The research sample was 20 African American men living in Baltimore City, Maryland, who visited their health care practitioner within the past year. Open-ended, objectively phrased interview questions were used for this study, which allowed participants to respond with their own words to describe their decision making regarding their health care practitioner's advice. Invariant themes were revealed by data mining. Three clusters of themes emerged: relationship, apprehension, and trust. The research revealed participants viewed the doctor-patient relationship as critical in establishing trust and respect and in building rapport. Participants felt these elements would serve to promote patient compliance to their health care practitioner's recommendations.

Health care compliance has been overlooked as a serious public health issue and has received little direct, systematic, or sustained intervention (Richardson, 2007). In the United States, the estimated lack of adherence to health care practitioner advice is between 50 and 70% (Rogers, 2007). Low adherence can be linked to poor quality of life and clinical outcomes, increased number

of hospitalizations, and high overall health care cost (Rogers, 2007). Lack of compliance costs U.S. taxpayers approximately \$100 billion annually (Smith, 2007).

Prior researchers suggested patients might fail to comply with medical directives for a variety of reasons, among them the patient's social, economic, or educational background (Robertson, 2007; Stewart, 2006;

Troy, 2006; Williams, 2007). Results of other studies suggested that poor health directive compliance could also be due to the nation's fragmented health care system and the failure of medical professionals to follow up on patient adherence (Chance, 2007; DeForge, Stewart, Zhan, & Graham, 2005; Stewart, 2006). Hyman and Pavlik (2005) and Wolf-Maier et al. (2004) noted one means to improve national health within the United States and reduce total health care costs might be to increase patient compliance with health care practitioner directives by developing direct, systematic, and sustained intervention methods to help patients achieve the recommended health care goals (Hyman & Pavlik, 2005; Wolf-Maier et al., 2004). Five years after these recommendations, no systematic research programs exist to achieve this goal (McWilliams, Stewart, & Brown, 2008; Wolf-Maier et al., 2004).

One approach to predicting whether a patient complies with the directives of his or her health care practitioner is a patient's health locus of control or HLC (Becker, 2006; Clarke, 2006; DeForge et al., 2005; Redeker, 2004). The HLC addresses a patient's belief that internal or external factors determine the state of his or her health, as well as the level of perceived control over desired outcomes (Bane, Hughes, & McElnay, 2006; Howat, Veitch, & Cairns, 2006; McDonald-Miszczak, Maki, & Gould, 2000; Sarkar, Fisher, & Schillinger, 2006; Takaki & Yano, 2006). With knowledge of a patient's HLC, programs aimed at increasing the patient's awareness of the value of following a health care practitioner's advice might develop, which could have an effect on increasing longevity and improving quality of life, lowering national health care costs, and reducing the strain on the medical system.

Background

Many of the reasons researchers offered in explaining a patient's decision to comply with his or her health care practitioner's instructions fell within three categories: personal, cultural, and social. Personal factors include the treatment plan's degree of complexity, the location and proximity of a health care facility, and the patient's means of transportation (Becker, 2006; Clarke, 2006; DeForge et al., 2005; Redeker, 2004). Cultural health beliefs and religious beliefs might also influence an individual's health care compliance decisions (Becker,

2006; Clarke, 2006; DeForge et al., 2005; Redeker, 2004). Social support structures as well as a patient's relationship with his or her health care practitioners might also play a role in whether a patient follows through with the practitioner's advice (Becker, 2006; Clarke, 2006; DeForge et al., 2005; Redeker, 2004).

Another other area to consider in predicting whether a patient complies with the directives of his or her health care practitioner is a patient's HLC. Use of health locus of control theory requires determining whether the patient identifies with an internal or external HLC, which is why most HLC research is focused on this area (Wallston & DeVails, 1978). Individuals who score high on internal health locus of control (IHLC), called *internals*, are more likely to engage in healthy behavior and are more knowledgeable about their health problems (Wallston & DeVails, 1978). Internals also value their health, exhibit more health-seeking behaviors, and tend to take matters in their own hands concerning their medication regimen (Bairan, 1985; Takaki & Yano, 2006). The factors that distinguish internals help explain why internals tend to be more noncompliant than other groups (Bairan, 1985; Bane et al., 2006; Molassiotis, 2002; Snyder, 2006). Contrasting the involvement of internals, externals have a feeling of being out of control of their circumstances and prefer to place responsibility for their health status on the health care practitioner. Externals tend to feel that regardless of what they do to prevent illness, it will befall them (Bairan, 1985; Takaki & Yano, 2006).

The HLC type, internal or external, might be only one factor in explaining a person's decision-making process in terms of health care compliance. Another method involved in the search to explore the reasons behind an individual's decision to comply with his or her health care practitioner's recommendation is the transtheoretical model of change, which is an eclectic model containing key constructs of other theories. The transtheoretical model plays an integral role in interventions focused on making health-related behavioral change because the model shows the movement of people in the change process as a problem behavior transforms into positive behavior (Prochaska, DiClemente, & Norcross, 1992; Prochaska & Velicer, 1997). The focus of the nucleus on which the model is built is on stages of change: precontemplative, contemplative, preparation

and determination, action, maintenance, and relapse (Prochaska & Velicer, 1997).

Understanding why a patient chooses to comply or not comply with his or her health care practitioner's advice might rest on understanding the influence both the HLC and the transtheoretical model have on a patient's decision making. Such an understanding might be a key element in developing programs that help promote patient compliance with health care practitioners' directives. Increased compliance helps all facets of the health care system, from the individual to the taxpayer, and might serve to improve general health care for people in the United States.

PURPOSE

The purpose of the present phenomenological study was twofold: (1) to describe the lived experiences of African American men regarding their decision to comply or not comply with their health care practitioner's medical treatment advice, and (2) to increase understanding regarding appropriate methods of approach to improve the overall health of African American men. Little is understood regarding why and how an African American male chooses his response to his provider's advice. In-depth interviews with 20 African American men from Baltimore City, Maryland, offered insight into the decision-making process they use in making health care choices.

RESEARCH DESIGN

The modified van Kaam method (1984) employed by Moustakas (1994) was used to analyze the phenomenological data. Van Kaam's original approach (1984) included the methods of (1) dialogical selection, which uses specific occurrences as the basis to determine the research beginning; (2) dialogical articulation, which describes the specific event and identifies its broader context; (3) dialogical elucidation, which focuses on uncovering and understanding the fundamental elements of the formative event; and (4) practical application, the ultimate research objective.

The modified van Kaam (1984) process is used to describe how individuals perceive, conceptualize, and understand a common experience as demonstrated by Moustakas (1994), who focused on identification of key themes in the perception of like-minded people to

determine the meaning around a given set of experiences. In the current study, the population was sampled to understand the complexity of the participants' lived experiences through which phenomena connect experience and knowledge (Husserl & Gibson, 1931). The research design followed the procedural interpretation of phenomenology, in accordance with Moustakas's modified van Kaam method (1984) for analyzing phenomenological data: formulation of the general research question, determination of a sample size, development of interview questions, collection of data, transcription of interviews, and analysis of data.

Coding the Data

The 20 interview questions were placed in a cluster or grouping for the purpose of guiding exploration of understanding why African American males comply or do not comply with the recommendations of their health care practitioners. The interview questions were prepared for coding according to whether they were considered foundational (F), relationship-centered (R), apprehension (A), or trust (T), and further divided into five foundational questions labeled F1, F2, F3, F4, and F5; three relationship centered questions labeled R1, R2, and R3; two apprehension questions labeled A1 and A2; and four trust questions labeled T1, T2, T3, and T4.

The collected data originating from the lived expressions experienced by the African American men who participated in this study were reduced and classified into a table. This table represented important themes during the informal discourse that surfaced during open-ended interviews with each participant. The three clusters of themes were identified as (1) relationship, (2) apprehension, and (3) trust. Participants were coded 1 through 20, with corresponding conceptual phrases or words grouped under each theme.

RESULTS AND DISCUSSION

The African American males in this study described their decisions to comply or not comply with the advice of their health care practitioners as a multifaceted process guided by three primary themes: (1) relationships, (2) apprehension, and (3) trust. Although remarks by participants were identified and grouped according

to the three themes, the statements also clustered as expressions of the lived experiences of the participants. The three themes should be considered as overlapping, since elements of each intersect with one another.

Relationships. Identifying factors that led to trust between the participant and his health care provider, 60% of participants ($n = 12$) felt a patient-doctor relationship was important, compared to the patient's concern regarding health care provider expertise (25%, $n = 5$) and health care provider honesty (15%, $n = 3$). Participants noted the importance of having a health care practitioner who "takes the time to listen to my concerns." Participants also noted they felt most comfortable when they perceived their practitioner "has my interest at heart. He gives me the feeling that he is interested in me when I go to see him. His office is not cluttered and I get the feeling that he is prepared for me."

A positive relationship with a health care provider can promote willingness to comply with directives ("When I visit with my health care practitioner I feel pretty comfortable because the health care practitioner I have now gets me motivated to take an interest in my health. I feel this kind of relationship is paramount to my keeping up with my regimen").

Longer-term, positive relationships between participants and their health care provider can reach beyond compliance and into overall well-being and willingness to maintain healthy habits ("I enjoy going to the doctor. My doctor makes me feel special. In fact, he gives me the feeling that I am the only one that he is there to serve").

Apprehension. Apprehension experienced by participants in visiting their health care practitioner seemed common. Fifty-five percent ($n = 11$) of the participants reported feeling apprehensive after receiving health care advice. The other two primary responses African American men reported experiencing after receiving health care advice from their practitioners were doubt (25%, $n = 5$) and fear (20%, $n = 4$).

One form of reported apprehension on the part of the participants is a general fear of the medical profession. The concerns expressed by the participants seemed manifested in two forms. The first type of demonstrated apprehension was a desire to avoid interaction with

health care practitioners ("I feel anxious when I visit with my health care practitioner. Very anxious. And if I can get out of going to see a health care practitioner I would try to do that"). The second type of apprehension seemed to stem from fear of the unknown ("When I am with my health care practitioner I feel nervous. I am afraid that they might find something bad all the time").

A second form of reported apprehension came from perceived lack of intimacy with the health care practitioner: "Sometimes I am not that comfortable with my general practitioner. He is a nice guy, and I know that he has other patients and I understand that but I think sometimes he needs to read the file. I get the feeling that he is not up on the facts of my case."

The lack of intimacy was also demonstrated by concern that the health care provider did not see the patient as an individual with unique health concerns or issues: "I haven't found [a health care practitioner] that I like yet. I wonder where their interest lies. Do these doctors really want to address my health concerns, or do they want to string me along for their own financial gain?"

Trust. Although relationships and apprehension both figured prominently in the emergent themes, a review of the data suggested the most critical component in understanding why African American men choose to comply or not comply with their health care providers' advice is trust. Ninety-five percent ($n = 19$) of the participants felt it was very important to trust the health-care practitioner ("Trust is very important. Without trust it makes no sense going to the health-care provider").

Trust between participant and health care provider seemed based in part on the length of the relationship: "Trust is something built up over time. I have a very trusting relationship with my primary care doctor. I have been assigned to him about 20 years ago."

A long-term relationship between the health care practitioner and the participant was not the only element that fostered trust in the received medical advice. Another identified factor was truthfulness ("I like a straight-talking doctor who does not sugar-coat his responses. That kind of a response builds trust with me. I like a rapport. Having a genuine concern and not giving me the feeling that he or she is going after my insurance").

Participants also noted trust came from a health care practitioner's demonstration of professionalism during and outside of the visit. Participants wanted to interact with health care practitioners who listened during the visit ("The first thing a practitioner does is they ask you, 'How can I help you? What is going on with you?' So I would like to see them listen. I have been working with my body for 40 years. I would like them not to dismiss what it is I am thinking").

Participants also valued health care practitioners who were respectful throughout the visit ("Listening to health care professionals talk outside your room when they are talking to each other, they say things that is unprofessional. Doctors should make sure that patients are not in earshot of their conversations"). A third form of professionalism identified as valuable by the participants was respect for the patient: "Trust is very important, and my trust level is affected when a practitioner gives me an appointment and I rearrange my schedule to make that appointment and when I get to the practitioner's office I have to wait an hour to be seen."

Integrated Textural and Structural Narrative

The participants had various reasons and personal stories based on lived experiences, and themes emerged and lessons were extricated from them. One area of knowledge enhancement was that African American men saw the relationship between themselves and their health care practitioner as being very important. In the discourse, these men needed to get a sense of caring from their health care practitioner. The relationship, according to the participants, will serve to establish the rapport needed for information sharing between patient and practitioner.

The second area of knowledge enhancement discovered during the research study was apprehension. Many of the participating men felt that with an established, sincere relationship much of the anxiety experienced during a health care-related visit could be relieved. Some of the participants also attributed their going to their health care practitioner at a late stage to their apprehension. With a warm relationship between participant and practitioner, the men felt they will be able to appreciate the fact that early detection saves lives.

The third area of knowledge enhancement discovered during the research study was the need for trust in the relationship. Trust, according to the participants, was the basis of the relationship between themselves and their health care practitioners. The quality most men felt was lacking in most practitioners was listening. Participants felt listening was important because the only way the practitioner could get a complete picture to diagnose the participant's problem is to listen and not dismiss what the participants had to say. The participants indicated they might not be experts in many things, but they do know how their body feels.

Conclusions

The study began with one research question, and through the course of the interviews, three core themes were revealed to help in understanding why African American men comply or do not comply with the recommendations of their health care practitioners. The results indicated what motivates the men in their lived experiences regarding their decision to comply or not comply with their practitioner's advice was whether or not they had a relationship that engendered trust and respect. Participants were very involved in their health care and asked many questions in order to seek clarification.

Data from this study also suggested even though 95% of the participants were connected with a religion, the church did not play a role in their health care decisions. There was little mention of the role religion, a congregation, or a pastor played in influencing African American men to comply or not comply with their health care practitioner's advice. This finding is in contrast to conventional wisdom suggesting the role of the church figures large in African American male decision making. Another interesting element that emerged from the data analysis is that, contrary to previous research findings, transportation was not an issue with the participants of this study; participants indicated that not keeping a medical appointment, if they did not have personal transportation, was not an option for them, and whether the health care facility was close or far away did not make a difference.

Results from this study could be used to support the notion that one way to help alleviate some of the

burden on the U.S. health care system might be to increase the amount of training for doctors regarding how to develop doctor-patient relationships. The research revealed the African American male participants viewed the doctor-patient relationship as critical in establishing trust and respect and in building rapport. These factors imply that additional training emphasis in this area could yield positive results for the health care system in general, and for the patient in particular.

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