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HEALTH BELIEFS AND COMPLIANCE WITH
DISCHARGE INSTRUCTIONS AND FOLLOW-UP
APPOINTMENTS IN ASTHMA PATIENTS

AN ABSTRACT OF
A THESIS

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by

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The purpose of this study was to determine whether compliance with discharge instructions and the scheduling of a follow-up appointment changed as a function of health beliefs in medically diagnosed asthma patients. The two hypotheses tested were: compliance with prescribed treatment does not change as a function of health beliefs in patients with asthma, and compliance as measured by the scheduling of a follow-up appointment does not change as a function of health beliefs in patients with asthma.

The sample consisted of 31 adult, English-speaking patients who were medically diagnosed with asthma, discharged from the emergency department, received referral for health care follow-up, and had a telephone. Selected demographic data were obtained from patients by the researcher prior to discharge from the emergency department, as were responses to the Health Beliefs Questionnaire (Hijek, 1984) used to score patients' perceptions of susceptibility to illness, severity of illness, and barriers versus benefits of prescribed treatments. All patients received standardized written discharge instructions and referrals to a health care facility. One week following discharge from the emergency department follow-up telephone calls were made to patients by the researcher to assess patients' compliance with discharge instructions utilizing the Johnson's Compliance Tool (Johnson, 1971)

and to determine whether or not patients made a follow-up appointment with a health care provider as directed in the emergency department.

Of the 31 asthmatic patients, 23 did schedule a follow-up appointment and 8 did not schedule a follow-up appointment. The 23 patients who did schedule a follow-up appointment differed from those who did not schedule a follow-up appointment in terms of age, and scores obtained on the Johnson's Compliance Tool (Johnson, 1971), and total scores obtained on the Health Belief Questionnaire (Hijeck, 1984). Specifically, they were significantly older than the eight patients who did not schedule a follow-up appointment, ($t(28.81) = 2.01, p .05$), there was a significant difference in compliance as measured by the Johnson Compliance Tool [$F(1,29) = 5.78, p < .05$], and they scored significantly higher on the total scores of the Health Belief Questionnaire ($F = 1,29 = 2.95, p .09$). These findings may assist nurses and other health care workers in identifying those patients who are at risk for noncompliance with both discharge instructions and seeking follow-up care at the time of discharge. A brief assessment of the patients' health beliefs related to susceptibility to illness, severity of illness, and benefits versus barriers of prescribed treatments utilizing the total scores of the Health Beliefs Questionnaire may be beneficial to nurses in determining

which patients may need additional education and instructions, as those patients who scored highest on the Questionnaire were the most compliant. Additionally, those patients who were the least compliant with discharge instructions and did not make a follow-up appointment, were significantly younger than those who did, thus indicating that more research may be needed related to education for younger adults as it may be ineffective or insufficient in promoting compliance with discharge instructions. Nurses and other health care workers may need further education to address this aspect of their patient care since effectiveness of education of patients may improve patients' outcomes by decreasing complications of the illness or recurrence of the illness, and possibly reducing unnecessary visits to the emergency department, thus reducing health care cost.