

#### Personality traits, perceived autonomy support and therapeutic adherence among hypertensive patients

Laurent Muller, Stéphanie Rey

#### ▶ To cite this version:

Laurent Muller, Stéphanie Rey. Personality traits, perceived autonomy support and therapeutic adherence among hypertensive patients. Well-being, Quality of Life & Caregiving, Jul 2013, Bordeaux, France. 28 (sup1), pp.274, 2013, 10.1080/08870446.2013.810851. hal-02942541

#### HAL Id: hal-02942541 https://hal.univ-lorraine.fr/hal-02942541v1

Submitted on 18 Sep 2020

**HAL** is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

# Personality traits, perceived autonomy support and therapeutic adherence among hypertensive patients

# Laurent Muller, PhD & Stéphanie Rey

Université de Lorraine, EA 4360 Apemac, 57006, Metz, France

**Contact:** laurent.muller@univ-lorraine.fr



## Introduction

Up to 70% of hypertensive patients do not adhere to the medical recommendations. Among the factors influencing adherence, physicianpatient relationship is important (the doctor and his practice characteristics, patient characteristics, and their interaction). For example, physician's interpersonal style and the way they are autonomy supportive can impact the subsequent patient's adherence. Indeed, supportive autonomy style can bring autonomous motivation and better self-regulation of health behaviours.

However, physician's interpersonal style can also interact with patient's personality trait. Some people have a dependent personality and others more independent personality. These personalities would be associated with configuration of traits like agreeableness, conscientiousness, and neuroticism. So, interaction between physician's style and patient's personality is important to take into account.

Moreover, in this interaction, patients' perceptions of the degree to which their physician is autonomy supportive can impact the need (motivational force which impels individuals) to regain or attempt to regain lost or threatened freedoms (the psychological reactance).

#### Methods

To date (datas collection continues), 27 hypertensive patients (50% male/female -55.23 y.o. [17.07]) completed:

- ✓ The Health Care Climate Questionnaire (Williams et al., 1996),
- ✓ The Big Five Inventory (John et al. 1991),
- ✓ The Therapeutic Reactance Scale (Dowd et al., 1991),
- ✓ and the Generic Adherence Scale (Tarquinio & Muller, 2013).

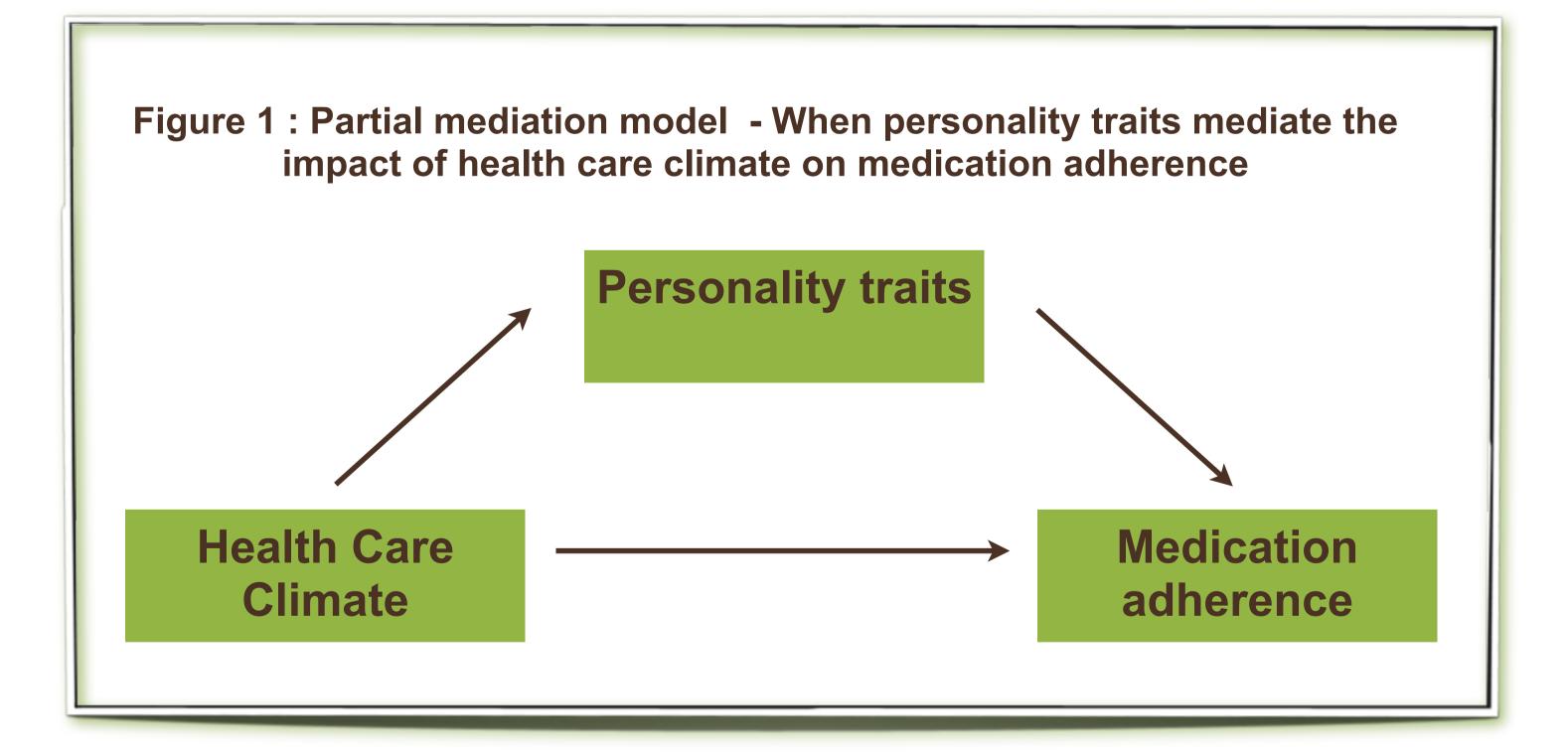
The aim of this study is to explore relationship between health care climate (specifically, perceived autonomy support), hypertensive patient personality traits, psychological reactance (specifically, therapeutic reactance) and the therapeutic adherence.

### Results

The first result to note is that factors influencing adherence differ depending on the target behavior. For example, the most surprising result concerns the role of extraversion in the observance behaviours. It is positively and strongly related to medication adherence but strongly and negatively associated with adherence to diet. Similarly, neuroticism and openness show no effect on drug adherence, but appear to be strongly involved in adherence to diet. In contrast, agreeableness and conscientiousness are only involved in drug compliance.

On climate health, it seems to be a relevant variable in the case of drug compliance. And even in this case, its impact is greatly weakened when personality traits are taken into account. Given that the climate of health is correlated with personality traits (not shown here), the results of the stepwise regression show a partial mediating effect on the climate features of health / adherence relationship.

Finally, only the verbal reactance seems to be important in adherence: less people are reactant and more they are compliant



# Conclusion

This study allows to conclude that adherence is a complex process which is associated with medical condition and medication, with physician-patient relationship, with patients' characteristics, and with the nature of target behaviour.

The health care climate is important to consider, but patients' personality traits must be taken into account to understand the best way to interact with patients to reduce psychological reactance and promote self-regulation of health behaviours.

These results are preliminary results and data collection should continue.

Furthermore, it is possible that this study did not allow to identify the proper role of psychological reactance on adherence given the fact that reactant people are those : who likely stop making appointments,

who are less likely to participate in such research.

Reflection should be conducted to better understand the impact of psychological reactance in medical care.

Finally, adherence to physical activity practice and to smoking cessation should also be

studied.

Table 1: Stepwise multivariate linear regression of medication adherence and dietary adherence

Variables	Medication adherence					Dietary adherence				
	R <sup>2</sup>	R <sup>2</sup>		$\Delta R^2$	ß	R <sup>2</sup>	R <sup>2</sup>		$\Delta R^2$	ß
Step 1 : demographic variables	0,06	-0,02	F(2,24)	-		0,03	-0,05	F(2,24)	-	
Age					0,23					0,17
Gender					0,12					0,02
Step 2 : Step 1 + medical variables	0,09	-0,03	F(3,23)	0,03		0,05	-0,08	F(3,23)	0,02	
Age					0,33					0,09
Gender					0,20					-0,05
Others medications					0,21					-0,17
Step 3 : Step 2 + Health climate	0,37	0,26	F(4,22)	0,28**		0,05	-0,13	F(4,22)	0,00	
Age					0,30					0,09
Gender					0,09					-0,04
Others medications					0,18					-0,17
Health Climate					0,54**					0,00
Step 4 : Step 3 + Personality traits	0,51	0,25	F(9,17)	0,14		0,39	0,07	F(9,17)	0,34	
Age					0,34					0,28
Gender					0,62**					-0,05
Others medications					0,25					-0,10
Health Climate					0,23					0,06
Neuroticism					0,07					-0,47*
Extraversion					0,36					-0,43
Openness					-0,18					0,29
Agreeableness					0,55**					0,05
Conscientiousness					-0,11					0,10
Step 5 : Step 4 + Reactance	,55**	0,21	F(11,15)	0,04		0,44	0,04	F(11,15)	0,05	
Age					0,44					0,40
Gender					0,68**					0,02
Others medications					0,29					-0,05
Health Climate					0,20					0,02
Neuroticism					0,02					-0,52**
Extraversion					0,39					-0,40
Openness					-0,08					0,41
Agreeableness					0,55**					0,04
Conscientiousness					-0,21					0,01
Verbal reactance					-0,28					-0,29
Behavioral reactance					0,02					-0,03

#### References

Williams GC, Grow VM, Freedman ZR, Ryan RM, Deci EL. Motivational predictors of weight loss and weight-loss maintenance. J Pers Soc Psychol 1996;70(1):115e26.

John OP, Donahue EM, Kentle RL. The Big Five Inventory-Versions 4a and 54. Berkeley: University of California, Berkeley, Institute of Personality and Social Research; 1991

Dowd, E. T., Milne, C. R., & Wise, S. L. (1991). The Therapeutic Reactance Scale: A Measure of Psychological Reactance. Journal of Counseling & Development, 69(6), 541545. doi:10.1002/j. 1556-6676.1991.tb02638.x