The Narrative Interview in the Therapeutic Education of the Patient And Caregiver to Take the Medication and to Adhere to Medication.

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Abstract

Greater recognition of the complexity of medication-taking and medication adherence is needed. There remains no 'gold standard' measure of medication-taking ability or medication adherence, and the two behaviours are sometimes inter-related and influenced by a range of patient, therapy, condition, system, and environmental factors. Given that reasons for non-adherence and medication-taking errors are different among individuals, 'one size fits all' interventions are unlikely to be elective; this may be why many existing studies and reviews have reported that it is difficult to consistently improve medication-taking and adherence (Cross, 2020). Adherence to therapies requires the engagement of the patient and his/her caregiver in the educational process in order to acquire new knowledge and co-manage more and more complex therapeutic schemes at different times of the day. Although researchers and clinicians agree on patient involvement and empowerment in therapeutic adherence, there is still a lack of consensus on the most suitable strategies and tools to create educational pathways for developing effective proactive coping by patients. The narrative methods integrated with digital supports can represent valid strategies to improve the awareness of patients on the therapeutic adherence. In this case, it's important to follow correctly medication schemes reducing complications of the pathologies and increasing health security (Addario et al., 2020; Brown & Bussell, 2011; Johnson et al., 2016; Kardas et al., 2013; Rolnick et al., 2013; Waycott et al., 2017).
Aim *To evaluate whether the narrative interview can be used in therapeutic adherence to better understand what are the elements of enhancement to improve the medication-taking and adherence level to patients' therapies according to the EPOC taxonomy (Smith, 2021)*
Methods *Pragmatic Research in real world with Mixed Method.* ***Results*** *10 patients and caregivers have been recruited by researchers of University of Turin and ASLTO4. The native interviews have been analysed by NVivo.* ***Conclusion*** *A difference between medical doctors and healthcarers, and patients has been underlines. Therapeutic education is developing to improve the adherence of patients and caregivers.*

Keywords: *Therapeutic adherence, digital skills, caregivers, patients, polytherapy*

1. Introduction

Greater recognition of the complexity of medication-taking and medication adherence is needed. There remains no 'gold standard' measure of medication-taking ability or medication adherence, and the two behaviours are sometimes inter-related and influenced by a range of patient, therapy, condition, system, and environmental factors. Given that reasons for non-adherence and medication-taking errors are different among individuals, 'one size fits all' interventions are unlikely to be elective; this may be why many existing studies and reviews have reported that it is difficult to consistently improve medication-taking and adherence (Cross, 2020). Adherence to therapies requires the engagement of the patient and his/her caregiver in the educational process in order to acquire new knowledge and co-manage more and more complex therapeutic schemes at different times of the day. Although researchers and clinicians agree on patient involvement and empowerment in therapeutic adherence, there is still a lack of consensus on the most suitable strategies and tools to create educational pathways for developing effective proactive coping by patients. The narrative methods integrated with digital supports can represent valid strategies to improve the awareness of patients on the therapeutic adherence. In this case, it's important to follow correctly medication schemes reducing complications of the pathologies and increasing

health security (Addario et al., 2020; Brown & Bussell, 2011; Johnson et al., 2016; Kardas et al., 2013).

Bruner distinguishes two forms of human cognition: logico-scientific ("science of the concrete") and narrative ("science of the imagination") (Bruner, 1985). Logico-scientific reasoning seeks to understand specific phenomena as examples of general laws, while narrative reasoning seeks to understand them in terms of human experience and purpose (Polkinghorne, 1988; Muller J. 1999). Conventional research relies mostly on the former. Personal stories are readily collected and can provide a vivid window to the healthcare system within which people's illness experiences are embedded. In narrative interview the researcher invites participants to "tell me what happened" and allows them to speak uninterrupted until the story ends. The key structuring devices are chronology (linking events in time) and *emplotment* (use of metaphors, imagery and rhetorical devices to imply causality and agency).

The gold standard in research is represented by randomized controlled trials. While RCTs ensure the safety of patients selected by the Clinical Trial Center, there remains the need for clinicians to know how patients will respond to a chronic therapy in real life – and the potentially influencing factors, such as patient digital skills and medication adherence.

Decentralised clinical trials are conducted remotely, enabling participation of a more heterogeneous population who can participate in research activities from different locations and at their convenience. Pragmatic trials are designed to find out about how effective a treatment actually is in routine, everyday practice.

Remote decentralised clinical trials are proposed as one way to improve clinical trials. Employing digital and other innovations to move clinical trial activities to a participant's home or local setting may reduce or eliminate physical visits to a clinical centre. This change should make trials more accessible and participant-centred, and produce results more applicable to the wider population and easier to translate into usual practice.

The challenge of narrative research is not to "control for" the inherent subjectivity, inconsistency, and emotionality of stories but to capture these phenomena as data and interpret them appropriately. the analysis of the narrative interview foresees three steps which, as in a good film editing, reflect three progressively more generalized moments of analysis: transcription, content analysis, meaning analysis.

Aim To evaluate whether the narrative interview can be used in therapeutic adherence to better understand what are the elements of enhancement to improve the medication-taking and adherence level to patients' therapies according to the EPOC taxonomy (Smith, 2021).

Materials and Methods Pragmatic Research in real world with Mixed Method

Pragmatic research in real world with mixed method in collaboration with the Public Healthcare Authority TO4 based on Piedmont (IT) and the University of Turin (IT). The study protocol includes the recruitment of 18 patients and caregivers. A review of literature has been conducted by researchers in order to identify a taxonomy to classify the kinds of activities related to therapeutics adherence.

10 patients have been so far recruited by ASLTO4. Recruitment and data collection are ongoing and results are expected in the next month addressing the impact of therapeutic prescription in the patients' daily-life.

10 Narrative interviews and questionnaires have been administered in order to identify the educational needs of patients. The analysis units have been classified according to the Bloom (education issue) and EPOC Taxonomies (kinds of activities).

Polytherapy, comorbidity and self-management are three factors that must be taken into consideration by educators when they plan a therapeutic education. En fact it is urgent to create educational pathways for self-management of therapy in patients who live alone.

In order to analysis the contents and to identify the units of meaning, we have chosen NVivo Software.

Results 10 patients and caregivers have been recruited by researchers of University of Turin and ASLTO4. The narrative interviews have been analysed by NVivo.

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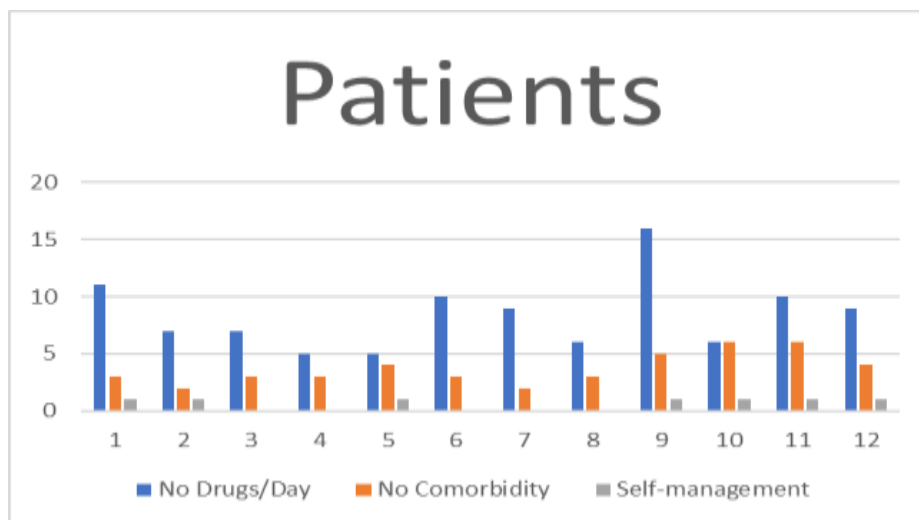

Figure 1 Patients Profile on medication treatment

Discussion
the Revised Bloom's Taxonomy provides an even more powerful tool to fit today's educator' needs. The structure of the Revised Taxonomy Table matrix "provides a clear, concise visual representation" of the alignment between standards and educational goals, objectives, products, and activities. Bloom's taxonomy differentiates between cognitive skill levels and calls attention to learning objectives that require higher levels of cognitive skills and, therefore, lead to deeper learning and transfer of knowledge and skills to a greater variety of tasks and contexts (Adams, 2015).
Medication adherence is affected by barriers in which patient decision making plays an important role. Narrative interviews can provide information on the patient's daily activities and habits and allow healthcare professionals to better understand how patients follow their therapies and face adverse effects (Fig. 2).

DAILY HABITS

DIGITAL LITERACY

EDUCATION PERSPECTIVES
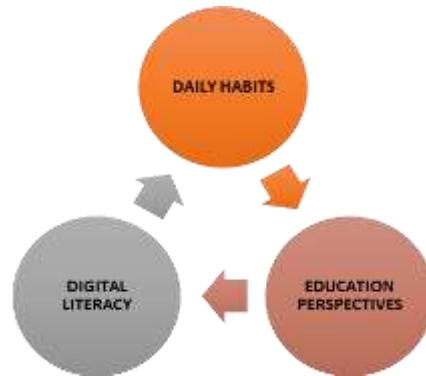
Figure 2 patient's daily categories

Conclusion

Digital skills, daily habits and education profiles of patients represent the main categories according to the EPOC Taxonomy of patients-oriented actions aimed in particular at their own safety. Bloom's Taxonomy allows to identify the educational objectives increasingly empower patients.

Today's health professions educators wish to develop learners' skills at the higher levels of Bloom's taxonomy that require demonstration of deeper cognitive processing such as critical thinking and evaluative judgments, but studies have shown that learning objectives in many training programs and curricula focus overwhelmingly on the lower levels of the taxonomy, knowledge and comprehension. This short coming must be considered by educators if health professionals are to achieve increasing levels of skill and function (Adams, 2015).

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