

## THE RELATIONSHIP AMONG COPING RESOURCES, COSTS OF COPING, CONTROL AND MEDICAL ADHERENCE

WEN-YAU HSU

*Department of Psychology, National Cheng-Chi University*

The study of medical adherence has shifted its emphasis from the compliance and loyalty of patients to the selectivity and mutuality in the treatment process. It is patients who decide whether to follow the doctor's suggestions. This study propose that medical adherence is a coping process. During the process of coping, patients' behaviors of medical adherence would increase if they assess they have more personal, family and medical resources; and if they assess there is the least cost in the coping process. The other hypothesis of this study is that if patients feel that they can rely on themselves or medical staff to control illness,, their medical adherence would increase. Data of 14 first-visit and 27 follow-up-visit patients with high blood pressure, 4 first-visit and 5 follow-up-visit patients with diabetes, as well as 2 first-visit and 9 follow-up-visit patients with both high blood pressure and diabetes are collected. The result indicates that the group with higher medical adherence have more control than the group with lower medical adherence over illness, treatment modalities, and other arrangements in their life. The group with higher medical adherence also have more coping resources, and have fewer impressions of any cost in the coping process. It emerges clearly from step-wise regression analysis that "coping resources", "medical staffs control treatment" and "costs of coping" have the most effect on medical adherence. This study suggests that increase the trust of medical treatment, provide psychoeducational program to promote the patient's life-management by himself, and medical staffs concern patient's coping resources and costs of coping, then patient's medical adherence will be higher.

**Key Words:** medical adherence, costs of coping, coping resources, control