

基于健康信念模型(HBM)的社区冠心病患者 遵医行为影响因素的横断面研究

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【摘要】目的 以健康信念模型(health belief model, HBM)为理论基础,探索影响冠心病患者遵医行为的影响因素。**方法** 采用横断面调查研究,对上海市静安区189例社区冠心病患者进行问卷调查。调查内容包括人口社会学特征、冠心病患病情况、健康信念模型维度(疾病易感性、疾病严重性、行为益处、行为障碍和自我效能);通过Morisky量表评价服药依从性和健康促进生活方式量表Ⅱ(health promoting lifestyle profile Ⅱ, HPLP-Ⅱ)评价健康生活方式的依从性。采用 t 检验和 F 检验分析人口学特征对健康促进生活方式和遵医服药行为的影响。采用Pearson相关分析和多元线性回归分析健康信念模型各维度与健康促进生活方式和遵医服药行为之间的关系。**结果** 189例患者中,男性占38.6%,女性占61.4%,137例大于60岁。健康信念模型各维度与健康促进生活方式各维度及遵医服药行为均成显著正相关, r 值为0.173~0.734。多元线性回归分析结果显示:感知障碍($\beta=0.190, P=0.021$)对健康责任的影响有统计学意义($R^2=0.073, P=0.016$),感知易感性($\beta=0.134, P=0.008$)对身体活动的影响有统计学意义($R^2=0.274, P<0.001$),感知严重性($\beta=0.221, P=0.005$)和感知益处($\beta=0.100, P=0.008$)对精神成长的影响有统计学意义($R^2=0.423, P<0.001$),感知益处($\beta=0.181, P=0.026$)对压力管理的影响有统计学意义($R^2=0.302, P<0.001$);感知易感性($\beta=0.689, P=0.027$)、感知严重性($\beta=0.580, P=0.003$)、感知障碍($\beta=0.689, P=0.002$)和自我效能($\beta=0.417, P=0.023$)对遵医服药行为的影响有统计学意义($R^2=0.645, P<0.001$)。**结论** 健康信念模型中各维度对冠心病患者的遵医服药行为和健康促进生活方式有影响,可以通过提升患者的健康信念,增强冠心病患者遵医服药行为和健康生活方式的依从性。

【关键词】 冠心病; 遵医服药行为; 健康促进生活方式; 健康信念模型(HBM)

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Factors associated with medication adherence in community patients with coronary artery disease based on health belief model (HBM): a cross-sectional study

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【Abstract】 Objective To explore factors affecting medication adherence in patients with coronary artery disease (CAD) based on Health Belief Model (HBM). **Methods** This community register-based,

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cross-sectional study consisted of individuals diagnosed with CAD in Jing'an District of Shanghai ($n=189$). The data were obtained through face-to-face interviews using a questionnaire covering sociodemographic characteristics, CAD status, HBM variables, Health-Promoting Lifestyle Profile II (HPLP-II), and the 8-item Morisky Medication Adherence Scales (MMAS-8). The independent two-sample t -test and F -test were used to analyze the influence of demographic characteristics on health-promoting lifestyle and medication adherence. Pearson's correlations were used to analyze associations among variables. Multiple linear regression models were used to evaluate effects of HBM variables on adherence to medication behavior, and health-promoting lifestyles. **Results** Among the 189 patients, 38.6% were males and 61.4% were females, 137 cases were over 60 years old. There were significant positive correlations between the HBM variables, adherence to health promoting lifestyles and medication behavior. The value of the correlation coefficient varies from 0.173 to 0.734. Multiple linear regression analysis suggested that the perceived barriers ($\beta=0.190, P=0.021$) on health responsibility ($R^2=0.073, P=0.016$), the perceived susceptibility ($\beta=0.134, P=0.008$) on physical activity ($R^2=0.274, P<0.001$), the perceived severity ($\beta=0.221, P=0.005$) and the perceived benefits ($\beta=0.100, P=0.008$) on mental growth ($R^2=0.423, P<0.001$), the perceived benefit ($\beta=0.181, P=0.026$) on stress management ($R^2=0.302, P<0.001$), were significant impact factors, respectively. Additionally, the perceived susceptibility ($\beta=0.689, P=0.027$), perceived severity ($\beta=0.580, P=0.003$), perceived impairment ($\beta=0.689, P=0.002$), and self-efficacy ($\beta=0.417, P=0.023$) had a statistically significant effects on medication behavior ($R^2=0.645, P<0.001$). **Conclusion** The HBM provides a useful framework for investigating predictors of medication adherence in patients with CAD. Future intervention to improve medication adherence should focus on changing the health beliefs among patients with CAD.

【Key words】 coronary artery disease; medication adherence; health-promoting lifestyles; health belief model (HBM)

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2017年发布的《中国心血管病报告》推算,我国心血管疾病现患人数2.9亿,其中冠心病1 100万^[1]。随着人们生活方式、饮食习惯、工作方式的改变及遗传因素的影响,我国冠心病的发病率逐渐上升,而发病年龄逐渐下降^[2-3]。冠心病反复发作严重影响患者生活质量,给个人、家庭及社会带来沉重的经济负担^[4]。此外,冠心病还具有迁延不愈及治疗周期长的特点,故多数患者依从性差,预后转归不佳^[5],而依从性不佳对健康有许多不利影响^[6-7]。一项针对3万多名急性心肌梗死幸存者的纵向观察研究中发现,急性心肌梗死后第一年对他汀类药物的依从性差,死亡风险增加25%^[8]。此外,有研究显示采取健康的生活方式与中年女性冠状动脉事件发生率降低^[9]和女性冠心病死亡风险降低有关^[10]。因此,遵从医务人员的建议坚持服药、改变生活方式对冠心病的二级预防至关重要^[11]。提高冠心病患

者的服药依从性、促进冠心病患者采取健康生活方式可以改善患者的预后和康复。

健康信念模型(health belief model, HBM)是考虑个人因素对行为方式影响的重要理论之一,强调个人对某一问题的态度和信念,以及对采取预防行为的利益和障碍评估后可能导致特定的行为^[12]。健康信念模型通常包括5个维度,分别为感知易感性、感知严重性、感知益处、感知障碍和自我效能。感知易感性描述了人们在某些情况下知道他获得负面健康结果的风险的主观信念;感知严重性是指个人对潜在危害的主观认知;感知益处是指对采取预防行为的好处的认知;感知障碍包括参与特定行为的主观困难;自我效能指人对自己是否能够成功地进行某一行为的主观判断。健康信念模型广泛应用于解释与健康有关的行为的改变,如饮食、身体活动以及高血压、糖尿病患者的治疗依从性,并

指导健康行为干预^[13-15],但较少用于解释中国冠心病患者的遵医服药行为和健康生活方式。因此,本研究旨在以健康信念模型为理论基础,了解健康信念模型各维度对冠心病患者遵医行为的影响,为改善冠心病患者的遵医服药行为和健康生活方式提供干预靶点。本研究中的遵医行为包括遵医服药行为和采取健康生活方式两方面。

资料和方法

研究对象 2018年6月至9月,我们通过上海市静安区市民电子健康档案平台筛选调查对象,采用简单随机法选择200名经区级以上医院确诊、且在社区卫生服务中心定期随诊的冠心病患者进行调查。入选标准参考Honda等^[16]的研究,符合以下情况之一的冠心病患者:冠状动脉造影至少有1支病变狭窄程度 $\geq 50\%$;稳定型心绞痛(stable angina, SA);不稳定型心绞痛(unstable angina, USA);陈旧性心肌梗死(old myocardial infarction, OMI);急性心肌梗死(acute myocardial infarction, AMI);经皮冠状动脉介入(percutaneous coronary intervention, PCI)术后;外科冠状动脉搭桥(coronary artery bypass graft, CABG)术后;缺血性心肌病等。其他必须标准为18~70岁;具有读写和认知能力;无其他严重疾病。使用样本量计算公式 $n = \frac{Z_{\alpha/2}^2 p(1-p)}{d^2}$,取 $\alpha = 0.05$, $d = 0.15p$ 。冠心病患者的服药依从率为52.9%^[17],据此计算样本量为153,考虑20%的无应答率,将样本量扩大至184,取整数200。本次研究共调查200例患者,回收问卷189份,回收率为94.5%,均为有效问卷。由静安区社区卫生服务中心的医师对调查对象进行问卷调查,调查前统一对调查员进行培训。调查问卷当场回收。

调查问卷 健康信念模型问卷根据健康信念模型^[18]自行编制而成,共15个条目,包括疾病的感知易感性、感知严重性、感知效益、感知障碍和自我效能等维度。采用5分Likert量表计分,分数越高表明健康信念越好。本研究中健康信念模型问卷的Cronbach's α 为0.945,各维度的内部一致性系数为0.675~0.917,信度良好。

健康促进生活方式量表 II (health-promoting lifestyle profile II, HPLP-II)^[19]共包含52个项目,6

个维度(健康责任、身体活动、营养、精神成长、人际关系和压力管理)。所有项目都按照4分Likert量表(1分:从不;2分:有时;3分:经常;4分:总是)计分。健康促进生活方式和各维度的得分使用52项和每个子量表(8项或9项)的平均得分来计算,分数越高表示健康行为水平越高。中文版HPLP-II在国内广泛使用,具有良好的信效度^[20-21],本研究中量表的Cronbach's α 为0.964,各维度内部一致性系数为0.806~0.906,信度良好。

遵医服药行为量表(Morisky Medication Adherence Scales, MMAS-8)^[22]是使用最广的用于测定遵医服药行为的自评问卷,共有8个条目,得分越高表明遵医服药行为越好。该量表中文版用于中国心血管疾病患者具有良好的信效度^[23]。

统计学处理 统计软件使用SPSS 22.0。对调查对象的基本情况描述性分析,计数资料用例数和百分数(%)表示,计量资料用 $\bar{x} \pm s$ 表示。采用 t 检验和 F 检验分析人口学特征对健康促进生活方式和遵医服药行为的影响。采用Pearson相关分析和多元线性回归分析健康信念模型、健康促进生活方式和遵医服药行为之间的关系。所有统计学检验均为双侧检验,以 $P < 0.05$ 为差异有统计学意义。

结果

调查对象基本情况 被调查者平均年龄为 (64.04 ± 9.93) 岁,其中60岁及以下52人(27.5%);60岁以上137人(72.5%)。男性73名(38.6%)、女性116名(61.4%);被调查者月经济收入以3 000~4 000元为主(50.8%)。具体见表1。

人口学特征对健康促进生活方式和遵医服药行为的影响 t 检验和 F 检验分析结果显示,健康促进生活方式和遵医服药行为在人口学特征上的差异均无统计学意义(表2)。性别、年龄、婚姻状况、受教育程度和个人月收入等情况不会对健康促进生活方式和遵医服药行为产生影响。

健康信念模型与健康促进生活方式和遵医服药行为的相关性 健康信念模型各维度与健康促进生活方式各维度及遵医服药行为均成显著正相关,相关系数范围为0.173~0.734(表3)。健康促进生活方式和遵医服药行为的得分随健康信念模型得分升高而升高。

表 1 社区冠心病患者基本情况

Tab 1 Basic situation of the community patients with coronary artery disease

Basic Features	Number	Composition ratio(%)
Age (y)		
≤60	52	27.5
>60	137	72.5
Gender		
Male	73	38.6
Female	116	61.4
Marital status		
Married	168	88.9
Others ^a	21	11.1
Educational levels		
Junior high school and below	86	45.5
High school and so on ^b	92	48.7
Undergraduate and above	11	5.8
Employment status		
Ill retirement or retirement	157	83.1
Other	32	16.9
Monthly income (yuan)		
≤3 000	36	19.0
3 000-4 000	96	50.8
>4 000	57	30.2
Average monthly household income (yuan)		
≤3 000	25	13.2
3 000-6 000	103	54.5
>6 000	61	32.3

^aIncluding unmarried, divorced, widowed, separated and unmarried cohabitation; ^bIncluding secondary professional technical school, technical school, junior college and vocational high school.

健康信念模型对健康促进生活方式和遵医服药行为的影响 以健康促进生活方式各维度及遵医服药行为为因变量,健康信念模型各维度为自变量进行多元线性回归分析,结果显示:感知障碍($\beta=0.190, P=0.021$)对健康责任的影响有统计学意义,感知易感性($\beta=0.134, P=0.008$)对身体活动的影响有统计学意义,感知严重性($\beta=0.221, P=0.005$)和感知益处($\beta=0.100, P=0.008$)对精神成长的影响有统计学意义,感知益处($\beta=0.181, P=0.026$)对压力管理的影响有统计学意义;感知易感性($\beta=0.689, P=0.027$)、感知严重性($\beta=0.580, P=0.003$)、感知障碍($\beta=0.689, P=0.002$)和自我效能($\beta=0.417, P=$

0.023)对遵医服药行为的影响有统计学意义(表4)。

讨 论

本研究通过对冠心病患者健康促进生活方式及遵医服药行为的调查,评估了健康信念模型各维度对冠心病患者遵医行为的影响。多元回归分析结果表明健康信念模型中感知易感性、感知严重性、感知障碍和自我效能是遵医服药行为的影响因素;感知障碍是健康责任的影响因素,感知易感性是身体活动的影响因素,感知严重性和感知益处是精神成长的影响因素,感知益处是压力管理的影响因素。

患者对健康促进生活方式和遵医服药行为的依从性不受性别、年龄、婚姻状况、受教育程度和个人月收入等因素的影响。也有研究表明年龄、受教育程度、个人月收入等是冠心病患者健康促进生活方式的影响因素^[24-25]。Kulkarni等^[26]对1 326名冠心病患者的调查结果显示,性别、受教育程度和婚姻状况是遵医服药行为的影响因素,男性、受教育程度较高和已婚的患者依从性更好。本研究结果与其他类似研究结果有差异,提示我们应关注人口社会学因素以外的其他可干预变量对健康促进生活方式和遵医服药行为的影响。

感知易感性和感知严重性是患者对自己所患疾病的认识,患有相同疾病的患者可能对其病情有不同的认识^[27],从而导致治疗依从性的不同。冠心病患者意识到疾病对健康的严重危害,或认为自己发生心梗的可能性较高时,更倾向于听从医师的建议,服药的依从性更高,也更注重健康的生活方式。自我效能是慢性病患者的广泛健康行为的已知预测因子,包括药物依从性^[28]。自我效能较高、感知障碍较少的个体更易遵从医师的建议服药。当患者具有高度的自信心和毅力时,就可以在长期的治疗中坚持下来,从而达到自我期望的结果。

健康责任是指个人对自己的健康状况有积极的责任感,包括关注自己的健康,了解如何保持健康以及如何寻求专业的帮助^[19]。感知障碍是健康责任的影响因素,感知障碍越少,个人的健康责任越高。冠心病患者若主观上认为困难少,可增强其对自身健康负责的信心,从而愿意在日常生活中关注自身健康。感知易感性是身体活动的正向影响

表2 健康促进生活方式和遵医服药行为在不同人口学特征社区冠心病患者中的分布

Tab 2 Distributions of health promotion lifestyle and medication adherence in community patients with coronary artery disease and different sociodemographic characteristics

Index	Health responsibility	Physical activity	Nutritional status	Mental growth	Interpersonal relationship	Stress management	Medication adherence
Age (y)							
≤60	2.43 ± 0.49	2.20 ± 0.62	2.64 ± 0.52	2.60 ± 0.73	2.62 ± 0.52	2.31 ± 0.46	5.37 ± 2.23
>60	2.42 ± 0.46	2.36 ± 0.62	2.74 ± 0.54	0.61 ± 0.63	0.65 ± 0.49	2.40 ± 0.49	5.36 ± 1.99
<i>t</i>	0.159	-1.496	-1.142	-0.100	-0.394	-1.132	0.018
<i>P</i>	0.874	0.136	0.255	0.920	0.694	0.259	0.986
Gender							
Male	2.45 ± 0.47	2.31 ± 0.64	2.67 ± 0.54	2.63 ± 0.65	2.67 ± 0.51	2.39 ± 0.48	5.49 ± 2.06
Female	2.40 ± 0.47	2.32 ± 0.61	2.73 ± 0.54	2.59 ± 0.67	2.63 ± 0.49	2.37 ± 0.49	5.28 ± 2.06
<i>t</i>	0.745	-0.103	-0.736	0.320	0.544	0.319	0.700
<i>P</i>	0.457	0.918	0.463	0.749	0.587	0.750	0.485
Marital status							
Married	2.44 ± 0.47	2.34 ± 0.60	2.72 ± 0.51	2.62 ± 0.63	2.66 ± 0.48	2.39 ± 0.48	5.36 ± 2.06
Others ^a	2.29 ± 0.39	2.05 ± 0.77	2.58 ± 0.66	2.47 ± 0.92	2.53 ± 0.64	2.30 ± 0.57	5.18 ± 2.07
<i>t</i>	1.415	1.658	0.905	0.715	0.909	0.825	0.389
<i>P</i>	0.159	0.111	0.375	0.482	0.373	0.410	0.698
Educational levels							
Junior high school and below	2.36 ± 0.42	2.32 ± 0.61	2.67 ± 0.52	2.57 ± 0.67	2.58 ± 0.47	2.37 ± 0.47	5.20 ± 2.07
High school and so on ^b	2.47 ± 0.51	2.28 ± 0.63	2.74 ± 0.55	2.61 ± 0.66	2.69 ± 0.50	2.37 ± 0.49	5.48 ± 2.00
Undergraduate and above	2.43 ± 0.45	2.57 ± 0.68	2.72 ± 0.58	2.87 ± 0.64	2.79 ± 0.62	2.52 ± 0.51	5.55 ± 2.38
<i>F</i>	1.199	1.054	0.354	0.988	1.604	0.510	0.465
<i>P</i>	0.304	0.351	0.703	0.374	0.204	0.601	0.629
Monthly income (yuan)							
≤3 000	2.45 ± 0.42	2.28 ± 0.64	2.72 ± 0.54	2.56 ± 0.68	2.63 ± 0.44	2.39 ± 0.49	4.97 ± 2.06
3 000-4 000	2.37 ± 0.48	2.27 ± 0.64	2.68 ± 0.54	2.56 ± 0.70	2.58 ± 0.52	2.35 ± 0.53	5.59 ± 1.98
>4 000	2.47 ± 0.47	2.40 ± 0.60	2.73 ± 0.52	2.69 ± 0.58	2.74 ± 0.47	2.42 ± 0.40	5.19 ± 2.05
<i>F</i>	0.990	0.763	0.214	0.812	1.872	0.456	1.436
<i>P</i>	0.374	0.468	0.807	0.446	0.157	0.634	0.240

^aIncluding unmarried, divorced, widowed, separated and unmarried cohabitation; ^bIncluding Secondary professional technical school, technical school, junior college, vocational high school.

表3 社区冠心病患者健康信念模型、健康促进生活方式和遵医服药行为的相关分析

Tab 3 Correlation analysis of health belief model, health promotion lifestyle and medication behavior in community patients with coronary artery disease

Index	$\bar{x} \pm s$	Cronbach's α	1	2	3	4	5	6	7	8	9	10	11
1. The perceived susceptibility	3.34 ± 0.53	0.818	1										
2. The perceived severity	3.45 ± 0.76	0.903	0.741 ⁽¹⁾	1									
3. The perceived benefits	3.21 ± 0.75	0.917	0.780 ⁽¹⁾	0.703 ⁽¹⁾	1								
4. The perceived barriers	3.13 ± 0.65	0.675	0.643 ⁽¹⁾	0.567 ⁽¹⁾	0.765 ⁽¹⁾	1							
5. Self-efficacy	2.90 ± 0.76	0.726	0.665 ⁽¹⁾	0.632 ⁽¹⁾	0.715 ⁽¹⁾	0.641 ⁽¹⁾	1						
6. Health responsibility	2.42 ± 0.47	0.827	0.177 ⁽²⁾	0.133	0.206 ⁽¹⁾	0.268 ⁽¹⁾	0.173 ⁽²⁾	1					
7. Physical activity	2.31 ± 0.62	0.875	0.501 ⁽¹⁾	0.446 ⁽¹⁾	0.467 ⁽¹⁾	0.363 ⁽¹⁾	0.348 ⁽¹⁾	0.600 ⁽¹⁾	1				
8. Nutritional status	2.71 ± 0.54	0.824	0.415 ⁽¹⁾	0.408 ⁽¹⁾	0.414 ⁽¹⁾	0.390 ⁽¹⁾	0.355 ⁽¹⁾	0.678 ⁽¹⁾	0.756 ⁽¹⁾	1			
9. Mental growth	2.61 ± 0.66	0.906	0.569 ⁽¹⁾	0.568 ⁽¹⁾	0.604 ⁽¹⁾	0.518 ⁽¹⁾	0.432 ⁽¹⁾	0.552 ⁽¹⁾	0.699 ⁽¹⁾	0.742 ⁽¹⁾	1		
10. Interpersonal relationship	2.64 ± 0.50	0.844	0.431 ⁽¹⁾	0.439 ⁽¹⁾	0.468 ⁽¹⁾	0.410 ⁽¹⁾	0.361 ⁽¹⁾	0.629 ⁽¹⁾	0.573 ⁽¹⁾	0.733 ⁽¹⁾	0.845 ⁽¹⁾	1	
11. Stress management	2.38 ± 0.48	0.806	0.484 ⁽¹⁾	0.425 ⁽¹⁾	0.530 ⁽¹⁾	0.467 ⁽¹⁾	0.426 ⁽¹⁾	0.663 ⁽¹⁾	0.778 ⁽¹⁾	0.757 ⁽¹⁾	0.815 ⁽¹⁾	0.739 ⁽¹⁾	1

⁽¹⁾Correlation is significant when the confidence (double test) is 0.01; ⁽²⁾Correlation is significant when the confidence (double test) is 0.05.

表4 社区冠心病患者健康信念模型、健康促进生活方式和遵医服药行为的多元线性回归分析
Tab 4 Multiple linear regression analysis of health belief model, health promotion lifestyle and medication behavior in community patients with coronary artery disease

Dependent variable	Independent variable	B value	Standard error	β value	t value	P	R ²	F value	P
Health responsibility	The perceived susceptibility	0.030	0.113	0.034	0.268	0.789	0.073	2.874	0.016
	The perceived severity	-0.034	0.070	-0.054	-0.483	0.630			
	The perceived benefits	0.005	0.089	0.009	0.060	0.952			
	The perceived barriers	0.190	0.082	0.263	2.325	0.021			
	Self-efficacy	0.006	0.067	0.010	0.091	0.928			
Physical activity	The perceived susceptibility	0.357	0.134	0.302	2.666	0.008	0.274	13.827	< 0.001
	The perceived severity	0.112	0.082	0.136	1.361	0.175			
	The perceived benefits	0.162	0.106	0.196	1.530	0.128			
	The perceived barriers	-0.012	0.097	-0.012	-0.124	0.901			
	Self-efficacy	-0.058	0.079	-0.070	-0.731	0.465			
Nutritional status	The perceived susceptibility	0.133	0.120	0.131	1.114	0.267	0.215	10.030	< 0.001
	The perceived severity	0.119	0.074	0.168	1.619	0.107			
	The perceived benefits	0.047	0.094	0.066	0.500	0.618			
	The perceived barriers	0.123	0.087	0.148	1.416	0.158			
	Self-efficacy	0.014	0.070	0.019	0.194	0.846			
Mental growth	The perceived susceptibility	0.180	0.127	0.143	1.418	0.158	0.423	26.781	< 0.001
	The perceived severity	0.221	0.078	0.253	2.841	0.005			
	The perceived benefits	0.267	0.100	0.305	2.677	0.008			
	The perceived barriers	0.131	0.092	0.128	1.428	0.155			
	Self-efficacy	-0.107	0.075	-0.123	-1.438	0.152			
Interpersonal relationship	The perceived susceptibility	0.067	0.108	0.071	0.618	0.538	0.250	12.172	< 0.001
	The perceived severity	0.127	0.067	0.193	1.902	0.059			
	The perceived benefits	0.141	0.085	0.215	1.651	0.100			
	The perceived barriers	0.086	0.078	0.112	1.098	0.274			
	Self-efficacy	-0.022	0.064	-0.033	-0.342	0.733			
Stress management	The perceived susceptibility	0.126	0.102	0.137	1.236	0.218	0.302	15.824	< 0.001
	The perceived severity	0.023	0.063	0.036	0.368	0.713			
	The perceived benefits	0.181	0.081	0.281	2.243	0.026			
	The perceived barriers	0.091	0.074	0.121	1.230	0.220			
	Self-efficacy	0.022	0.060	0.034	0.360	0.720			
Medication adherence	The perceived susceptibility	0.689	0.310	0.177	2.225	0.027	0.645	66.587	< 0.001
	The perceived severity	0.580	0.191	0.213	3.044	0.003			
	The perceived benefits	0.461	0.245	0.169	1.883	0.061			
	The perceived barriers	0.689	0.224	0.217	3.082	0.002			
	Self-efficacy	0.417	0.182	0.154	2.290	0.023			

因素。要发生行为改变,人们必须感受到当前行为模式的威胁,并认为通过改变可以获得有益的结果,也要有能力进行改变^[29]。冠心病患者基于对疾病的认识及目前身体状况判断自己容易发生或再次发生心梗,会促使患者遵从医师建议的生活方式,从而增加身体活动。感知益处对精神成长和压

力管理有正向影响。冠心病患者在日常生活中需要面对疾病带来的压力,如焦虑、抑郁、身体活动受限,以及疾病带来的经济压力等问题,当患者感知采取健康生活方式和遵医服药行为对于自己的病情有帮助时,可以增加个人对疾病的控制感,有助于患者的精神成长和压力管理。

健康信念模型对遵医嘱服药行为和健康促进生活方式有积极影响,健康信念得分越高,患者对健康促进生活方式和遵医嘱服药行为的依从性越好。这表明进行健康教育,使患者意识到冠心病的严重性以及改变生活方式对健康的益处,可以改善服药依从性,增加身体活动。健康的生活方式不仅是适量的身体活动,还包括均衡的营养、良好的人际关系等,因此生活方式的改变还需要外部支持,如家人、朋友的支持、周边环境的改善等。没有任何单一的方法能有效改善患者的依从性^[30],提高冠心病患者的遵医嘱行为不仅要医师的帮助,还需要家人和社会的支持。

本研究还存在一些局限性:(1)本次调查中拒绝参加调查者11人,其中男性8人、女性3人,可能导致无应答偏倚。(2)本次研究样本量较少,无法按疾病类型进行亚组分析,疾病类型可能与冠心病患者遵医嘱行为有密切关系,未来可进行进一步研究。(3)本研究为横断面研究,无法确定健康信念和遵医嘱行为的因果关系,需进行干预研究以验证两者之间的关系。

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