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Intellectual Limitations and Doctor's Orders: Examining the Relationship between Intellectual Humility and Adherence to Medical Advice

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Intellectual Limitations and Doctor's Orders. Examining the Relationship between Intellectual Humility and Adherence to Medical Advice

Briella A. Nava, Caitlin Weldon, & Ho P. Huynh

Content

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2. Methods
3. Results
4. Conclusions
5. Questions

Introduction

- Research Questions:
 - Are the factors of intellectual humility and adherence and their components related?
 - What role does a patient's intellectual humility play in their adherence practices?



Introduction

- Outcome Variable: Adherence
 - 3 components: behavior, burden, and cost
 - 3 factors that contribute to adherence: information, motivation, and strategy



Introduction

- Explanatory Variable: Intellectual Humility
 - Components:
 - Independence of Intellect and Ego
 - Openness to Revising One's Viewpoint
 - Respect for Other's Viewpoints
 - Lack of Intellectual Overconfidence



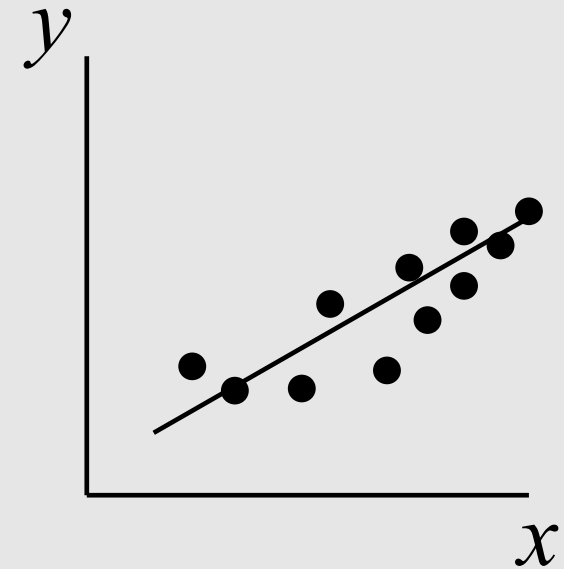
Introduction

- Why might intellectual humility and adherence be related?
 - IH may help to improve the way people interact with medical information, thereby increasing their knowledge and understanding of medical conditions and necessary treatment.



Hypothesis

- We hypothesized that intellectual humility would be positively related to adherence.



Positive

Participants

- A total of 196 participants
 - (49.5% female)
 - Mean age of the participants was 44.03, $SD = 10.92$



Methods

- Comprehensive Intellectual Humility Scale (CIHS)
 - 22 Items
 - “My ideas are usually better than other people’s ideas.”
- General Medication Adherence Scale (GMAS)
 - 11 items
 - “Do you stop taking medications without informing the doctor?”

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

Procedures

1. Consent
2. Demographic Info
3. Completed Study
4. Debriefed



Results

- Overall IH and overall adherence had a positive, significant association, $r(194) = .21, p < .001$
- The strongest relationships with adherence:
 - Lack of Intellectual Overconfidence, $r(194) = .25, p < .001$
 - Independence of Intellect and Ego, $r(194) = .21, p < .001$

Correlations between study measures

	Adherence - Overall	Patient Behaviors	Disease & Pill Burden	Cost-related Reasons
Intellectual Humility - Overall	.21**	.23**	.15*	.18*
Independence of Intellect and Ego	.19**	.15*	.17*	.15*
Openness to Revising One's Viewpoint	-0.001	0.09	-0.06	0.001
Respect for Other's - Viewpoints	0.045	0.1	-0.02	0.06
Lack of Intellectual Overconfidence	.25**	.24**	.20**	.20**

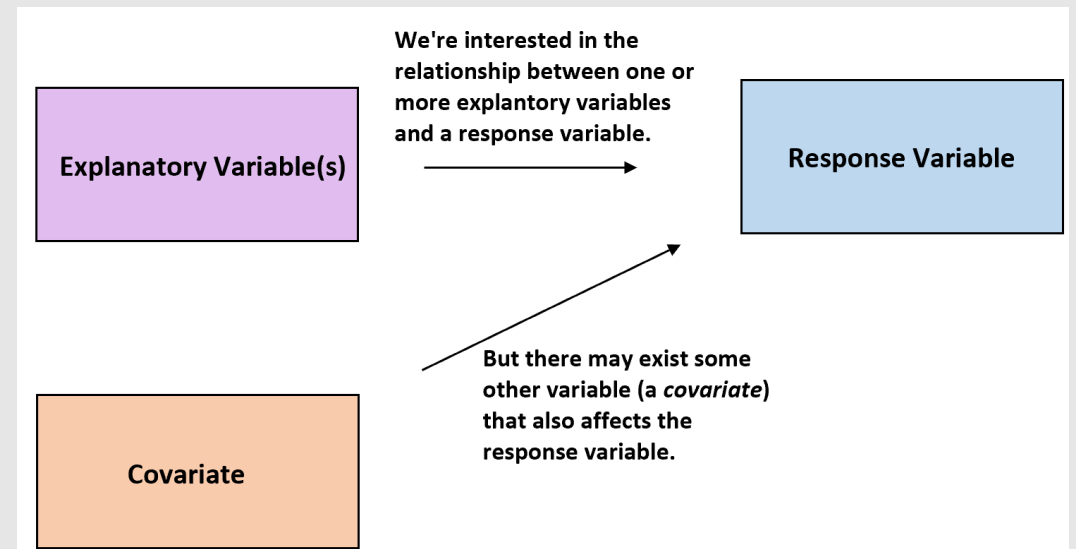
Discussion

- Independence of Intellect and Ego; Lack of Intellectual Overconfidence directly include the ability to prompt reflection in one's life
 - i.e., Intrapersonal intelligence
- Revising One's Viewpoint; Respect for Others' Viewpoints do not necessarily affect intrapersonal feelings that may elicit change
 - Awareness, but not acceptance



Limitations and Future Directions

- Additional covariate variables
- Experimental designs are needed
- Future studies among underrepresented ethnicities
- Future studies in non-medical settings



Conclusion

- Non-adherence to medical advice impairs health, causes complications, and increases healthcare costs.
- These findings may help to maximize adherence, optimize health, and improve patient-practitioner interactions.



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QUESTIONS?