EXPLORING STAFF NURSES' PERSPECTIVES ON MEDICATION ADHERENCE AND PERCEIVED SYMPTOM WORSENING AMONG ADULT OUTPATIENT SCHIZOPHRENIA PATIENTS

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Abstract: This study described staff nurses' perspectives on medication adherence and perceived symptom worsening among adult outpatients diagnosed with schizophrenia at Cotabato Regional and Medical Center (CRMC), a tertiary government hospital. Using a qualitative descriptive research design, the study explored the medication-adherence problems encountered by nurses, factors they perceived as contributing to non-adherence and symptom-related changes, and strategies they recommended to support adherence. Seven nurses were purposively selected: three participated in individual in-depth interviews and four in one focus group discussion. Data were collected on September 16 and 17, 2026, using semi-structured interview guides, audio-recorded with permission, transcribed verbatim, and analyzed through descriptive thematic analysis. Three themes emerged: (1) Medication Non-Adherence as a Recurrent Clinical Challenge, including safety concerns, communication difficulties, and nurses' emotional burden; (2) Perceived Barriers to Sustaining Medication Treatment, including socioeconomic and environmental barriers, intrapersonal and cognitive factors, beliefs about recovery, and perceived symptom changes following treatment disruption; and (3) Nurses' Suggested Strategies for Supporting Medication Adherence, including behavioral routines, digital reminders and follow-up, psychoeducation and motivational support, medication access and supply support, and family and community involvement. The findings indicate that nurses view medication non-adherence as a multifactorial concern requiring individualized, collaborative, and sustained support. Because the study relied on nurses' accounts, it did not measure patient adherence or symptom severity and cannot establish causal relationships. The findings may inform nursing practice and identify priorities for future research in outpatient mental health care.

***Index Terms*— Medication Adherence, Medication Non-Adherence, Schizophrenia, Staff Nurses, Qualitative Descriptive Research, Perceived Symptom Worsening**

I. INTRODUCTION

Schizophrenia is a chronic mental health condition that commonly requires long-term treatment with antipsychotic medication. Consistent medication use is an important component of symptom management and may reduce the risk of relapse and rehospitalization. However, maintaining treatment can be difficult for some patients because of treatment beliefs, limited insight, medication-related concerns, financial constraints, stigma, and barriers to accessing health services [3, 7, 9].

Medication adherence is influenced by interacting patient-related, treatment-related, social, and health-system factors. Patients may discontinue medication when symptoms improve or when they believe that treatment is no longer necessary. Others may experience side effects, forget doses, encounter difficulties following a regimen, or lack the financial resources to obtain prescribed medicines. These challenges are especially important in outpatient care, where treatment continuity depends partly on patients' daily routines, family or caregiver support, and access to follow-up services [12, 19, 21].

Nurses have an important role in supporting medication adherence through therapeutic communication, patient and family education, medication guidance, and coordination of care. A qualitative study by Lin et al. (2022) described mental health nurses' strategies for improving medication adherence among people with schizophrenia. Psychoeducation and family involvement may also help caregivers understand the illness and support treatment [2, 4]. Nevertheless, education alone may not resolve barriers related to medication cost, supply interruptions, stigma, or limited access to services.

Although existing studies have examined medication adherence among people with schizophrenia, there remains value in understanding how nurses describe the challenges they encounter in a specific public-hospital outpatient context. Nurses' clinical accounts can help identify recurring care concerns, perceived barriers, and practical strategies that may inform nursing practice. The present study therefore described staff nurses' perspectives on medication adherence and perceived symptom worsening among adult outpatients diagnosed with schizophrenia at Cotabato Regional and Medical Center.

Purpose of the Study

The study aimed to describe staff nurses' perspectives on medication adherence and perceived symptom worsening among adult outpatients diagnosed with schizophrenia at CRMC. Specifically, it explored: (1) problems participants described in relation to medication adherence; (2) factors they perceived as contributing to medication non-adherence and symptom-related changes; and (3) strategies they recommended to support medication adherence.

Significance of the Study

The findings may inform nursing assessment, therapeutic communication, patient and family education, discharge and follow-up planning, and coordination with services responsible for medication access. They may also help identify areas for staff development and provide a basis for further research. The findings represent the perspectives of participating nurses and should not be interpreted as measured prevalence among patients or as evidence of causal relationships.

II. RESEARCH METHODOLOGY

Research Design

This study employed a qualitative descriptive research design. Qualitative description is appropriate when the purpose is to provide a comprehensive account of participants' experiences and perspectives in language that remains close to their descriptions, rather than to develop an abstract explanation or an essential structure of lived experience [18]. The design enabled the researcher to describe nurses' accounts of medication-adherence difficulties, perceived barriers, symptom-related concerns, and suggested interventions. The study did not measure a statistical relationship or establish causation between medication adherence and symptom severity.

Research Setting

The study was conducted at Cotabato Regional and Medical Center, a tertiary government hospital providing psychiatric and outpatient mental health services. The setting was selected because nurses in the institution provide care to patients with schizophrenia and participate in patient monitoring, medication-related care, therapeutic communication, and outpatient follow-up.

Participants and Sampling

Fourteen nurses who met the inclusion criteria were invited through purposive sampling, and seven consented to participate. The participants comprised three nurses in individual in-depth interviews (IDI) and four nurses in one focus group discussion (FGD). Participants were staff nurses, five men and two women, aged 27 to 56 years, with 3 to 13 years of nursing service. Eligibility required participants to be at least 18 years old, have experience caring for adult outpatients diagnosed with schizophrenia at the study site during the specified period, and be willing and able to provide informed consent. Sample adequacy was considered in relation to the specificity of the participants, the relevance and detail of their accounts, and the study aim, consistent with the concept of information power [16].

Data Sources and Collection

Primary data were obtained from semi-structured individual in-depth interviews with three nurses and one focus group discussion with four nurses. Data collection occurred on September 16 and 17, 2026, after institutional permissions had been secured. The researcher explained the study's purpose, procedures, potential risks, benefits, and voluntary nature before obtaining written informed consent. Interviews and the focus group discussion were audio-recorded with participants' permission and transcribed verbatim. The researcher reviewed the transcripts for accuracy and used participant codes N1–N7 to protect identities. No patient chart review or formal observational study was used as a primary data source.

Data Analysis

The data were analyzed using descriptive thematic analysis, consistent with the qualitative descriptive design. The researcher repeatedly read the transcripts to become familiar with participants' accounts, identified relevant statements, and assigned descriptive codes reflecting the content of the responses. Similar codes were compared and grouped into descriptive categories. These categories were reviewed and organized into broader themes addressing the research questions. The themes were checked against the transcripts to ensure that interpretations remained grounded in participants' accounts. Selected verbatim excerpts were used to illustrate the findings. This process follows the use of thematic analysis to identify, analyze, and report patterns within qualitative data [1, 11].

Trustworthiness and Ethical Considerations

Trustworthiness was addressed through credibility, transferability, dependability, and confirmability [14]. Credibility was supported by using individual interviews and a focus group discussion to obtain detailed accounts. Transferability was supported through descriptions of the setting, participants, and research procedures. Dependability was addressed by documenting data collection and analysis procedures, while confirmability was supported through reflexive notes and review of interpretations with the research adviser. Ethical safeguards included institutional approval, informed consent, voluntary participation, the right to decline questions or withdraw, confidentiality through participant codes, and secure handling of research records. The study observed the applicable principles of the Declaration of Helsinki [22] and the Data Privacy Act of 2012 [17].

III. RESULTS AND DISCUSSION

Seven nurses participated in the study: three in individual in-depth interviews and four in one focus group discussion. Analysis of their accounts generated three major themes: (1) Medication Non-Adherence as a Recurrent Clinical Challenge; (2) Perceived Barriers to Sustaining Medication Treatment; and (3) Nurses' Suggested Strategies for Supporting Medication Adherence. The themes summarize the participants' perspectives and do not represent measured patient prevalence or causal findings.

Theme 1. Medication Non-Adherence as a Recurrent Clinical Challenge

Participants described medication non-adherence as a recurring challenge in outpatient mental health care. Their accounts emphasized three related concerns: patient safety, communication difficulties, and the emotional burden experienced by nurses. Some participants reported that patients who were reluctant to take medication could become suspicious or resistant when nurses encouraged treatment. They described the need to balance medication education with careful, individualized communication and safety assessment.

"Many patients do not sustain taking their medication as ordered. One of the problems I encountered is that the patient is hesitant to take their drugs because they believe it can aggravate their case, like the paranoid patient." (N1, IDI)

Participants also described difficulty communicating with patients when symptoms were perceived to have worsened. They reported that some patients had difficulty focusing on health teaching or responding during interactions. Such accounts highlight the importance of therapeutic communication and adapting education to patients' current needs. Nurses' communication and individualized support are also identified as strategies for promoting adherence in mental health settings [13].

"One problem we nurses encountered is how to communicate to patients for them to understand our health teachings. When the patient fails to take their medication, this leads to aggravation of their symptoms, making communication difficult." (N5, FGD)

Nurses further described emotional exhaustion and worry when patients experienced repeated treatment interruptions or faced barriers to obtaining medication. These accounts suggest that non-adherence affects not only continuity of patient care but also the emotional demands experienced by nurses who remain concerned about patients' well-being and possible relapse. Similar challenges involving treatment disengagement and relapse have been described in accounts of community nursing practice [20].

"I consider the situation of patients who do not take their medicine as a psychological burden, for I worry that they will have a relapse. The helpless situation wherein sometimes they cannot sustain medication adherence due to lack of resources for it." (N6, FGD)

Theme 2. Perceived Barriers to Sustaining Medication Treatment

Participants identified socioeconomic, environmental, intrapersonal, and cognitive factors that they perceived as barriers to continued medication use. These included the cost and availability of medicines, stigma associated with mental illness, limited insight, beliefs about recovery, and intentional discontinuation. Participants' accounts indicate that medication non-adherence should not be understood as a single behavior with one explanation; rather, it may occur in the context of overlapping personal and health-system challenges.

Socioeconomic and Environmental Factors

Nurses identified lack of money and inconsistent availability of medicines as practical barriers. Participants explained that even when patients were willing to continue treatment, interruptions in public-sector supply could require them to purchase medicines privately. They also described stigma and fear of being labeled as mentally ill as reasons some patients avoided follow-up and treatment. These observations are consistent with literature identifying socioeconomic circumstances and stigma as factors associated with medication non-adherence among people with severe mental disorders [5, 19].

"The most common cause of non-adherence to medication is no money to buy it, because sometimes although we have supply from government, it is not always available; when there is no stock, often patient's medication intake is not sustained." (N2, IDI)

Intrapersonal and Cognitive Factors, Beliefs About Recovery

Participants reported that some patients appeared to stop medication when symptoms improved because they believed they had recovered or no longer needed treatment. Others were described as having difficulty recognizing their illness or accepting the need for continued medication. These accounts point to the importance of exploring patients' understanding, treatment beliefs, and concerns rather than assuming that missed doses reflect unwillingness alone. Poor insight and beliefs about recovery have been reported as factors associated with adherence in schizophrenia [6, 9, 21].

"I have observed some of my patients do not continue taking their medicines when the symptoms start to disappear; they think that they are cured." (N7, FGD)

Participants also described the return of delusions, hallucinations, and self-talk alongside treatment disruption. These were nurses' clinical observations and perceptions; the study did not independently assess patients' symptoms or determine whether non-adherence caused symptom worsening. Previous research has examined associations between antipsychotic adherence and symptom outcomes, but the present findings remain descriptive accounts from nurses [10].

"When patient's delusions and self-talking return, this is a sign that my patient is having a relapse. This often happens if the patient is not taking their medicines." (N4, FGD)

Theme 3. Nurses' Suggested Strategies for Supporting Medication Adherence

Participants recommended strategies addressing daily routines, forgetfulness, treatment beliefs, medication access, and support from families and communities. Their suggestions were grouped into five areas: behavioral and cognitive adaptation; digital health and smart technology; psychoeducation and motivational support; medication access and supply support; and social, family, and community support.

Behavioral Routines and Digital Reminders

Nurses suggested incorporating medication-taking into consistent daily routines, such as linking doses with established activities. They also recommended reminders, automated prompts, digital check-ins, and telehealth follow-up to help patients remember medication schedules and identify missed refills or doses. These suggestions are consistent with the broader literature on adherence-support interventions, although the present study did not test their effectiveness [3, 15].

"The nurse must include in their care plan the routine integration of structuring medication administration around highly consistent, daily habits like every after meals." (N1, IDI)

Psychoeducation and Motivational Support

Participants emphasized patient-centered psychoeducation and non-confrontational communication to address doubts, negative beliefs, and concerns about side effects. They recommended explaining the purpose of medication, discussing expected side effects, identifying personal relapse warning signs, and using motivational approaches to support patient participation. Evidence from a study of psychoeducation using motivational interviewing techniques suggests potential benefits for medication adherence among people with schizophrenia [8].

"There is a need to do motivational interviewing by conducting non-confrontational, client-centered counseling to resolve ambivalence toward maintenance therapies and build intrinsic motivation." (N2, IDI)

Medication Access, Family, and Community Support

Participants stressed the importance of adequate government funding and a reliable supply of prescribed medicines, noting that education cannot overcome the inability to obtain medication. They also recommended involving families and primary caregivers, establishing consistent medication routines, and strengthening community-based and multidisciplinary support. Family psychoeducation has been identified as a relevant component of support for caregivers of people with schizophrenia [2, 4]. These strategies should be tailored to patient preference, autonomy, available resources, and clinical appropriateness.

"The adequate supply of medicines provided by the government is the lifeline of treatment adherence. The provision of an adequate budget helps ensure supply is sustainable." (N4, FGD)

Taken together, the themes show that nurses understood medication adherence as a continuing care concern shaped by the interaction of individual beliefs and cognitive factors, socioeconomic circumstances, stigma, treatment experiences, and health-service access. Their proposed responses were similarly multi-level, combining therapeutic communication and education with practical support for medication access, family involvement, and follow-up. The findings support a coordinated nursing approach rather than reliance on education alone.

IV. CONCLUSION

The study described staff nurses' perspectives on medication adherence and perceived symptom worsening among adult outpatients diagnosed with schizophrenia at CRMC. Three themes emerged: medication non-adherence as a recurrent clinical challenge; perceived barriers to sustaining medication treatment; and nurses' suggested strategies for supporting medication adherence. Participants described safety and communication concerns, emotional burden among nurses, financial and medication-supply barriers, stigma, limited insight, beliefs about recovery, and perceived symptom-related changes following treatment disruption. They recommended consistent medication routines, digital reminders and follow-up, psychoeducation and motivational support, reliable medication access, and family and community involvement. These findings reflect the accounts of seven participating nurses and should not be interpreted as measured patient adherence, symptom severity, or causal evidence.

V. IMPLICATIONS FOR NURSING PRACTICE

Nurses may use individualized, respectful communication to explore patients' beliefs, concerns about side effects, understanding of illness, and practical barriers to obtaining medication. Psychoeducation should explain the purpose of maintenance treatment and encourage patients to discuss treatment changes with the prescribing clinician. When appropriate and with the patient's agreement, families and caregivers may be involved in supporting medication routines and recognizing early warning signs. Nurses should also coordinate with prescribers and relevant services when patients report adverse effects, medication-access problems, or difficulties following the regimen. Digital reminders and telehealth follow-up may be considered where feasible, acceptable, and appropriate.

VI. LIMITATIONS AND RECOMMENDATIONS FOR FUTURE RESEARCH

The study involved seven nurses from one tertiary government hospital and relied on their accounts through three individual interviews and one focus group discussion. It did not include direct interviews with patients or caregivers, review patient records, measure medication adherence, or clinically assess symptom severity. Therefore, findings are context-specific and cannot establish prevalence or causal relationships. Future studies may include patients, caregivers, and nurses across different hospitals and community settings to compare perspectives. Quantitative or longitudinal research may examine adherence and symptom changes using appropriate measures, while intervention studies may evaluate the feasibility and effectiveness of psychoeducation, family support, reminder systems, and medication-access strategies.

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