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Marston M. V. Compliance with medical regimens: a review of the literature.

Nurs. Res. 19:312-23, 1970.

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This was the first comprehensive review of research on compliance with medical regimens. It addressed problems of comparing compliance rates across studies that utilized dissimilar criteria; summarized demographic, illness, and social-psychological variables used to predict compliance; and suggested directions for future research, especially aspects of the patient-provider relationship. [The Science Citation Index® (SCI®) and the Social Sciences Citation Index® (SSCI®) indicate that this paper has been cited in over 185 publications since 1970.]

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Beginning in the 1950s, the US Public Health Service made fellowships available to nurses that enabled them to undertake doctoral preparation in the behavioral and biological sciences on which professional nursing rests so heavily. I was the first nurse to be admitted to the social and personality program in the psychology department at Boston University.

My nursing experiences had raised many questions as to why people fail to adopt healthy life-styles, take advantage of screening procedures for early detection of disease, and follow well-authenticated treatment regimens. Doctoral study in social psychology provided me with exciting ideas as to research that needed to be done and how one might go about helping people improve their health and prevent complications following untreated chronic illness.

This review paper was an outgrowth of my doctoral dissertation research and repre-

sented my attempt to outline the parameters of what I considered to be a large and important problem that needed to be addressed by behavioral scientists, by health care professionals, and especially by nurses.

care professionals, and especially by nurses. Interest in health behavior and compliance was advanced by two international conferences, held at McMaster University in Hamilton, Ontario, Canada, that culminated in two monographs; a series of conferences sponsored by the Public Health Service; official documents such as Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention and Promoting Health/Preventing Disease: Objectives for the Nation; and, most recently, formal recognition of health psychology by establishment of Division 38 of the American Psychological Association.

I am frequently told that my paper played a large part in providing a succinct statement concerning what was known about determinants of compliance and promising directions for future research. In the period of time since my paper was published, the topical areas that have emerged as being important in predicting health behavior and compliance are the Health Belief Model, the Locus of Control construct, social support, aspects of the patient-provider relationship, Fishbein's theory of reasoned action, attribution theory, and behavior modification and contracting. A more recent review of the implications of the research on health behavior and compliance for nursing practice is found in Hardy and Conway.1 (A revision of this paper, and book, are in process.)

I developed and direct a health behavior cognate within our doctor of nursing science program at Boston University. This program is the first of its kind in a school of nursing. The focus is on developing research to advance knowledge of the determinants of health behavior and compliance, and students are encouraged to conduct intervention studies. I believe my major contributions have been through the papers and research of my doctoral and master's students (e.g., references 2-5).

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Kulbok P A. A concept analysis of preventive health behavior. (Chinn P L. ed.) Advances in nursing theory development. Rockville. MD: Aspen Systems Corporation, 1983. p. 125-51.

Mikhalel B. The Health Belief Model: a review and critical evaluation of the model, research and practice. Advan. Nurs. Sci. 4:65-82, 1982.

^{5.} McLaughlin J S. Toward a theoretical model for community health programs. Advan. Nurs. Sci. 5:7-28, 1982.