

Insights of TB-DOTS Nurses on the Barriers Adherence among TB-Patients in Cabanatuan City: A Qualitative Study

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ABSTRACT

The Philippines ranks fourth globally in TB incidence, making complete treatment adherence crucial to combat the disease (Flores, 2025). Non-adherence leads to more severe, drug-resistant, and costly infections, making the fight against TB even harder (Tirore et al., 2024). To explore factors influencing adherence, a qualitative descriptive study was conducted in Cabanatuan City, Nueva Ecija, Philippines. The study used a semi-structured interview among eight TB-DOTS nurses purposively sampled from healthcare facilities. Data were analyzed using thematic analysis (Braun and Clarke), which consists of six-phase approach. To ensure trustworthiness of the study, data were triangulated by cross-referencing all participants to identify consistent patterns. In addition, an audit trail was maintained, and peer debriefing was conducted to validate the interpretation of the themes with a senior researcher. In addition, participants provided informed consent prior to the interview. Findings revealed three overarching major themes. (1) Hidden Hurdles of TB Treatment. It refers to barriers to adherence to medication. (2) Beyond Pills: Empowering TB Patients highlighted the positive impact of a robust support system. (3) The Patient's Drive: Inner Strength & Flexible Care. It illuminates patient self-efficacy and adaptive support from healthcare providers. The study concludes that improving TB treatment adherence requires a comprehensive, human-centered strategy that directly addresses these "hidden hurdles" and leverages patients' intrinsic motivation through empowering, personalized, and flexible care. The study has a significant impact to the public health. A human-centered approach is uniquely effective in helping TB Patients. Future interventions, such as financial assistance and social support programs, aims to reduce the identified barriers, and ultimately aiming for a TB-free community.

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1. INTRODUCTION

The Philippines was reported to be the fourth country with the highest incidence of tuberculosis (TB) (Global Tuberculosis Report, 2020). The rise of TB case remains continuously with 17% and a rise of 33% mortality rate from 2015-2023 (Dito sa Pilipinas, 2024). These trends indicate that the Philippines is

falling behind in meeting the World Health Organization's (WHO) 2025 targets, which aim to reduce TB incidence by 50% and TB deaths by 75% compared to 2015 levels (Cabalza, 2024).

Tuberculosis remains not only a biomedical issue but also a deeply rooted social and economic concern. Medication adherence for TB treatment continues to be a major public health challenge in the country. In fact, there is an increasing prevalence of drug-resistant tuberculosis (DRTB) poses a significant public health challenge in the Philippines (Labarda, 2022). Meanwhile, Nurses and other frontline health workers often struggle to ensure that patients complete the full course of therapy, which is crucial for preventing drug resistance, treatment failure, and disease transmission. According to De Abreu Temoteo et al. (2019), one of the core challenges in addressing TB lies in promoting adherence—this involves fostering patient self-care, awareness of treatment importance, and commitment to long-term health behaviors despite socioeconomic hardships.

Despite the nationwide implementation of the Directly Observed Treatment, Short-course (DOTS) strategy—offering free diagnostics and medication—non-adherence remains prevalent. Contributing factors include limited health literacy, social stigma, long travel times to treatment centers, loss of income, medication side effects, and inconsistent follow-up by health providers. These factors are especially pronounced in urban and peri-urban areas like Cabanatuan City, where health services are often overburdened and under-resourced.

While existing research has examined patient-side barriers to TB treatment adherence, few studies have focused on the experiences and perspectives of TB-DOTS nurses—those who are directly tasked with supporting, educating, and monitoring patients throughout the six-month treatment journey. Their insights are vital for understanding not only what hinders adherence, but also what enables it. Exploring the views of TB-DOTS nurses can shed light on practical, frontline challenges and inform the design of more effective, locally tailored strategies to strengthen adherence, improve patient outcomes, and move closer to national TB control goals by strengthening health care services.

2. RESEARCH METHOD

This study employed a descriptive qualitative research design in order to explore the experiences and perspectives of nurses who worked as TB-DOTS nurses on the barriers to treatment adherence among patients with tuberculosis in Cabanatuan City. In addition, the study was conducted in selected TB- Dots centers in Cabanatuan City, Nueva Ecija Philippines. The participants are all registered nurses, currently working as TB-DOTS. A total of eight nurses were selected and participated using purposive sampling based on their availability and their willingness to participate. The data was collected through a semi structured interview, face-to-face interviews conducted in their requested place to protect their confidentiality. The interview also used an audio recorded with their consents. Field notes also taken to capture their non- verbal cues. Data were analyzed using thematic analysis. Initially, the researchers familiarized with the data by listening the audio recorded data while reviewing the field notes. Highlighting important data that is significant to the questions as initial code generated. These codes are organized into themes. The themes were then reviewed to ensure accuracy and refinement for clarity and consistency. Themes are then defined and supported with quotes from the participants.

3. RESULT AND DISCUSSION

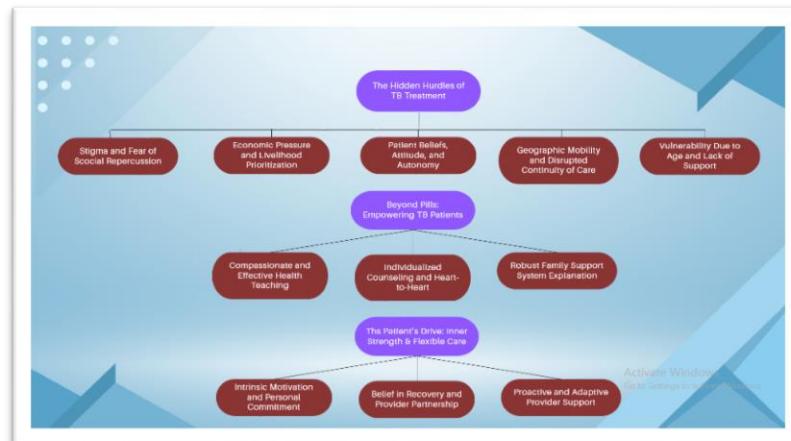


Figure 1. Thematic Diagram

Figure 1 shows the findings of this study and revealed three major themes with their respective subthemes that reflects the insights among TB-DOTS Nurses on the barriers to medication treatment among TB patients. *Theme 1: The Hidden Hurdles of TB Treatment, Theme 2: Beyond Pills: Empowering TB Patients and Theme 3: The Patients Drive: Inner Strength and Flexible Care.*

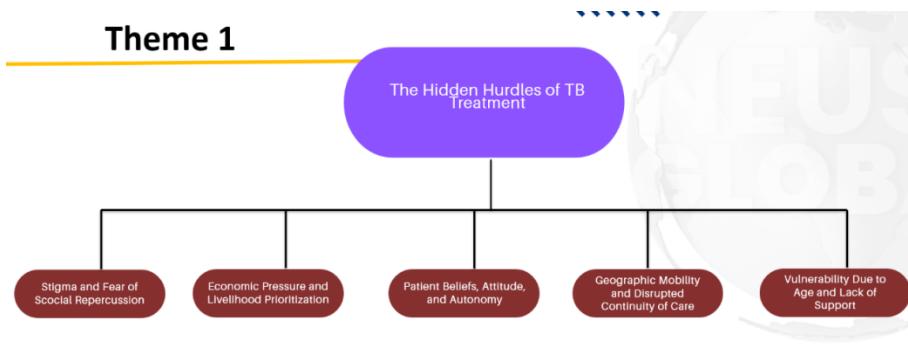


Figure 2

THEME 1. The Hidden Hurdles of TB Treatment

This major theme refers to critical issues such as social, economic and psychological barriers that prevents an individual completing their tb medications which is commonly unseen as their personal challenges. It consists of 4 subthemes namely: *Stigma and Fear of Social Repercussion, Economic Pressures and Livelihood Prioritization, Patient Beliefs, Attitudes, and Autonomy, and Geographic Mobility and Disrupted Continuity of Care*.

Subtheme 1.1: Stigma and Fear of Social Repercussion

N. 1 “*Nahihiya sila na baka pagchismisan sila kapag nalaman na may TB sila*
 (“They are ashamed that people might gossip about them if they knew they have TB”.)

N. 2 “*Natatakot sila nab aka pandirihan sila sa nakahahawang sakit*”.
 (“They are afraid that people might avoid them because of contagious disease”.)

N.2 “*Baka mawalan daw siya ng trabaho kapag nalaman na may tb siya*”.
 (“They might lose their job if it is found out to have TB”).

“Tuberculosis stigma,” or “social discrimination tuberculosis” and even “fear of job loss,” are some of the psychological barriers in TB treatment as well as social burden experienced by TB patients. The fear of being rejected, gossiped *about*, or discriminated against—whether by neighbors, friends, or employers—can significantly deter individuals from seeking or continuing treatment. The concern about job loss due to a TB diagnosis is a particularly potent fear, as it directly threatens economic stability.

Social stigma is a continuous issue globally. It brings a negative impact such as hinders to early diagnosis, adherence to medication, support system which eventually can exacerbate the disease (Kimuli et al., 2025; Pramitasari et al., 2025). Stigma not only affects physical health but also the psychological well-being and quality of life of patients (Kimuli et al., 2025). Moreover, Patients often fear disclosing their TB status due to anticipated negative *reactions* from society, leading to self-stigma and secrecy. This can result in social isolation, rumors, and a reluctance to seek or continue care (Rahmah et al., 2022). Studies indicate that the fear of transmission is a primary driver of discriminatory behaviors, leading to social exclusion and workplace ostracism (Utami et al., 2024).

In conclusion, “The Hidden Hurdles of TB Treatment” reveals that successful patient outcomes extend far beyond medical efficacy, profoundly impacted by complex socio-psychological factors. Among these, stigma and the pervasive fear of social repercussion stand out as critical, yet often unaddressed, barriers.

Subtheme 1.2: Economic Pressures and Livelihood Prioritization

N.4 “*madalas ang mga pasyente ang dahilan wala mag aalaga ng mga anak, ganun.*”
 (“no one will look after for their children are the common reason”).

N7 “*Pumapasok kasi sila sa trabaho ang laging dahilan ay walang oras mag punta sa center para mag pacheck up o kumuha ng gamot*”.

(“They go to work, and their constant reason is not having time to go to the center for check-ups or to get medicines”).

N8 “*Kailangan kong magtrabaho para kumita yun ang priority nila kundi daw mamatay silang dilat*”.

(“They say, I need to work to earn money, that is our priority, or else we will starve to death”).

For many individuals, especially breadwinners, the immediate demands of earning a living and providing for their families often take precedence over health-seeking behaviors. The time and financial costs associated with frequent clinic visits, medication pick-ups, and follow-up appointments can be insurmountable barriers. The dilemma of choosing between work and health highlights the severe socio-economic vulnerability of many TB patients.

According to World Health Organization, Financial costs associated with accessing health care and completing TB treatment continue to undermine the diagnosis and treatment of all people with TB, especially those in the poorest households.” It further emphasizes that catastrophic costs (defined as >20% of annual household income) are a significant barrier, and these costs often include direct non-medical expenses (like transport and food) and indirect costs such as productivity loss, which directly impacts a breadwinner's ability to provide for their family.

In conclusion, the economic realities faced by TB patients, particularly those with family responsibilities, are a profound and often overlooked determinant of treatment adherence, underscoring the urgent need for comprehensive social and financial support mechanisms to mitigate these burdens.

Subtheme 1.3: Patient Beliefs, Attitudes, and Autonomy

N6 “*May mga pasyente na walang pakialam, matigas ulo*”.

(“Some patients just don't care, they're stubborn”).

N4 “*Kapag nakaramdam na sila ng ginhawa, magaling na daw sila. Ayaw na nila magpagamot*”.

(“When they feel some relief, they think they are cured. They don't want to continue the treatment”).

N2 “*Hindi nila sinisiryoso yung gamutan*”.

(“They do not take their treatment seriously”).

This sub-theme addresses the internal factors that influence adherence, ranging from a lack of perceived seriousness about the illness to a feeling of being cured once symptoms subside. Some patients may exhibit a "hard-headed" or "don't care" attitude, which could stem from various underlying issues such as a lack of health literacy, distrust in the healthcare system, or a feeling of hopelessness. The cessation of treatment upon feeling better is a common issue, often due to a misunderstanding of the disease's progression and the importance of completing the full treatment course.

An individual beliefs and attitudes significantly affect adherence. If the patient understands or did not understand the disease process, it affects their belief such as: if symptoms subsides they get better and does not need to continue medication. When patient beliefs diverge from medical advice (e.g., stopping treatment upon feeling better), adherence suffers, directly supporting the idea that a lack of perceived seriousness or a feeling of being cured can lead to non-adherence, rooted in the patient's individual autonomy (Pramitasari et al., 2025).

Ultimately, a patient's internal beliefs, attitudes, and the exercise of their autonomy form a critical "hidden hurdle" to TB treatment adherence. Whether stemming from a fundamental misunderstanding of the disease's silent progression, a lack of trust in the prolonged treatment regimen, or simply a feeling of recovery leading to premature cessation, these factors underscore the vital need for patient-centered education and empathetic communication. Addressing these internal dynamics is paramount to empowering patients to embrace the full, necessary course of treatment for lasting recovery.

Subtheme 1.4: Geographic Mobility and Disrupted Continuity of Care

N3 “*madalas kasi ang mga pasyente naming yung mga construction worker, nadedestino sila isa ..dalawang buwan sa ibang lugar*”.

(“most often, our patients are construction workers, they get deployed to other places for one or two months”).

N6 “*bigla nalang Nawala, tapos malaman naming lumipat na ng ibang bahay, loss contact na*”.

(“They just suddenly disappear, and then we find out they've moved to another house and we've lost contact”).

Frequent changes in residence or employment, especially those requiring relocation, disrupt the continuity of TB care. Patients moving to new areas may lose contact with their original healthcare

providers, find it difficult to re-register in a new clinic, or face challenges in accessing medication and follow-up services. This highlights a systemic issue within healthcare delivery for mobile populations.

A study conducted emphasizing the challenges in controlling TB among mobile populations. It is stated that the significant predictor of non-adherence to medications and loss of follow is due to their relocations. It also emphasized that unfamiliarity to health systems such as how to registered again to new clinics and establishing trust are significant predictor of treatment interruption. This could lead to increasing the risk of drug resistance and poor outcomes (Dara et al., 2023).

The constant movement of individuals for work or residence presents a formidable "hidden hurdle" to achieving successful TB treatment outcomes. This geographic mobility inherently fragments care, severing vital links between patients and their healthcare providers. Addressing this systemic challenge requires robust, interoperable healthcare systems capable of seamless patient transfer, standardized follow-up protocols across different localities, and proactive engagement strategies to ensure that treatment continuity is maintained, regardless of a patient's address

Subtheme 1.5: Vulnerability Due to Age and Lack of Support

N8. "Madami din kasi na matatanda na may TB, hirap na sila alalahanin ang mga gamot " ("There are also many elderly people with TB, and it is hard for them to remember their medications").

N3 "Mga lolo lola, wala silang kasama sa bahay o kaya wala kasama sumama para magpacheck up at kumuha ng gamot". ("Grand parents often do not have anyone with them at home, or no one to accompany them for check-ups and or to pick up their medicines").

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Elderly faces unique challenges in adhering to tb treatment. Aside from a reduction on ability to perform daily task and cognitive impairment, living alone is a significant barrier in tb treatment. Lack of companionship, absence of caregiver to assist them for check ups or appointments as well as reminding them about medication increase the risk of non-adherence. This highlights the critical need for social support systems in managing chronic diseases among vulnerable populations.

A study conducted about factors influencing adherence to TB medications, older adults are considered vulnerable groups because of cognitive decline, social isolations, and taking multiple medications. These factors are considered a significant barrier among vulnerable groups because they are at risk to missed their medications, no one will remind them to take the medications and even to accompany them for check ups thereby an increase risk of non-adherence (Suryana et al., 2023).

For elderly TB patients, particularly those without robust support networks, age-related vulnerabilities like memory decline and social isolation transform the treatment regimen into a formidable, often insurmountable, challenge. These "hidden hurdles" are rooted in the practical realities of daily life where a lack of consistent reminders or assistance with health-seeking behaviors directly compromises adherence. Addressing this demographic's specific needs is not just an act of compassion but a strategic imperative for effective TB control.

Theme 2

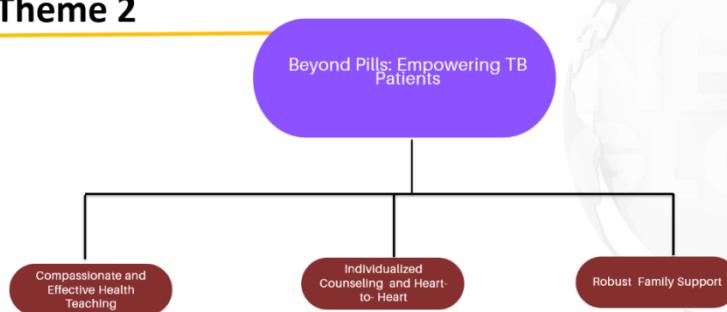


Figure 3

THEME 2. Beyond Pills: Empowering TB Patients

This second major themes highlight how positive motivators and actionable support systems helps in medication adherence. When patient perceived benefits with a compassionate and effective guidance form healthcare providers and involvement of the family members, they become motivated towards recovery. This theme underscores that a human-centered approach is key to overcoming the "hidden hurdles" and ensuring patients feel encouraged, understood, and supported throughout their journey to recovery. It has three subthemes such as *and Effective Health Teaching, Individualized Counseling and Heart-to-Heart Explanation, Robust Family Support System*.

Subtheme 2.1: Compassionate and Effective Health Teaching

N7. *"Para sa akin ang trabaho ko ay hindi lng nagtatapos sa pagbibigay ng instruction, dapat paulit ulit mo ipapaliwanag ang kahalagahan ng gamutan, kailangan maintindihan nila yung proseso talaga".*

(“For me, my job does not end with giving instructions, you must repeatedly explain the importance of the treatment, and they need to truly understand the process”).

N4 *"importante may malasakit at pagmamahal sa bawat pasyente".*

(“compassion and love for every patient is important to have”).

This highlights the genuine care and a patient-friendly characteristics of an effective and loving approach of a healthcare provider in delivering health education. Healthcare provides attitudes is crucial because it enhances the patient perception and understanding such as engagement to treatment.

Attitude and communication style among health care providers are being explored. It was found out that respect, empathy and kindness are important among patients in order to follow treatment. When the nurses and doctors make time to explain clearly the disease and treatment, listening about their concerns and shows a genuine concern, they will feel motivated leading to adherence (Kim et al., 2021). This directly supports the idea that the "loving" and "patient-friendly" demeanor of providers is crucial.

Compassionate and effective health teaching, delivered with genuine care and a patient-friendly approach, is far more than a supplementary service; it is a foundational pillar of successful TB treatment adherence. When healthcare providers, particularly nurses, embody empathy and clarify complex information in an approachable manner, they foster a crucial sense of trust and understanding. This direct, human-centered engagement empowers patients, enhancing their reception of vital health messages and significantly bolstering their commitment to completing treatment.

Subtheme 2.2: Individualized Counseling and Heart-to-Heart Explanation

N1 *"kailangan nila heart to heart talk para magtiwala sila sayo at ng sundin nila ikaw".*

(“they need a heart-to-heart talk so they will trust you and follow your advice”)

N8 *"iba, iba kasi sila, kaya dapat iba iba ang approach depende sa needs o kaalaman nila, mahalaga yun".*

(“They are all different, so you need to have different approaches depending on their needs or knowledge; that is crucial”).

N5 *"sa akin dapat may lambing ka sa pasyente para maramadaman nila na concern ka sa kanila".*

(“For me, you should be affectionate with patients so they feel that you are concerned for them”).

This sub-theme underscores the importance of tailoring communication to each patient's unique needs and circumstances. Generic advice falls short; what works is a personal, in-depth conversation where the nurse genuinely connects with the patient. A "heart-to-heart explanation" and "lambing ang patient" (showing affection or tenderness) suggest an empathetic, non-judgmental dialogue that builds rapport, addresses specific concerns, and makes the patient feel valued and understood.

A qualitative study exploring effective communication in TB care highlighted that individualized education and counseling are crucial for improving patient understanding and adherence. Patients valued healthcare providers who took the time to listen to their specific concerns, answer their questions thoroughly, and adapt the information to their personal context, rather than using a one-size-fits-all approach. This personalized interaction fostered a sense of being heard and respected, which significantly boosted trust and engagement with treatment (Chen et al., 2023).

Individualized counseling and genuine "heart-to-heart" explanations are not just preferred communication styles; they are essential components for effective TB treatment adherence. By recognizing and responding to each patient's unique circumstances with empathy and a non-judgmental approach, healthcare providers, particularly nurses, can build invaluable rapport. This personalized connection fosters trust, makes patients feel truly understood, and directly empowers them to overcome personal barriers and commit fully to their long and challenging treatment journey

Subtheme 2.3 Robust Family Support System

The patient's journey is not solitary, and the involvement of their family is crucial. This sub-theme emphasizes the necessity of strong family support, where relatives actively participate in the patient's care, offer emotional encouragement, remind them about medication, and help with logistical challenges. A supportive family environment acts as a crucial safety net and a powerful motivator for adherence, reinforcing the patient's commitment to treatment.

A systematic review published in 2022 highlighted that family support is a consistent and significant predictor of adherence to TB treatment. The review found that families provide essential emotional support, encouragement to continue treatment, and practical assistance such as reminding patients to take medication or accompanying them to health facilities. This support helps mitigate the psychological distress and logistical hurdles that might otherwise lead to non-adherence (Gebretadik et al., 2022).

A robust family support system isn't merely beneficial for TB patients; it's often an indispensable component for successful treatment adherence. When families actively engage by offering emotional encouragement, practical reminders, and logistical aid, they create a powerful safety net that significantly reinforces a patient's commitment to completing their lengthy regimen. Recognizing and empowering this family unit is key to overcoming the "hidden hurdles" of TB treatment and ensuring sustained recovery.

Theme 3

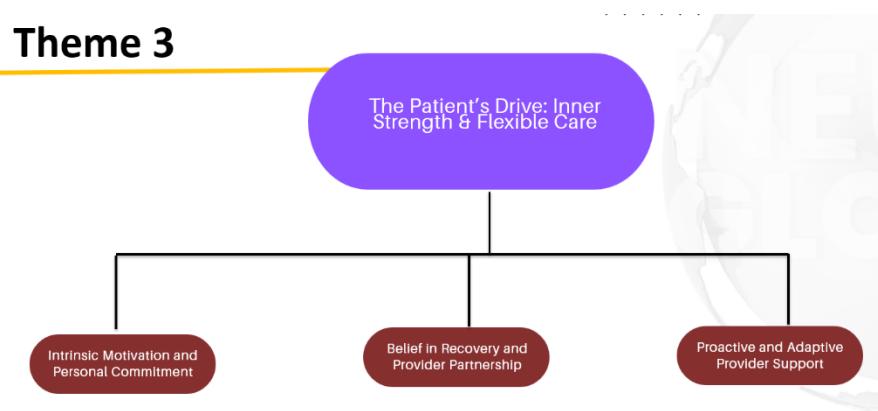


Figure 4

THEME 3. The Patient's Drive: Inner Strength & Flexible Care

This major theme refers to patient's self-efficacy and determination accompanied by proactive and adaptive support from the healthcare providers. It highlights the personal belief of the patient to overcome the disease, fueled by strong intrinsic motivators like family responsibility, that helps them to face the challenges in adhering to treatment. Flexible care refers to healthcare providers adopting to patients' individual needs, preferences and circumstances. This consists of three subthemes namely: *Intrinsic Motivation and Personal Commitment*, *Belief in Recovery and Provider Partnership*, *Proactive and Adaptive Provider Support*.

Subtheme 3.1 Intrinsic Motivation and Personal Commitment

N2 "nung minsan may matanda akong naging pasyente, nakatsinelas lang, pero nilakad niya mga 5 kilometers talaga papunta sa center para kumuha ng gamot. Doon mo talaga makikita na determined talaga siya na gumaling".

("There was this older patient of mine, came in wearing just slippers, but she walked around 5 kilometers to the center just for her medicine. You could really see her willingness to recover".)

N5 "kapag sinasabi nila na kailangan kong gumaling para sa pamilya ko. Yun malalaman mo talaga na desidido sila na uminom ng gamot".

("When they tell you, 'I need to get better for my family,' that's when you really know they're determined to *take* their medicine".)

This sub-theme refers to patients' intrinsic factors that motivates them to adhere in treatment. Their personal commitment, reasons to live for their family and a strong desire to recovery propels them to overcome obstacles in their treatment.

A qualitative study exploring factors that influence adherence to treatment among TB patients in Armenia, shows that a sense of responsibility is one factor that predisposed to treatment adherence

(Grigoryan et. al.,2022). Personal commitment and intrinsic motivations are highly beneficial traits among TB patients. The patients desire to recover fueled by a sense of their responsibility to their family is a trait of resiliency to overcome the disease with a sense of personal mission in life.

Subtheme 3.2: Belief in Recovery and Provider Partnership

N3. "Masarap sa pakiramdam kapag nakikita mong naniniwala talaga sila na gagaling sila dahil sa tulong naming dito sa center. Masarap sa pakiramdam na nakakatulong ka sa kanila"

("it feels good when you see they truly believe they will get well because of our help. It feels good that you are able to help them").

N7. "Kami din, pinapakita naming na naniniwala kami sa kakayahan nilang gumaling. Kapag Nakita nila na positive ka, positive din sila sa treatment nila".

("We also show them that we believed in their ability to recover. When they see that you are positive, they will be positive about their treatment too").

This sub-theme emphasizes positivity in their treatment. A strong sense of conviction that they will recover from the disease, as well as trust from their healthcare could lead to recovery.

A study conducted in China among TB patients concluded that communication and trust between patient and healthcare provider is crucial component to improve treatment (Du et al., 2020).

When patient believed that healthcare professionals are knowledgeable and supportive to their recovery they were more likely adhere to medication.

A powerful engine is depends on patients own belief to recover combined with strong connections associated with trust to their healthcare providers strengthens their adherence. This positive outlook and collaborative spirit transform the challenging journey into a shared mission. Nurturing this conviction and reinforcing the partnership is vital, as it empowers patients to actively engage in their healing, viewing their clinic not merely as a service provider but as a dedicated ally in achieving a complete and lasting cure.

Subtheme 3.3: Proactive and Adaptive Provider Support

N1 "Kapag hindi sila dumating sa check-up, talagang pina-follow up ko sila. Kung kailangan puntahan, pupuntahan ko talaga sa bahay nila. Huwag lang sila mahinto ng gamutan"

("if they don't come for their check-up, I will follup them. If I need to visit their house, I will definitely go to their home. The important thing is they will not stop taking their medication").

N3 "Minsan, ang pasyente, mawawala ng dalawang linggo o isang buwan dahil sa trabaho o bumalik sa probinsya. Binibigyan ko na agad sila ng pang isang buwan na gamot, basta maipangako lang na itutuloy. Hindi pwedeng huminto ang gamutan."

("Sometimes they will be assigned to other places to work for 2 weeks or even a month, I will give them a month supply of medicine, as long as they promise to continue the treatment. Treatment cannot be stopped").

This highlights the nurse's crucial role in recognizing and nurturing patient self-efficacy through flexible and persistent support. It involves active follow-up, direct outreach (even home visits), and adapting care plans (like providing extended medication supplies) to accommodate patient realities, ensuring treatment continuity even when faced with patient mobility or missed appointments. This shows the provider's commitment to meeting the patient where they are.

A systematic review on interventions to improve TB treatment adherence emphasized the effectiveness of patient-centered and flexible approaches, particularly those involving community health workers (CHWs) and nurses. The review noted that active follow-up, including home visits for defaulters and adaptive dispensing strategies (e.g., providing multi-week drug supplies for stable patients), significantly improved adherence rates by accommodating patients' real-life constraints such as work schedules or geographical mobility (Al-Dhahri et al., 2020). This underscores the critical need for providers to be proactive and adaptable.

Proactive and adaptive provider support is an indispensable element in fostering patient adherence and nurturing their self-efficacy in TB treatment. When healthcare providers, particularly nurses, demonstrate a genuine commitment to meeting patients where they are—through consistent follow-up, direct outreach, and flexible care planning—they dismantle practical barriers that would otherwise lead to treatment interruption. This responsive and patient-centric approach ensures continuity of care, transforms

potential drop-outs into success stories, and ultimately reinforces the patient's capacity to complete their journey to recovery.

4. CONCLUSION

This study, "Insights of TB-DOTS Nurses on the Barriers to Adherence among TB Patients in Cabanatuan City: A Qualitative Study," reveals that ensuring TB treatment completion is a complex endeavor, profoundly shaped by both the patient's personal circumstances and the dynamic support provided by healthcare professionals. Nurses in Cabanatuan City consistently observe that patients face significant "hidden hurdles," including social stigma, economic pressures, individual beliefs, age-related vulnerabilities, and challenges due to mobility. However, their insights also highlight powerful facilitators: the patient's intrinsic drive, their trust in providers, and the proactive, adaptable support offered by the nurses themselves.

The study concludes that adherence is highest when patients are personally committed to their recovery (often fueled by family well-being), when they believe in their healing journey and view providers as trusted partners, and when nurses respond with flexible, proactive care that accommodates real-life obstacles. These findings underscore that a human-centered approach, characterized by empathy, personalized communication, and adaptive service delivery, is essential to transforming adherence challenges into successful treatment outcomes in Cabanatuan City.

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