

How understanding motivation can improve dialysis practices

By Dori Schatell, MS and Paula Stec Alt, MBA

A growing body of health research suggests that psychology and sociology may be just as important as medical care for improving health care outcomes.¹ This is particularly true in the case of chronic illnesses—like chronic kidney disease—because positive patient self-management behavior can significantly influence important

are far more likely to succeed in their self-management efforts.

The Self-Determination Theory, developed by Richard M. Ryan and Edward L. Deci at the University of Rochester,⁴ synthesizes an understanding of motivation—and provides a practical understanding of how to mobilize others to act. The Self-Determination

and involvement in an addiction treatment program.⁸

Given the significance of achieving intrinsic motivation with respect to dialysis self-management tasks, the critical issue becomes how. According to Ryan and Deci,⁴ people are more prone to move toward intrinsic motivation if three critical psychological needs—shared by all human beings of any age—are met.

- ▶ **Autonomy**—volition, or the ability to choose a direction in life, a behavior, a task
- ▶ **Competence**—the ability to successfully produce a desired result
- ▶ **Relatedness**—the desire to feel connected to others

Helping patients better meet these three critical needs will help them move toward intrinsic motivation for health behavior changes like diet modification, and medication adherence, among others, that will help them achieve better outcomes. Below are tips on how to do that.

Autonomy

When patients have autonomy with regard to a certain health behavior, they feel they are choosing to act rather than being pressured to do so by others. This helps to preserve their dignity. Health care teams that encourage patients to make a choice to follow a treatment plan can increase patients' feelings of autonomy. Health care teams that rely on controlling methods such as behavioral contracts, orders, or demands may invoke resistance, rebellion, and contrary behavior instead.

Health care teams support autonomy when they:

- ▶ seek out and listen to patients' per-

Research shows that patients who actively chose their own dialysis modality had significantly better survival rates.

outcomes.^{2,3} A study of motivation can help explain why some patients become good self-managers who follow their treatment plans and thrive, while others skip dialysis sessions, overload on fluids, and sabotage their chances for success. Learning how to motivate patients to better care for themselves can have powerful implications for how dialysis is practiced today.

The Self-Determination Theory

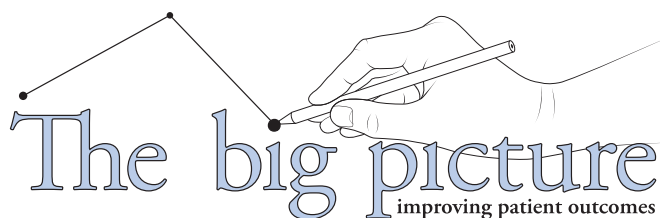
Motivation theorists study why people behave as they do. Motivation itself can derive from external factors like pressure from another person or fear of consequences, internal factors like a feeling of accomplishment, or both. When motivation is intrinsic, an individual does something because he or she wants to. People on dialysis who want to limit their fluids to acceptable levels or take their phosphate binders

Theory attempts to understand and explain the following:

- ▶ The psychological needs that produce motivation
- ▶ The conditions and factors that nourish or thwart intrinsic motivation
- ▶ The process of self-regulation (how and why people become motivated to act)

For dialysis practitioners, the self-regulation process holds the greatest interest. If patients can be helped to become motivated to self-manage, they will have better outcomes. It has been proven in other areas, such as greater adherence to medications among people with chronic illnesses,⁵ better long-term maintenance of weight loss among morbidly obese individuals,⁶ improved glucose control in people with diabetes,⁷ and greater attendance

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- spectives (motivational interviewing techniques can be extremely helpful for this)
- ▶ fully answer questions or refer patients to helpful resources
 - ▶ provide choices rather than ultimatums
 - ▶ encourage open discussion
 - ▶ support participation in decision-making

Competence

Patients are much more willing to take on certain behaviors if they feel they will be able to master the skills or knowledge required. How should one help patients get the skills and confidence they need to become good self-managers? One should provide education and training—but there's more. Health care teams can help patients build competence by:

- ▶ encouraging participation in self-care tasks with the goal of empowering patients to do as much as possible of the treatment themselves
- ▶ providing appropriate challenges and celebrating successes
- ▶ offering positive performance feedback
- ▶ avoiding demeaning evaluations of performance

Encouraging and supporting patients' autonomy is central to the Self-Determination Theory. In practice it can take many forms. Encouraging patients to take on as much self-care as possible is one, and dialysis staff should be working to help patients care for themselves.

Relatedness

Patients are more likely to adopt self-management behaviors if the behaviors are “prompted, modeled, or valued by significant others to whom they feel (or want to feel) attached or related.”⁴ This finding places tremendous value on the quality of relationships between patients and staff, and patients and their loved ones. Health care teams can help patients feel “related” if they:

- ▶ convey a sense of caring and concern to their patients
- ▶ avoid expressing negative emotions/criticism
- ▶ recognize the importance of family members' roles

- ▶ encourage family members to support patients' efforts toward self-care

Implications for dialysis care

Applying the Self-Determination Theory to the delivery of dialysis care suggests a need for some fundamental changes in clinical practice.

Patient education

While using the Self-Determination Theory, the importance of patient education is greatly increased. It's not a nice-to-have “extra,” but rather a requirement for patients to develop the competence they need to take on self-management tasks successfully. Patient education is also critical for giving patients information to support their autonomy in making decisions about their treatment plans.

Modality choice

Research shows that patients who actively chose their own dialysis modality had significantly better survival rates and a greater chance of obtaining a transplant than those whose choices were made for them by a clinician—or even those whose decisions were made jointly with the health care team.⁹ This is completely consistent with the Self-Determination Theory and suggests that patients need to be given a more pivotal role in making choices about what modality they will use.

Self-care

Encouraging and supporting patients' autonomy is central to the Self-Determination Theory. In practice it can take many forms. Encouraging patients to take on as much self-care as possible is one, and dialysis staff should be working to help patients care for themselves. Treatment options that give patients more control and more responsibility (like peritoneal dialysis, home hemodialysis, and self-care in-center dialysis) can improve self-management.

Caregiver/family support

The power of relationships to motivate or de-motivate patients makes it vital for health care providers to encourage positive interactions between patients and families. Recognizing the role of care partners can help to create a network of support that can have a positive impact on patients' motivation to do well.

The importance of self-determination in CKD

By Geoffrey C. Williams MD, PhD

The Self-Determination Theory^{1,2} is a theory of human motivation that differs from traditional behavioral theories, because it assumes that we are naturally motivated, or energized, to grow and improve our own well being. The Self-Determination Theory assumes that all humans have three psychological needs. The first is autonomy, or volition; the second is competence, or the feeling to be able to accomplish a goal; and the third is relatedness, or the positive, warm relationship with others. When these needs are met, patients will have a higher quality of life and will be able to engage in tasks for reasons people value personally, rather than because others are forcing them to behave.

The Self-Determination Theory holds that humans will naturally take on new responsibilities over time because we internalize reasons for doing them, and believe we can succeed. This “internalization” process energizes us to master important tasks in our lives, very much like managing a chronic disease or changing our diet to improve our health. When humans are self-determined, they naturally, over time, take on responsibility for a behavior themselves and will persist in the behavior for their own reasons or values. In contrast, other theories of behavior explain change by using reinforcement—which will work only as long as the rewards or punishments are kept in place (and perhaps escalated over time), or humans will revert to previous patterns.

The concepts of autonomous self-regulation and perceived competence are



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central to the application of the Self-Determination Theory to chronic disease. Patients are autonomously motivated to the extent that they have volition and choice. When experts ask them to reduce the sodium or phosphorus in their diet, they are autonomous if they freely choose to use less salt, avoid high-phosphorus foods, and read food package labels out of a personal commitment to improving or maintaining their kidney function, lowering their blood pressure, and being as healthy as possible. Patients are autonomous in medication adherence if they freely choose to take a drug that they believe may help them to reach a valued health goal. Patients perceive themselves to be competent when they feel able to reach important outcomes—in this case, health outcomes.

Studies find that when people have more effective choices, they feel more competent to attain relevant health goals, such as better glucose control for diabetics, or stopping smoking.^{3,4} This is consistent with the Self-Determination Theory because autonomy prompts people to take on tasks that will help them to feel more competent. The theory predicts, then, that patients will be most effective in managing chronic kidney disease when they feel competent at their tasks (like eating the right foods and taking their medications correctly). The theory also predicts patients who feel their autonomy is supported by their care teams, and those who feel that they relate positively to their family, friends, and health care professionals, also will be most effective in managing CKD.

According to the Self-Determination Theory, when practitioners support patients' autonomy, patients will be more motivated to participate fully in their health care plans. Practitioners can support autonomy by asking for and acknowledging patients' perspectives, supporting their initiatives,

providing relevant health information, offering choices and clear advice about effective treatment options, and minimizing overt pressure and control.

In summary, practitioners who provide Self-Determination Theory-based care seek to energize or motivate patients by asking and taking their perspective into consideration before recommending changes for better health. The theory-based practitioners expect that it will take some time, support, and multiple change attempts for most patients to successfully take responsibility for their own health behaviors. They seek to support patients' willingness to take on responsibility, to facilitate their patients' sense of contributing to the success of their care plan, and to provide a non-judgmental and positive relationship.

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Patient-care setting

The Self-Determination Theory asks everyone to take a long, hard look at the atmosphere and environment created at the dialysis clinic. Is it supporting patient autonomy? Are there unnecessary rules and controls? Is patient-responsibility expected? Are opportunities for connectedness being created?

Sharing power

Ultimately, the Self-Determination Theory speaks to whether patients need to accept responsibility for their care; they must be given the power to make that choice. Support, education, and training can be provided—but the final decision-making must be done by the patient.

Creating success

The Self-Determination Theory and other theories of patient motivation can help to understand the psychological and social factors that affect health

care outcomes. They can also create a new way of thinking about how to provide medical care—and suggest changes in attitude or behavior that may help everyone do a better job creating self-motivated and successful dialysis patients. **N**

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