

## **Patient Motivation a Struggle for Every Healthcare Provider. The WWYP Approach Brings About the Revolution.**

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Motivating patients to manage their disease, especially chronic diseases, is perhaps one of the most difficult things for a Health Care Professional (HCP) to accomplish. Patient Motivation is one field of work without a clearly defined structure.

Communication in patient care, like any other field in healthcare, has changed and evolved during the years. Today, we see that the need for a better platform of expression is clearer than ever before, and the importance of the role of the patients themselves in disease management, is constantly getting stronger.

### **1.0 History of Patient Education**

The whole process apparently began some decades ago with the need to educate the patient systematically on their disease in order to get them more involved in what needs to be done to improve the medical condition. This need is obviously greatest when the patient has to struggle with a disease on a constant and long-term fashion, in other words in cases of chronic disease like diabetes, cancer, multiple sclerosis, renal failure, or a combination of two or more. Patient education has helped the medical society as well as healthcare in bringing positive results in disease management and prevention<sup>(1)</sup>. It made sure that the patients did their part of the task or their “homework” in improving medical results, in reversing certain conditions, but

also in preventing disease, and all this through simply knowing more about the disease<sup>(2)</sup>.

Pioneers in Patient Education understood from the very beginning that the process of patient education, like any process of education, automatically involved factors like approach, understanding, and care; and that there is a need for a good relationship between the educator and the educated. Clearly, it takes more than narrating pathology and physiology or mentioning the pros and cons of a specific treatment, in order to get patients more involved in disease management<sup>(3)</sup>.

Patient approach, even though not taught separately as a specialty, is a field, like any other, which cannot be mastered or wants to be mastered by everyone equally<sup>(4)</sup>.

Efforts are made to put Patient Education in a somewhat structured form where HCPs can attend seminars and workshops so as to learn how to educate and approach patients. The efforts are good, and the advancement in medicine great, yet with chronic disease, the patients seem to reach a plateau, struggling in a relationship that seems to be going nowhere.

### **2.0 Theories of Patient Education**

Many theories and approaches have been developed during the years, to facilitate the disease management process. These efforts fall under two categories: the first category

focuses mainly on the work done directly with the patient, whereas the second category focuses on managing the entire system around the patient.

### **2.1 Working with the Patient**

In the first category, there are several ways of getting the patient more involved. Approaches like Patient Empowerment<sup>(5)</sup>, uses techniques to help the patient feel more involved through feeling more empowered. "It is about designing and delivering health and social care services in a way, which is inclusive and enables citizens to take control of their health care needs. An empowered activated patient, understands his/her health condition and its effect on their body, feels able to participate in decision-making with their healthcare professionals, feels able to make informed choices about treatment, and understands the need to make necessary changes to their lifestyle for managing their conditions<sup>(5)</sup>".

Another very popular approach in the past few years is Patient Coaching, where the patient is taught different techniques to handle difficult situations or how to get out of dead-end situations<sup>(6)</sup>.

### **2.2 Working with the System**

The second category focuses on managing the system around the patient. This means trying to improve or organize the system around the patient in such a way so that the patient is given more attention or put more into the center of work. In other words, moving from outside toward the center where the patient is supposed to be. Examples are systems like the LEAN Approach<sup>(7)</sup> which focuses on a management philosophy and tools that come from the manufacturing industry, utilizing performance improvement methods. "Simply defined, LEAN is a structured

and common-sense approach to measuring and analyzing operations, standardizing and continuously improving processes, and eliminating inefficiency and waste to produce what the customer wants<sup>(7)</sup>".

Similarly, another approach, the Planetree approach<sup>(8)</sup> states, that, "The goal is to provide support in creating a comprehensive patient experience through better patient and family activation, improved quality and safety, and deeper staff engagement. Planetree offers a range of solutions, including on-site assessments, staff development, virtual training, speaking engagements and immersion programs to steer organizations toward a patient-centered future<sup>(8)</sup>". All these methods and systems have made important steps forward, engaged staff, used technology, and even increased profits<sup>(9)</sup>, but still patients are not motivated and willing to get involved in managing their own disease up to satisfactory levels<sup>(10)</sup>.

Common in both categories above, is a systematic teaching structure which focuses on teaching the HCPs how to aim the patient, whether it be on the one to one basis, or the system approach basis. None of the systems until this day though, touch the actual 'relationship' between patient and HCP as two equal individuals. This is the key, and unfortunately it may be that whichever method is used, both the HCP and the patient's time may be wasted rather than helping manage the disease.

### **3.0 The WWYP Approach**

The questions for the past 20 years of involvement in patient approach have been: "what more could be done with the patient?", and "what is it that we are not doing right with the patient, leaving him or her apathetic and yet troubled regarding something that, at least theoretically, should be pushing them to

change?” Having learned and even mastered the different systems of approach in order to feel satisfied that the best was done for the patients, I realized about seven years ago that the real question perhaps ought to be “what more could be done with the Health Care Provider?” and not “what more could be done with the patient?”

In 2009, I changed my entire approach toward my patients, to a new approach, which led to a rewarding increase in patient motivation. I called this new approach the WWYP Approach or the Work with Yourself, Work with Your Patient Approach.

### **3.1 WWYP versus Traditional Approaches and Patient Education**

According to the WWYP Approach, there is no doubt that the key to patient motivation lies in the relationship and communication between the individual HCP and individual patient. It's not tampering with the system around the patient, and it's not bombarding the patients with information, exercise, threat, or homework for something that is already burdening them.

The WWYP Approach believes that when the communication between the HCP and the patient is productive, this affects the entire system around the patient and not the other way around. The WWYP Approach works from the inside out. Of course, dealing with and talking about something troubling like chronic disease demands a special kind of communication.

According to the WWYP Approach, there are three main points in the traditional approaches that prevent the HCP from creating motivated patient who manage their own disease:

3- Old, set, non-productive methods of patient approach

2- Inefficient communication skills

1- Lack of clear self-vision of the HCP

Traditionally, when approaching patients, it is necessary to consider the factors which influence the process, and that may include the health state of the patient, educational level, age, religion, culture, and more, as well as emotional factors like fear, shame, worry and anger. Positive experiences, trust in the clinician and empathy, improve patient motivation and satisfaction<sup>(10)</sup>.

The ultimate goal of Patient Education and approach is to achieve patient behavioral change, which will increase prevention of disease, and decrease complications. Theoretically, this would improve the quality of life of the patient, quality of care, and increase patient centeredness, which is basically the pre-requisite for a more successful Health Care System.

As good as it all sounds, the truth is that in spite of all the HCPs' efforts, the expected improved results are not realized because “patient motivation”, which is the driver for the improved results is at much lower levels than expected. This is logical of course, since ‘motivation’ and ‘disease’ cannot by nature easily co-exist.

### **3.2 WWYP Focus**

The WWYP Approach focuses for a moment on those factors that interfere with the education and approach process mentioned earlier, i.e. psychological state, family environment, emotions of the patient, like fear and anger, and then asks the following questions:

- “What about the HCPs themselves in relation to these same factors?”

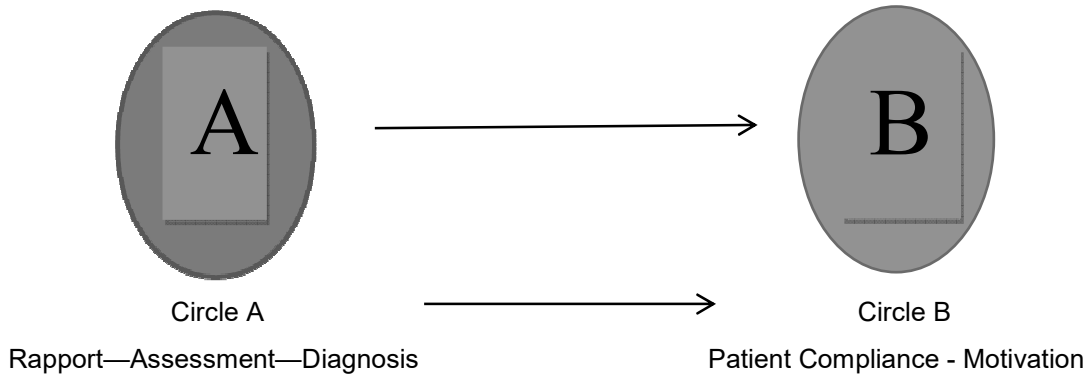
- “What about the psychological state, family environment, and emotions like fear and anger of the HCPs?”
- “Do the factors concerning the HCP interfere with the relationship and communication between patient and HCP?”

According to the WWYP Approach, not only are the above factors related and cause interference, but they are the decisive factors as to whether the patient will be motivated or not, and if the patient will stay motivated in disease management.

### 3.3 WWYP Philosophy

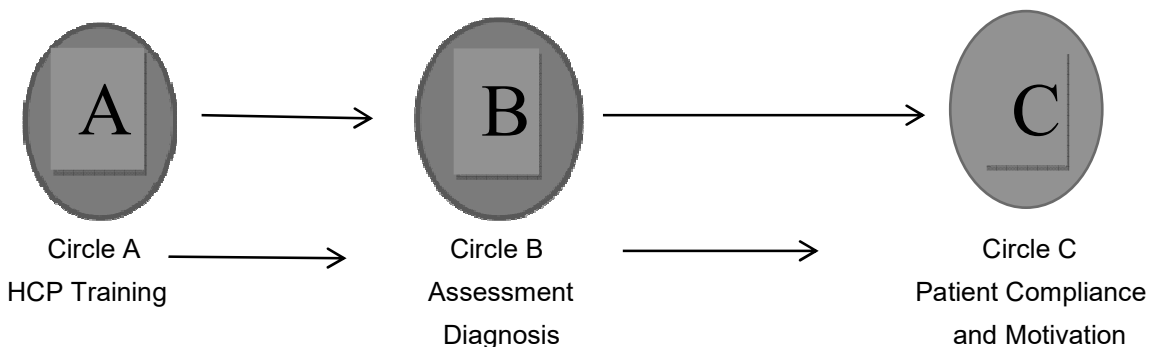
So how and when can HCPS learn to manage those factors within themselves? The WWYP Approach was developed to teach exactly that.

Using the traditional approaches, imagine that you have two circles: Circle A on the left, and circle B on the right. Circle A is where the HCP and the patient meet for the first time, build rapport, first assessment and diagnosis. From there, a line of continuous work, education, and support takes place, in order to reach Circle B on the right, where patient compliance and patient motivation exist.



After practicing the WWYP Approach, it is clear that this is only part of the picture. In reality, these are circles B and C. Circle A is further left, and represents HCP education and training before the HCP even meets with any patient. Not HCP education or how to educate and manage the patient, but initially

HCP education on how to turn the mirror on one’s self, learn how to manage one’s own issues, and then talk about the patient. This leads to a different understanding and creates a domino effect that has its final destination in Circle C, the motivation circle.



And perhaps the most important effect here is not on Circle C, motivation, but on Circle B, assessment and diagnosis. The work done in Circle A regarding this training, effects the rapport, the assessment and the diagnosis, because assessment and diagnosis do not refer to the pathological state alone of the patient. As Hippocrates said, "It is more important to know what sort of person has a disease than to know what sort of disease a person has." The WWYP Approach training aims to develop exactly this ability in the HCP through Circle A.

Traditionally, *motivation* is an end result, but the WWYP Approach sees the opposite picture: *motivation* is one of the first steps required. It is a pre-requisite for the patient to 'want' to go through the process of education. Only a motivated and a motivational HCP can take the patient through the process of motivation<sup>(11)</sup>.

Getting involved in patient motivation is a passion, not a curiosity or an imposed duty. Patient motivation is not simply applying theory. HCPs who want to get involved in patient motivation need to mainly be:

- Well educated in their domain
- Trained
- Motivated, and
- Of a humble nature

The WWYP Approach aims to change the way the medical society relates itself to the patient, and also aims to contribute strongly to a more human-centered care.

Until now, the perception was that the HCPs needed to level with patients and come close to them so as to be able to help them the most. The WWYP Approach goes a step further by saying that we cannot come close enough to a patient as long as we see ourselves with the frame of the HCP, and patient within the frame of the Patient. The approach brings both HCP and Patient into the

same frame-the frame of the "Human." The WWYP Approach is 'Human' oriented and "Disease" oriented. It puts more focus on the human with the disease, and not the disease in the human.

The WWYP Approach helps not only communication and relations with the patient, but also communication and relations amongst the HCPs themselves. This means that team work, which is known to be necessary for effective patient education<sup>(12)</sup>, is facilitated. When the HCPs aim is patient centeredness, team effort is multiplied and the rate of improvement is higher.

### **3.4 The WWYP Approach – The Training**

In its practical implementation, the WWYP Approach has not only knowledge, communication, and behavior as its basic components, but much more. The first and basic mandatory workshop is called, "The Circle of Truth in Healthcare." Participants leave with new perspectives on patient approach, dynamic communication skills, and a clearer and new vision of themselves both as humans and as professionals. Knowing where the HCP stands in relation to the healthcare system and in relation to the patient is a crucial starting point for the WWYP Approach.

A minimum number of workshop sessions is required for basic training. Different types of techniques are used to accomplish the breakthroughs and the sessions are molded according to the participants' needs.

Role play, which is used vastly in most traditional approaches, is not entirely supported by the WWYP Approach. Role play can be used in very basic teaching regarding techniques for body language for example. But since we know that both patients and HCPs carry a world of emotions during their

meeting, then the role play method is nothing more than just an imitation act, imitating the HCP and the patient. This contributes very little to understanding what really goes on in the meeting and what needs to be done in the future.

The WWYP Approach program uses very interactive exercises for both HCPs and patients. Self-realization sessions and one to one sessions with deep impact take place, allowing participants to go through fundamental breakthroughs<sup>(13)</sup>.

#### **4.0 The WWYP Approach – Examples**

During the first steps of this work, while in a children's summer diabetes camp, a group of 6-13 years old children, who appeared happy and knowledgeable about their disease, were asked to describe in writing or drawing: "what is diabetes to you?" The pictures of needles, drugs and amputated limbs were horrifying. After one session using the Approach, the children were asked to describe diabetes again. A 180 degree change in attitude in all of them, without exception, is described in the answer of the 8-year-old who wrote: "To me, diabetes is not important. It just scares me that if I don't control my sugars correctly, then they will need to cut off my hands. Simply, above all in life, what counts, is physical activity, health, and good nutrition, NOT DIABETES!!!" And underneath this writing, she drew herself dancing because she wanted to become a ballerina.

This image of motivated patient surely opens the path for better cooperation in disease management, and gives hope for HCPs in meeting situation which otherwise may seem like a dead end. The different answer of the child after the session shows a more motivated patient who was put on

a different track of response, was more ready to work with her HCP. The most impressive thing here is that the child has gone from expressing difficult things through a drawing, to expressing simple, positive, strong things through writing.

The second, much more recent example is from a one-on-one session with a 58-year-old patient, more than 120kg in weight, who came in for weight loss after numerous attempts. The session began using the Approach, and during the assessment stage, the patient interrupted suddenly and said, "I wanted to tell you that I was an abused child, and an abused wife." She admitted that she had never said this before to anyone other than her psychotherapist. The techniques used in body language, language, approach, communication, etc., had allowed the patient not only to say that, but to have a strong urge to interrupt and say it at that moment. This changed both the diagnosis and the path of therapy for that patient, which may have prevented another unsuccessful weight loss attempt.

#### **5.0 The WWYP Approach Outcomes**

So far, more than 5100 people have been introduced to this approach through presentations, and more than 450 people attended at least one full workshop. More than 25 workshops have taken place with 15 to 30 participants each. Specific, titled, and timed exercises carry the participants into the process of realization.

The WWYP approach is in its infancy, yet more than 80% of the HCPs who attended a workshop affirmed that they were able to apprehend and comprehend the patient better after the workshop, defining and reinforcing the success point of this approach.

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The initial expected result-is not the blood count or the change in weight of the patients, but the change in the relationship between the HCP and the patient. As mentioned earlier, this affects the assessment, the diagnosis and all the support process until the motivation stage. It is more important that both HCP and patient understand each other's demands and results, than just demand certain results without understanding each other.

Thirty-three percent of the workshop participants ask to be trained further. Workshops are continuous and there is need for further work and more statistics, but the revolutionary results of this method certainly brings hope to a much exhausted domain in healthcare.

## 6.0 Conclusions

There is no doubt that patient education, patient approach, and patient motivation are crucial for the advancement of healthcare and healthcare systems. Patient education and approach bring the patient into the process of disease management and the route to possible healing and recovery, but it is only patient motivation that makes the patient a partner in the journey, and can only be accomplished if the goal is common between the two, the HCP and the patient.

Motivating a patient is a domain on its own that demands learning and training. Not all HCPs may be built for it, but we all need to include it in our workforce or teams one way or another in order to help our patients better, and come closer to accomplishing successful therapies.

The WWYP Approach brings hope that this journey can be accomplished. It tries to

change the scope of the medical society toward patient care, and help the patients further, and the results so far seem to be very promising.

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