

A Closer Look at Self-Determination Theory & Autonomy in Nurse Coaching

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Person-centered care is central to the practice of nurse coaching. Rather than concentrating solely on the management of disease, the main focus is on the individual person and identifying opportunities for growth, overall health and wholeness. Nurse coaching is all about people and their “innate power and capacity for the achievement of well-being” (Hess et al., 2013, p.6)—what are their goals, how do they want to accomplish them, and how do they evaluate their progress and success. The patients are in the driver’s seat and draw on their wisdom and resources with the support of the coach. It is no wonder that nurse coaching is burgeoning because most nurses want patients to be at the center of the health and well-being process.

It is also easy to see how person-centered care and the nurse coaching culture align with self-determination and autonomy. Coaching values a safe and supportive environment for learning and growth by maintaining a stance of curiosity and venturing into the unknown of a client’s inner world (Bark, 2011). Coaching also wants the patient to make choices, and it assists clients in moving toward their goals. However, with the current merging of coaching into lifestyle and behavior change, there is some debate surrounding the appropriateness of client-determined goals, client-centered care, predetermined goals from the healthcare provider, and the mutual agreement of goals between healthcare provider and client. Turning to the literature on self-determination and autonomy can serve to enlighten and offer evidence-based reasoning to the discussion and forward movement of person-centered care.

Current research has related autonomous motivation and autonomy-supportive care (often discussed as “patient-centered” care) to improved patient outcomes in the management of diabetes (Williams, Freedman, & Deci, 1998; Senecal, Nouwen, & White, 2000; Williams, McGregor, Zeldman, & Deci, 2004; Williams, et al. 2009). Studies



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of applied Self-Determination Theory have reported overall improved health in patients, reduced health care visits, and improved maintenance of healthy lifestyle change (Williams, Frankel, Campbell, & Deci, 2000; Ryan, Patrick, Deci, & Williams, 2008). The importance of supporting patient autonomy has also been connected to helping people abstain from tobacco (Ryan et al., 2008; Williams et al., 2006; Williams, Niemiec, Patrick, Ryan, & Deci, 2009).

Self-Determination Theory

Self-Determination Theory can be applied in many areas such as education, the workplace and health care (Deci et al., n.d.). The theory addresses the motivation behind one's actions as an "interplay" between external factors and internal needs, passions, and driving forces (Deci et al., n.d.). At the September 2013 *Coaching in Leadership and Healthcare* conference in Boston, Richard Ryan PhD discussed Self-Determination Theory as a framework to understand why people make certain choices, and what maintains those choices. More specifically, the circumstances surrounding the experience of autonomy (along with competence and relatedness) within this framework are thought to enhance "performance, persistence and creativity" (Ryan, 2013).

There is a movement in health care in general toward proactive measures where focus shifts from treating the patient when sick (reactive) to partnering with the patient to prevent illness and create health and well-being. In order for an effective and supportive partnership to emerge between healthcare provider (nurse, doctor, therapist, acupuncturist, etc.) and patient, there is a great deal of discussion and research surrounding the topic of self-determination and autonomy.

Patient Autonomy

Although discussing autonomy in health care may appear simple (where the cognitively able patient has the right to make his or her own healthcare decisions), autonomy is not about "individualism or self-interest" (Ryan, 2013). Supporting autonomy also does not intend for the patient or client to be abandoned without healthcare information provided. Williams et al. (1998) examined glucose control in diabetics and noted that "supporting a patient's autonomy does not mean being detached or withholding advice but instead means actively engaging the patients, understanding their perspectives and feelings, and providing treatment options" (p.1650). With what

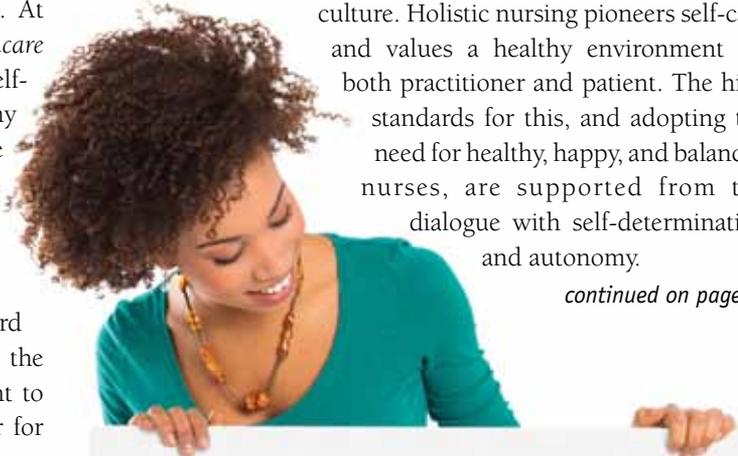
Dr. Ryan (2013) noted during his keynote presentation at the recent coaching conference in Boston, the autonomy-supportive environment in a healthcare setting would then be one of:

- listening,
- providing choices,
- providing clear reasoning for change,
- reflecting on the meaning of goals,
- remaining non-judgmental, and
- avoiding any controlling communications.

Delivering Person-Centered Care for both Patient and Provider

The discussion of self-determination and autonomy is also important for holistic nursing and the holistic healthcare culture. Holistic nursing pioneers self-care and values a healthy environment for both practitioner and patient. The high standards for this, and adopting the need for healthy, happy, and balanced nurses, are supported from the dialogue with self-determination and autonomy.

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Self-Determination Theory

The Self-Determination Theory was initially developed by Edward L. Deci and Richard M. Ryan at the University of Rochester, and has been elaborated and refined by scholars from around the world. In simple terms, it is a framework developed to study what motivates someone and what maintains that motivation. The theory addresses motivational influences as multiple, intertwined factors that may be internal, external and/or environmental surrounding "an individual's experience of autonomy, competence and relatedness" (Deci et al., n.d.).

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For instance, holistic nurses can use the principles of Self-Determination Theory to help patients establish self-regulation and to sustain life-long behavior changes (Johnson, 2007). Clinical students are found to have increased psychosocial beliefs (an increase in awareness of their own feelings and the impact of those feelings) when instructors are more autonomy-supportive (Williams & Deci, 1996). It is also fascinating to note there has been research to suggest a “restorative vitalizing potential” for one’s energy when actions are self-determined (Nix, Ryan, Manly, & Deci, 1999), as well as overall improved quality of life (Lachapelle et al., 2005). There may also be improved motivation and more contented workers in organizations adopting a model derived from Self-Determination Theory unique to the individuals and their culture (Deci et al., 2001; Moreau & Mageau, 2012; Dwyer, Schwartz, & Fox, 1992).

In summary, the Self-Determination Theory as it coincides with the discussion of autonomy is not only aligned with the nurse coaching culture, but offers evidentiary support to the benefits of delivering person-centered, holistic health care for both patients and their healthcare providers.

References

Bark, L. (2011). *The wisdom of the whole: Coaching for joy, health and success*. San Francisco, CA: CreateSpace.

Deci, E. L., et al. (n.d.) *Self-determination Theory: An approach to human motivation & personality*. Retrieved December 1, 2013, from <http://www.selfdeterminationtheory.org/theory>

Deci, E.L. et al. (2001). Need satisfaction, motivation, and well-being in the work organizations of a former Eastern Bloc country: A cross-cultural study of self-determination. *Personality and Social Psychology Bulletin*, 27(8), 930-942.

Dwyer, D. J., Schwartz, R. H., & Fox, M. L. (1992). Decision-making autonomy in nursing. *Journal of Nursing Administration*, 22(2), 17-23.

Hess, D. R., Dossey, B.M., Southard, M. E., Luck, S., Schaub, B.G., & Bark, L. (2013). *The art and science of nurse coaching: The provider’s guide to coaching scope and competencies*. Silver Springs, MD: NurseBooks.org.

Johnson, V.D. (2007). Promoting behavior change: making healthy choices in wellness and healing choices in illness—use of self-determination theory in nursing practice. *Nursing Clinics of North America*, 34(2), 229-41.

Lachapelle, Y., et al. (2005). The relationship between quality of life and self-determination: an international study. *Journal of Intellectual Disability Research*, 49(10), 740-744.

Moreau, E., & Mageau, G. A. (2012). The importance of perceived autonomy support for the psychological health and work satisfaction of health professionals: Not only supervisors count, colleagues too! *Motivation and Emotion*, 36(3), 268-286.

Nix, G.A., Ryan, R.M., Manly, J.B., & Deci, E.L. (1999). Revitalization through self-regulation: the effects of autonomous and controlled motivation on happiness and vitality. *Journal of Experimental Social Psychology*, 35, 266–284.

Ryan, R. (2013, September 27). Self determination. *Coaching in Leadership and Healthcare 2013*. Symposium conducted by Institute of Coaching at McLean Hospital and Harvard Medical School, Boston, MA.

Ryan, R.M., Patrick, H., Deci, E.L., & Williams, G.C. (2008). Facilitating

health behaviour change and its maintenance: Interventions based on Self-Determination Theory. *The European Health Psychologist*, 10(1), 2-5.

Senecal, C., Nouwen, A., & White, D. (2000). Motivation and dietary self-care in adults with diabetes: Are self-efficacy and autonomous self-regulation complementary or competing constructs?. *Health Psychology*, 19(5), 452-457. DOI: 10.1037/0278-6133.19.5.452

Williams, G.C., & Deci, E.L. (1996). Internalization of biopsychosocial values by medical students: A test of Self-Determination Theory. *Journal of Personality and Social Psychology* 70(4), 767-779.

Williams, G.C., Frankel, R.M., Campbell, T.L., & Deci, E.L. (2000). Research on relationship-centered care and healthcare outcomes from the rochester biopsychosocial program: A self-determination theory integration. *Family, Systems and Health*, 18, 79-90.

Williams, G.C., Freedman, Z.R., & Deci, E.L. (1998). Supporting autonomy to motivate patients with diabetes for glucose control. *Diabetes Care*, 21, 1644-1651.

Williams, G.C., McGregor, H.A., Sharp, D., Kouides, R.W., Levesque, C., Ryan, R.M, & Deci, E.L. (2006). Testing a self-determination theory intervention for motivating tobacco cessation: Supporting autonomy and competence in a clinical trial. *Health Psychology*, 25(1), 91–101.

Williams, G.C., McGregor, H.A., Zeldman, A., & Deci, E. (2004). Testing a self-determination theory process model for promoting glycemic control through diabetes self-management. *Health Psychology*, 23(1), 58-66.

Williams, G. C., Niemiec, C. P., Patrick, H., Ryan, R. M., & Deci, E. L. (2009). The importance of supporting autonomy and perceived competence in facilitating long-term tobacco abstinence. *Annals of Behavioral Medicine*, 37(3), 315-324.

Williams, G. C., Patrick, H., Niemiec, C. P., Williams, L. K., Divine, G., Lafata, J. E.,...Pladevall M. (2009). Reducing the health risks of diabetes: How self-determination theory may help improve medication adherence and quality of life. *The Diabetes Educator*, 35(3), 484-492.

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Linda’s integral/ holistic coaching model is an innovative and unique approach to co-creating learning experiences that empower people and help them feel and maintain a sense of ease, fun and fulfilment.



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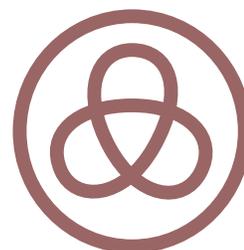
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