

A Preliminary Inquiry into Physicians' Perceptions of Patient Self-Control

Johanna Shapiro, Ph.D., and Deane H. Shapiro, Jr., Ph.D.

Abstract—This article stresses the need for physicians to train patients in the self-control skills necessary for them to take greater responsibility for their own health care. As an initial step, the authors report the findings of a small pilot study in which they examined the perception of 16 obstetrician/gynecologists regarding their patients' degree of self-control as it related to medical problems. Findings suggested that this group of physicians exhibited confusion about the concept of self-control and its applicability to patient care. At the same time the authors identified areas of patient care in which, according to physicians' perceptions, the use of self-control skills might be beneficial. The study report indicates aspects of self-control that are of particular interest to physicians and concludes with suggestions for further research.

There has been an increasing need and desire on the part of both physicians and patients (1) for patients to assume greater responsibility for their own health care. Accurate and sensitive diagnosis and treatment form only one component of recovery and rehabilitation (2); the patient's role is also of vital importance (3). However, many patients lack the skills to exercise this self-responsibility.

Further, the limits of personal responsibility have also been described (4). Specifically, it has been noted that simply adjuring patients to "be responsible" is insufficient motivation for change. Patients need concrete help in developing the skills which can facilitate their taking re-

sponsibility for personal physical and mental health.

Thus, patient education should focus not only on the content of medical self-responsibility (for example, monitoring diet or taking medications) but also on the process of this self-responsibility (that is, the manner in which the patient develops the skills necessary to implement and maintain self-responsible strategies).

One such set of skills can be labeled "self-control skills." This heading covers a wide range of techniques, including behavioral self-management (5), hypnosis (6), and meditation (7).

An important connection which has not yet been sufficiently explored is that between self-control strategies on the one hand and the concept of patient self-responsibility on the other. This proposal assumes that patients can be educated, through the development of self-control skills, to exercise greater responsibility over their own physical and emotional lives.

Dr. Johanna Shapiro is assistant professor and director of behavioral science, Department of Family Medicine, University of California, Irvine Medical Center. Dr. Deane Shapiro is dean of academic affairs, Pacific Graduate School of Psychology, Palo Alto, California, and a clinical instructor, Department of Psychiatry and Behavioral Sciences, Stanford University.

The use of behavioral self-management skills in treating a variety of diseases has become increasingly popular. Self-control skills have been successfully used as an intervention with the following diagnoses: alcoholism (8); insomnia (9); obesity (10); a variety of dysregulation disorders (11); hypertension (12); cigarette smoking (13); enuresis and encopresis (14); a variety of behavioral problems in children (15); sexual dysfunction (16); anxiety, depression, and pain (17); tension headaches (18); and menstrual and premenstrual syndromes (19).

Despite the fact that self-management strategies have been applied to a variety of medical illnesses with considerable success, no mechanism has yet been developed for the physician to transmit effectively this method of patient self-responsibility to the patients themselves. Physicians need to learn how to assess the basic self-control skills and needs of their patients and then how to remediate deficits and excesses in this area. However, to date little attention has been paid to a way of measuring levels of self-control in a variety of patient populations. Different kinds of patients (based on variables, such as diagnosis, age, sex, and ethnicity) may exhibit different self-control excesses and deficits; further, different disease entities might show a variable responsiveness to self-control interventions.

The design of an intervention package for use by physicians with their patients must consider several factors about which, at this point, there is insufficient information. As yet, it is not known whether self-control can be taught independently of other mediating variables or whether tailor-made components, adjusted for variables of age, sex, and diagnosis, will be more effective in improving rates of patient satisfaction and compliance.

form the background for the study under question and provide a framework for future research in this area.

As a first step toward developing both an assessment instrument and a teaching/training package for physicians to use with patients, a variety of preliminary information was obtained in the pilot study described here. Answers were sought to such questions as the following:

1. What forms of self-control patient education are physicians currently engaged in, if any?

2. What do physicians perceive to be the biggest self-control problems which confront their patients?

3. What do physicians think is the role of intervening variables, such as sex, age, and ethnicity, in a patient's degree of self-control?

4. What is the relationship between physician diagnosis and physicians' perception of patients' self-control?

By surveying physicians about their perceptions of their patients, investigators will be able to develop empirical patient profiles relevant to the area of self-control describing patients who, for example, are undercontrolled, out of control, or overcontrolled and under what circumstances and with what disease-related effects.

Because of the self-selected nature of the sample and the low response rate, the results of the inquiry reported here must be considered to be preliminary. However, the authors did identify areas worthy of further investigation. Specifically, these results shed some light on physicians' perceptions of their patients' self-control skills and of the applicability of such skills to the medical problems commonly encountered in medical practice.

Method

A group of obstetrics-gynecology special-

Each physician received a questionnaire, and 16 physicians completed or partially completed the survey for a response rate of 24.2 percent. Confusion as to how questionnaires were to be returned to the investigators (collected on site versus mailed in) may have contributed to the low response rate.

Subjects were one female and 15 male obstetrician/gynecologists; three were in individual practice and 13 were in group practice in Phoenix or its environs. Their mean age was 42 years; they were all Caucasian and U.S. citizens. All except one (separated) were currently married. They reported practices with an average of 98.5 percent women patients, the remainder consisting of female child patients. Fifty-seven percent of the respondents reported that they almost never saw members of the same family together in the same visit, and an approximately equal proportion (56 percent) said that they rarely saw members of the same family under any conditions.

Results

Nine subjects listed the following as areas in which their patients generally did not exercise sufficient self-control for health maintenance. Diet and eating habits were mentioned six times; hygiene, exercise, and drug abuse were each mentioned three times. Other addictions such as smoking and alcohol were each mentioned once, as were topics such as contraception, family planning, selection of a sexual partner, venereal disease, and family relationships. Physicians related these self-control deficits to such medical problems as unwanted pregnancy, vaginitis, pelvic pain, and psychosomatic complaints.

Five respondents felt that their patients generally exhibited too much control in the following areas: sex, work, and emotional expression. Three mentioned the

an appropriate degree of self-control: hygiene, labor and delivery, and compliance with medical advice.

Six subjects responded to a request to rank-order a list of 10 items in terms of the difficulty for patients in exercising a degree of self-control considered by the physicians to be health-maintaining. Computing the mean rank order led to two identifiable clusters. The first cluster represents areas in which physicians felt it was minimally to moderately difficult for their patients to exercise appropriate self-control: return visits, work situations, marriage and family, sex, and compliance with medication schedules. The second cluster represents areas in which physicians felt it was difficult to extremely difficult for their patients to exercise an appropriate degree of self-control: adhering to a diet, taking drugs and alcohol, dealing with emotions, and having interpersonal relationships.

Twelve subjects felt that their patients might benefit from the application of self-control skills in the following areas: dietary control (with stress management), depression, anxiety, drug abuse, and alcoholism. Physicians rated the applications of self-control skills to marital conflict and adherence/compliance problems as of lesser importance.

Four subjects described themselves as currently being engaged in patient education and four in referral and discussion. Also mentioned were the use of books, audiovisual tapes, and meditation and yoga (one each).

When asked to define self-control, seven subjects mentioned qualities of coping calmly, making discriminating judgments, being in control of emotions and destiny, delaying gratifications, focusing on long-term goals, and self-regulating behavior and attitudes.

Of eight physicians responding, all ex-

develop self-control skills and for physicians to be able to teach such skills to their patients.

Respondents were most interested in learning about the following self-control strategies: behavioral self-management (10 subjects), biofeedback (seven), meditation (six), and self-hypnosis and autogenic training (three each).

Discussion

Even among a highly self-selected group of physicians there appears to be considerable confusion, first, over what self-control means and, second, about its application to patient care. Thus, a possible appropriate first step might be increased physician education as to the relationship between these two variables. Despite this confusion, respondents to the questionnaire indicate certain areas as being critical points of intervention. These involve modification of their patients' addictive behaviors, with special emphasis on eating patterns, emotional expression, and interpersonal relationships. Physicians responding to the survey appeared to be particularly interested in the techniques of behavioral self-management, biofeedback, and meditation and to be enthusiastic about themselves becoming educators for their patients in these techniques.

As a next step, this pilot study may be extended to other physician populations by specialty. Eventually a profile of self-control skills specific to patient problems may be identified. Thus, controlled, longitudinal studies in which physicians teach their patients "self-control strategies" could reveal the effect of these strategies on variables such as disease recurrence, length, duration, and intensity.

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