

# Self Determination Theory And Traditional Wisdom For Sustainable Physician-Patient Relationship

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## Abstract

Self Determination Theory (SDT) is an established theory in psychology to understand the nature and sources of human motivation. This theory has been used in many disciplines to understand the dynamics of human behaviour. In the context of physician-patient relationship, which calls for a self-propelled and proactive actions, sometimes even crossing the traditional norms of health care practice. We present the key highlights of the SDT theory and suggest how it can be related to groom physician-patient relationship and make it sustainable and caring. By adopting autonomy, competency, and relatedness, which are the major components of SDT, we can promote the practice of SDT among practicing physicians. We have also explored how insights from the eastern wisdom, especially the concepts of karma yoga (selfless action) and the concept of different bhavas (emotional attitudes) in bhakti yoga (devotion) can be a practical tool for the practice of SDT among physicians interacting with their patients. We conclude that by adopting the principles of karma yoga and specific mental attitudes as suggested in bhakti yoga, a physician can nurture the mind and thereby practice SDT with a clearer perspective.

**Keywords:** Self Determination Theory, Physician-Patient relationship, Karma yoga, Bhakti yoga.

## Introduction

Health care management is a chain of processes involving various stakeholders, like patients, physicians, hospital management, logistics, pharmacy, medical equipment providers, regulators, etc (Kumar & Subramanian, 1998; Moons et al., 2019). However, the locus of action mostly revolves around the primary health providers, the physicians, and the primary health care receivers, the patients. Many studies have enumerated the uniqueness of this physician-patient relationship (PPR) for an inclusive and a participative health care practice (Kiesler & Auerbach, 2003). In recent times, motivation and engagement in PPR have attracted researchers' attention (Emanuel, 1992,

1995; Street et al., 2003). In this work, we propose to explore this physician-patient relationship from two prominent models of motivation, a modern perspective, the Self Determination Theory (SDT) (Ryan & Deci, 2000) and a traditional Indian perspective, keeping in mind a teacher's role and leadership role played by the physicians.

The case of patients can be presented as students in a choiceless situation where, they seek genuine and right guidance that is best for their need. Patients generally seek to be patiently heard and understood by the physician, and also expect detailed information from the physician in a manner that they can understand, and not be left abandoned without a proper communication

(Drossman, 2001). Patients sometime also tend to have apprehension about transparency in the medical care procedures and always carry a mental burden. The physicians on the other hand, are focused on giving their best care to the patients, at the same time, work within the ambit of the policies of their health care institutions. The physicians may feel drained at occasions when patients set very high expectations from them to make them feel better, or making requests that are difficult to accommodate and solve. Physicians who are able to cope with such situations and able to feel gratified in their work; tend to experience better motivation and wellbeing (Drossman, 2001).

The above narration is a common view of health care practice in India. In this scenario, physicians often take up or made to take up a leadership role or a teacher's role. A leader or a teacher, who is entrusted to lead their patient-followers to the right path of recovery from ailments, and keep them motivated in the process of journey. Throughout this process, a number of decision-making events happen which is governed by the inherent value-dynamic cherished by the physicians. Decisions are taken keeping in mind the core value and the need perceived by the decision maker. Here, for physicians it could be a combination of their inherent belief system, and the targets or goals suggested by their institutions. In India, a large share of medical health care delivery is owned by private players (Swain, 2019), and hence the same corporate spirit is infused into the management of those health care institutions. Sometime, this can lead to dilemma for physicians. For example, propelled by institutional target demands, if physicians are propelled to prescribe a few potentially avoidable additional diagnostic tests, which might pinch the payers' pockets, and on another front, not able to perform as per the prescribed matrices of suggested targets of test prescription, all these can create a situation of dilemma. Effective resolution of such ethical and moral dilemma in clinical practice is essential for physicians lest they would end up jeopardizing their mental health, in a long run.

In this research work, we have tried to address some of these concerns through a well-established model of intrinsic motivation, called as Self Determination Theory, and a few concepts of mind and mental attitude from the Indian philosophical thoughts. The premise of this discussion is: in order to effectively overcome dilemma in health care practices, a physician must be grounded in the core values and also should hold the same while practising. Apart from cherishing such good values, they must also gain practical courage to execute them, which we argue, stems from core intrinsic values and intrinsic sources of motivation.

### **Effective physician-patient relationship management**

#### **Mental disposition influences sustainable physician-patient relationship**

Solution for effective and sustainable physician-patient relationship management with SDT is possible. For a sustainable physician-patient relationship it is necessary to have effective interaction with deep communication that is understanding and accommodative, with reciprocal acknowledgement of views. In daily practices, the time duration of physician-patient interaction is often short. It is therefore essential for the physician-leader to instil a secure feeling within the patient's mind during the available time period of interaction. For sustainable health care practices mutual understanding between physician and patient is essential. This may call for going beyond the boundaries of their usual role as physician or patient. It is where mental disposition comes to rescue. A mental disposition that is driven by intrinsic motivation to help the patient unconditionally is highly admirable. Such an altruistic behaviour can be expressed naturally only when a person has advanced in self-actualization (Maslow, 1943). In recent years, SDT has proven to be a promising framework for understanding the nature of such intrinsically motivated behaviours.

#### **Paradigm of self determination theory in physician leadership**

Self determination theory is a popular theory in psychology. It is a macro theory of motivation

which posits that all human beings seek fulfilment and achieve higher state of actualization through seeking three basic needs of autonomy, competence, and relatedness. SDT has been extensively studied and adopted in different fields, like health care, education, business, etc. Autonomy is related to feeling a sense of having control and freedom to chose the course of action and engage in decision making. Competence is related to the feeling of knowing how to address the issues practically, and also having the confidence in executing them. Relatedness is about being connected with others, being useful to others and deriving a reciprocal sense of being connected to the group or community. In the context of physician-patient relationship, autonomy of a physician is to have the freedom to prescribe the necessary diagnostic tests as felt appropriate by the physician, and to offer an appropriate method of medical care, without any restriction from

external sources like department or management. Competence in the same context is to be able to address the needs of the patients, both medically and emotionally. Relatedness in the context of physician-patient relationship is to feel useful to the patient, and by large to the society or a group of people characterized by those patients. Hence under the SDT framework of physician-patient relationship, for a fulfilling engagement and job satisfaction, a physician must ask how much are they actually able to exercise in their workplace these components of autonomy, competence, and relatedness. A physician exhibiting the SDT attributes would bring more value and meaning to the interactions with the patients. The physician will be able to attend to the patient's needs with understanding, caring, and in the best of the interests of the patients. Table 1 shows how SDT dimensions can be understood in the context of physician-patient relationship and its benefits.

Table 1: Self Determination Theory framework and its benefits in physician-patient relationship

Dimension of SDT	Physician-perspective	Benefits
Autonomy	Need to carry out the intended plan of care to the patient, without any personal or organization constrain.	<ul style="list-style-type: none"> <li>• Take ownership of their actions and its outcomes.</li> <li>• Enhance institutional belongingness.</li> <li>• Able to explore and offer cost effective, patient centric care.</li> </ul>
Competence	Need of physician to be able to address the required needs of patients, both medically and psychologically.	<ul style="list-style-type: none"> <li>• Physicians tend to feel self-assured and confident in their work, stabilizing their professional self-esteem.</li> <li>• Pursue to groom where they feel the need for improvement.</li> </ul>
Relatedness	Need to feel connected to the patient's need, both at individual and social level (family, organization), without any eternal motive.	<ul style="list-style-type: none"> <li>• Feeling a sense of genuine caring, and in response receiving unconditional respect.</li> <li>• Provide greater fulfilment.</li> <li>• Provide positive reinforcement.</li> </ul>

We also note that, the application of SDT will be more productive in such circumstances where there is no conflict of meeting the basic needs. If

most basic needs are not met, then the pursuit of SDT will not occur, or even if occurs, it will be obscured by the drives of lower needs. It is

reasonable to assume that physicians are less likely to have conflicts of meeting their lower basic needs. And when they transit towards fulfilling their higher self-actualizing needs, intrinsic factors play a major role. This insight also helps in understanding when SDT can be applied for optimal results.

### **Why intrinsic factors matter?**

Intrinsic motivation is very important, especially with physicians because once they are inducted into the professional life, they are expected to demonstrate their professional behaviour that is attuned to their institutional and societal norms. When a person is expected to manoeuvre through professional life, a lot is expected from within. In all these situational demands, unless there is a strong intrinsic motivation, the person cannot easily sail through the situation. Another most important thing is often when a person is challenged to take a decision in their professional practices that is a bit unconventional, then having strong intrinsic motivation will enable to take bold decisions, supporting a noble cause, which otherwise might have got dwindled amidst the traditional professional norms. In short, intrinsic factors of motivation ensure sustainable change in behaviour. Also, on a closer look, all the three domains of SDT feeds on each other. Propelled by the drive to be related to a bigger community, the person seeks autonomy to execute new ideas, and if it is positively received then reaps positive reinforcement and it further goes to enhance the competency. Thus, a workplace where SDT framework is emphasized, the employees find more engagement and fulfilment.

### **Grooming intrinsic motivation: Insights from ancient Indian wisdom**

In the next section, we shall discuss how to groom those intrinsic factors of motivation, taking insights from the traditional texts. As it can be easily recognized and appreciated that nourishing SDT mindset requires a particular type of mental disposition. At this juncture, we turn to the traditional wisdom of the East, where a lot of insight is available on managing the mind and grooming the required mental disposition.

### **Concept of karma yoga**

Karma yoga is a concept that highlights doing action in a detached way without expecting the fruits of action, for the benefit of a bigger and noble cause, and without getting entangled into the action (Kumar & Kumar, 2013). This may appear to be quite paradoxical in nature. Often, work is done expecting some fruits or results. Karma yogi is like a catalytic agent, who engages in the karma, but does not get affected by the process of karma. Engaging in karma is inevitable for any person who continues to live on this world. As long as anybody holds a body in this world, they would be mandated to encounter their lot of karma, or in other words would be propelled into action, based on the previous history of karma. And while engaging in karma, a new set of karma is created and that is how it perpetuates an unending chain of birth and death. A person is considered wise who is able to disentangle from this vicious cycle of karma. The simple reason is experiencing pains and pleasures is considered bondage and uninviting, as it deepens the identification further and further. To focus on the paradox-working without expecting the results of action, we may explore different interpretations. Seeking some kind of expectation appears normal, even it could be the basic driving force behind the action. However, the problem with expectation is not only that it will hamper the quality of the results, but it will create further attachment and wrong identification for the person who is engaged in that attached action. In relation to SDT this is important as the very reason to do any work, that is its intrinsic joy of doing things is defied if the concept of unattached and non-expecting work is considered. How the autonomy is jeopardized when work is done with some exceptions? This is primarily because when in a state of attachment, the expectation of fruits or results gets automatically incorporated, and due to that fixation with the results of action, sometime the very process of doing that action is jeopardized. This is because too much focus on the fruits diverts our attention from the process of doing the action. Karma yoga helps to resolve this issue, provided it is practiced keeping in mind a few important ideas. Hence, it is suggested to

practice karma yoga considering its four aspects: 1. Doing good actions, 2. Detached actions, 3. No expectation of fruits of action, and 4. Doing action in awareness (meta-awareness). Relatedness of SDT is directly linked to doing actions without expectation of fruits of action, and the intention of doing good action. Competence is related to doing action in a detached way and with awareness. Autonomy is promoted by doing action in awareness, and also in detached state. Hence karma yoga way of doing action can be directly linked to SDT framework. Karma yoga gives the action framework and the SDT gives the application and purpose framework. In this way work done is for the sake of work and nothing else.

### **How can physicians adopt this in workplace?**

Practice of karma yoga is always supported by bhakti yoga. Bhakti yoga is a process of transcending ego with love, devotion, and surrender to a higher principle. To achieve this, a practitioner can adopt various bhavas or attitudes (Sivananda, 2020). They are chiefly five in number: 1. Dasya (subordinate) 2. Madhurya (lover), 3. Sakya (friendship) 4. Shanta (peace) 5. Vatsalya (parental care) bhava. The bhava that one adopts depends on the predominant temperament one has. Assuming a bhava means, visualizing that type of emotion and interact with the world, which includes the people and the environment. The unique thing about these five bhavas is that there is no possible human relationship that cannot be accommodated within these five bhavas. Even an executioner can adopt shanta bhava while executing a prisoner, a business executive can adopt sakya bhava with clients, etc. In our context, a physician can adopt different bhava as per the need and nature of the patient. For example, when a patient is first approaching for consultation and on seeing the patient very confused, the physician may adopt a sakya bhava; on seeing the patient in an adamant state of mind, may adopt vatsalya bhava; when discussing a terminal case, where medically nothing much can be done further, at those times can adopt shanta bhava; when need to convince for a procedure or a serious life style

modification then may adopt madhurya bhava; and with patients who are demanding and dictating, dasya bhava can be adopted. The above examples of adopting different bhavas for different situation is also partly based on Patanjali's suggestion in the yoga sutras (Taimni, 2010) as:

maitrīkaruṇāmuditopekṣānām  
sukhaduḥkhaḥpunyāpunyaviśayānām  
bhāvanātaścittaprasādanam || 1.33 ||

This verse conveys the strategy to adopt the opposite bhava to counteract a strong emerging emotion, which needs to be controlled.

The concept of bhavas can closely be related to SDT, as in order to practice SDT based interaction with the patients, the physician has to consciously reinforce the idea of autonomy, competence, and relatedness, which may appear intangible and abstract. However, adopting a tangible bhava may help the practitioners engage in activity based on SDT. Practice of bhavas help to soften the emotions. That in turn help to reduce in a long-term inner conflict, and promote contentment and satisfaction. Therefore, it may help in practice of karma yoga in a better way. Thus, practice of daily interactions with adopting different bhavas reduce the barrier to practice karma yoga and therefore it helps to promote SDT.

Thereby, in this section we have discussed how adopting different bhavas can help in practice of karma yoga. How karma yoga is related to promoting SDT framework for physicians.

### **Conclusion**

Physician-patient relationship is very crucial for any healthcare system. We suggest that this relationship can be strengthened and made sustainable by adopting SDT framework, where striving for autonomy, competence, and relatedness is considered important and given priority. To implement this framework, we have discussed a few insights from the eastern wisdom, where we have considered the concept of karma yoga and bhavas of bhakti yoga, and we have elucidated how they can help to practice SDT framework of interaction between physician and patient.

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