

Patients contract for health

By CAROL MAHONEY

Contracts may be commonplace in the business world, but can they be used to regulate the behavior of patients with chronic illnesses?

Research studies are proving that those who sign on the dotted line may lengthen their lives.

Susan Steckel, Ph.D., R.N., who is director of nursing research at St. Joseph Mercy Hospital, is currently involved in a three-year study to determine the effectiveness of written behavioral contracts to increase patient participation in health related behaviors.

With grants provided by the federal government, the West Bloomfield nurse has conducted two previous studies which showed that behavior which is rewarded seems to be the spur most patients need.

Losing weight, decreasing stress, getting more rest — they all sound like worthwhile goals, especially for the victim of hypertension or diabetes.

Achieving those goals is another matter.

Because these illnesses can only be controlled rather than cured, cooperation by the patient is necessary. Mrs. Steckel said that statistics show that 78 percent of patients with chronic illness do not adhere to regulations given them.

SURPRISING as it may seem, fear of consequences does not provide motivation for such patients.

"Fear may have a backlash effect," said Mrs. Steckel. "This is particularly

true in cancer patients and more obvious with cigarette smokers."

Because there are so many standards and should not associated with chronic conditions, Mrs. Steckel believes patients should work toward small goals first.

Choice is a key word in the implementation of a plan of action for the patient. "What are his choices based on what health care providers have taught him about his illness? What are his priorities, not theirs?" she wrote in an article for American Nurses' Association.

Mrs. Steckel believes it is the patient's ability to control his treatment which brings the most desired results.

Her current study involves 400 patients. Funded by the Veterans Administration, it is being carried out in the outpatient departments at St. Joseph's Mercy Hospital and the Ann Arbor Veterans Administration Medical Center.

Persons with a diagnosis of hypertension, diabetes, or rheumatoid arthritis were randomly selected and assigned to either a control or experimental group.

Mrs. Steckel said the two previous studies in which patients participated in contractual agreements showed significant results in terms of weight loss, lowered blood pressure, and increased knowledge about their illness.

Specifically, a contract is written, dated, and signed by both the patient and nurse. Each keeps a copy. The pa-

tient agrees to achieve a limited goal in exchange for a small reward.

A sample contract might read: "I, Mary Smith, will record my daily food intake in return for two lottery tickets."

The expense incurred for such bonuses is covered by the grant, Mrs. Steckel explained. She said costs usually average about \$1 a month per patient because "no one ever asks for anything big." She said she hasn't figured out what she would do if anyone ever asked for a car.

Other rewards might be a plant, a magazine, or just some extra time with the nurse to discuss problems.

THE REWARD is not the primary consideration, however. Rather, it is the situation which is created for the patient. He can experience a sense of success and an element of control.

Mrs. Steckel personally has a case-load of 25. She added that there are between seven and 11 other nurses participating in the study both in Pontiac and Ann Arbor.

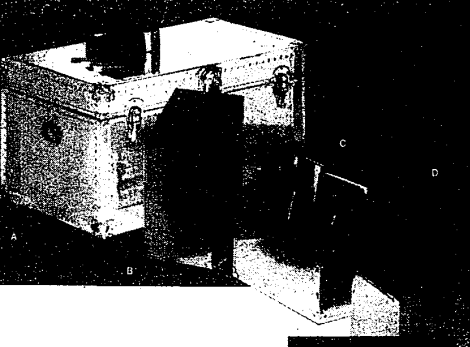
In recognition of her research studies, Mrs. Steckel was recently named a fellow of the American Academy of Nursing. The academy is composed of registered nurses who have made significant contributions to the nursing profession.

Mrs. Steckel is also an associate professor at the University of Michigan School of Nursing. She is married and the mother of three children.



Mrs. Steckel discusses terms of contract with patient. Once patients understand how beneficial the agreement can be, they are most cooperative. "By the fifth visit the patient is ready to take the ball and run with it," said Mrs. Steckel. "They suggest things they can do."

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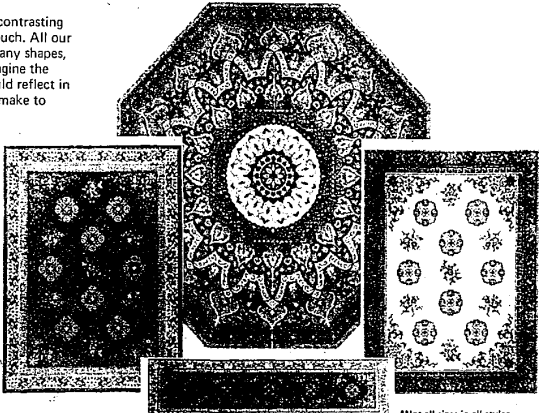
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