

Goal-Setting Theory for the New Year

Research points to four factors that will help make your goals more effective.

Happy new year from *FPM*! Every January, patients come in with new goals and we set new goals for ourselves. A new year is a blank slate to create new habits and behaviors and to start again. Unfortunately, as we all

of to use a pipe cleaner, 2) list at least 20 ways to use it, or 3) list at least 10 ways to use it. The groups assigned to list at least 20 different ways produced significantly more ideas than the other two groups.

Not too easy, not too hard. The research also tells us there is variation in effort depending on how challenging the goal is compared with a person's ability to complete the goal.² Goals that are moderately challenging stimulate the most effort compared with goals that

able (self-efficacy).² For example, a patient must believe it is important to lower blood pressure and avoid starting medication therapy *and* believe that regular exercise is attainable and will accomplish the desired outcome. In counseling this patient, instead of talking about joining a gym or training for a marathon, we can recommend a more attainable but challenging goal such as beginning with 20 minutes of walking on a treadmill four times a week.

Process vs. outcome. Research also demonstrates that process goals (e.g., "walk four times a week") tend to be more effective than outcome goals (e.g., "lower blood pressure").² We hope that the process goal will lead to the outcome goal, but there may be mitigating factors, so we should focus on the behavior change.

Let's use goal-setting theory to help our patients and ourselves make meaningful, healthy change. The article in this issue by Catherine Florio Pipas, MD, MPH, (page 27) kicks off a series on physician well-being and contains a Personal Health Improvement Plan that can help guide you in setting a personal wellness goal. Give it a try, and then join us in March/April for part two in our series. **FPM**

Goals that are moderately challenging stimulate the most effort compared with goals that are either too easy or too hard.

know, by springtime many of these New Year's resolutions are ancient history. It is hard for patients and physicians alike to sustain behavioral change.

To prepare for the new year — 2020 — the beginning of a new decade, I reviewed some research on goal-setting theory and found four themes.

Specific and challenging. A primary tenet of the scholarly discussion on goal-setting theory is that generic or vague exhortations (e.g., "do your best") are much less effective than specific, challenging goals.¹ I learned this in a practical way at a conference workshop on goal-setting theory last year. The leader randomized the attendees into groups based on what table they were sitting at, and each group was given one of three charges: 1) list as many ways as you can think

are either too easy or too hard. If a goal is too easy, many people simply won't try hard to accomplish it because they think they don't need to. If a goal is too hard, the thought is "Why bother?" since accomplishing the goal seems impossible.

Important and attainable. There are two primary factors that affect the ability of a person to commit to a goal: the importance of the outcome for the individual and the belief that the goal is attain-



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1. Locke EA, Latham GP. New directions in goal-setting theory. *Curr Dir Psychol Sci.* 2006;15(5):265-826.

2. Locke EA, Latham GP. Building a practically useful theory of goal setting and task motivation: a 35-year odyssey. *Am Psychol.* 2002;57(9):705-717.