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CARDIOVASCULAR PATIENTS' PERSPECTIVES ON GUILT AS A MOTIVATIONAL TOOL

ACC Poster Contributions

Ernest N. Morial Convention Center, Hall F

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Session Title: Innovative Models for Practice, Education or Research

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Background: Research supports the notion that lifestyle choices influence cardiovascular health. In this study, we sought to investigate the role that guilt may play as a motivational tool.

Methods: A single interviewer conducted audio recorded, interviews with 100 consecutive adult cardiology outpatients at a single academic center from June 4-July 6, 2010. We excluded adult congenital and surgical specialty patients. The survey addressed guilt as a motivational tool for making lifestyle changes and the effects of guilt on the ability to change. Eight patients declined to answer one or more questions.

Results: The subjects (n=100) were 32% female, mean age 60, 73% white, 18% African American, 3% Hispanic, 2% Asian Indian, 1% Asian. The majority (n=65/100) reported that guilt provides motivation to make lifestyle changes; this finding was associated with having children (p=0.019) but no other demographics. Only 22% reported that a practitioner had made them feel guilty to try to encourage lifestyle changes. When asked whether guilt should be used by practitioners, 22% (n=22/100) said yes, 45% said no and the remainder were equivocal. A minority, 32%, reported that practitioners made them feel better about guilty feelings. When asked whether providers should routinely address guilt with their patients, 52% (n=52/100) said yes, 31% said no, and 13% said that it depends. Patients with a religious affiliation were more likely to answer that practitioners should routinely address guilt (p=0.048). Of the entire sample, 66% of patients had experienced a major cardiovascular event; 21% (n=14/66) of these patients reported feelings of guilt related to their health, and 50% (n=32/66) wished they had taken better care of themselves, but had no feelings of guilt.

Conclusion: When counseling cardiovascular patients about lifestyle, practitioners should consider addressing guilt as both a motivation for, and a barrier to, lifestyle change, particularly in patients with religious backgrounds. Further research is needed to explore the impact of guilt motivation on patient outcomes.