

Health Education

Motivation for behavior change in patients with chest pain

Geoffrey C. Williams

Department of Clinical and Social Sciences in Psychology, University of Rochester, Rochester, New York, USA

Marylène Gagné

Department of Management, John Molson School of Business, Concordia University, Montreal, Canada

Alvin I. Mushlin

Weill Medical College, Cornell University, New York, New York, USA

Edward L. Deci

Department of Clinical and Social Sciences in Psychology, University of Rochester, Rochester, New York, USA





HE
105,4

Motivation for behavior change in patients with chest pain

Geoffrey C. Williams

*Department of Clinical and Social Sciences in Psychology,
University of Rochester, Rochester, New York, USA*

Marylène Gagné

*Department of Management, John Molson School of Business,
Concordia University, Montreal, Canada*

Alvin I. Mushlin

Weill Medical College, Cornell University, New York, New York, USA, and

Edward L. Deci

*Department of Clinical and Social Sciences in Psychology,
University of Rochester, Rochester, New York, USA*

304

Received March 2004
Accepted December 2004

Abstract

Purpose – To assess the effect of diagnostic testing for coronary artery disease (CAD) on motivation for change, and on lifestyle change for patients with chest pain.

Design/methodology/approach – This observational study followed patients with chest pain suggestive of CAD for three years. Constructs of autonomous and controlled motivation for lifestyle change, autonomous orientation, and autonomy support from self-determination theory were assessed. Self-reported tobacco use, physical activity, and diet were assessed at baseline and three years later. Physician rating of pre- and post-test probability of CAD were also assessed. CAD diagnosis was established after three years.

Findings – Physicians' autonomy-supportive style and patients' autonomous orientations both predicted greater patient autonomous motivation, which in turn predicted improved diet, more exercise, and marginally less smoking. High probability of CAD also led patients to become more autonomously motivated for lifestyle change.

Research limitations/implications – The observational nature of the study and the self-report measures of health behaviors preclude causal conclusions from this study. Findings from this study suggest that patient motivation and risk behavior are affected by results of cardiac testing, by physicians' support of autonomy, and by patients' personalities.

Practical implications – Physicians may be effective in motivating behavior change around time of testing for CAD.

Originality/value – The self-determination theory model for health behavior change accounted for change in patient health risk behavior change around the time of testing for CAD. Physicians and researchers might use these results to design and test interventions for practitioners to effectively motivate behavior change around the time of medical tests.

Keywords Heart, Diseases, Lifestyles, Motivation (psychology)

Paper type Research paper



