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The Applicability of Values Clarification to Cardiac Patient Education

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Graduate School

THE APPLICABILITY OF VALUES CLARIFICATION TO CARDIAC PATIENT EDUCATION

by

Bonnie Berger

and

Vilma Raettig

A Thesis in Partial Fulfillment

of the Requirements for the Degree

Master of Science in the Field of Nursing

May 1974

191826

I certify that I have read this thesis and that in my opinion it is fully adequate, in scope and quality, as a thesis for the degree of Master of Science.

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In accordance with the options available in the Graduate School at Loma Linda University, this thesis is presented in the form of a publishable paper.

INTRODUCTION

There is ample evidence to indicate that the awareness of certain health hazards has not been an effective deterrent to poor health practices. Dubos (1965, p. 361-68) has pointed out that the greatest improvements in health have dealt with factors external to man that could be manipulated through community action or the few in positions of power. These gains have been made without significant interference with the individual's freedom of action and required little personal involvement. Water and food were made purer, the quality of clothing was improved, and houses have been made more comfortable. All were externally controlled. In contrast, according to Smith (1974, p. 6), attempts to change life style for the sake of health, when that change involves a continued personal effort, have met with failure. Why? Perhaps one reason is that emphasis has been too much on dispensing health facts about the effects of certain health practices. Too little application has been made to what is known about learning theory and what motivates human beings to action.

Need For The Study

A cardiac patient's attitudes about his illness tend to influence the quality and speed of his rehabilitation. Some of these attitudes have been reported by Gray, Reinhardt and Ward (1969, p. 359). After studying 4,463 severely disabled patients in a national sample and 109 patients in a local community sample, they concluded that severely disabled cardiovascular patients tended to deny their illnesses more

frequently than a comparable group of disabled persons. These patients were also less willing to accept the sick role as compared to the other disabled persons. Their conclusions are supported by Kutner (Feb. 15, 1970, p. 520-21) who found a group of patients' reactions to a coronary to be rejection of the diagnosis. This was shown by refusal to comply with medical advice in altering, reducing, or terminating certain activities of their lives that were incompatible with health recovery and survival.

Another group accepted the diagnosis and followed the initial programmed steps toward recovery and secondary prevention, but with time they reverted back to their previous activities. Medical advice was avoided and precautionary measures ignored. Eichhorn, Riedel, and Morris, in a study carried out in 1959, reported compliance with the medical regime prescribed by physicians following a coronary attack. Compliance was greatest among older men and among those whose work orientation was non-professional. Educated patients tended to stop complying after a period of time. Compliance seemed closely related to a formal rather than to a friendly relationship with the physician. Compliance is a voluntary act that is bound up with the individual's feeling toward himself, his typical reaction to authority, the priority he ascribes to health in his value system, and his belief of the eventual outcome of the prescribed treatment (1959, p. 65).

Cardiovascular nursing is a highly technical, physiologically oriented type of nursing primarily designed to meet the physical needs of the patient at the time of crisis. However, as the crisis subsides the nurse becomes more actively engaged in health education when she

looks at the patient not only from the physiological standpoint but also from the psychosocial and spiritual viewpoints as well.

There is a wide variety of methods for teaching cardiac patients. Some methods are quite effective in terms of imparting factual information to the patient. However, information alone does not appear to be sufficient to assist him in making decisions about his health practices and in living in accordance with these decisions. According to Cimini (1974, p. 15) we now have enough research to indicate that informational content does very little to alter behavior. We have only to look at the current national campaign requiring information through labeling to discourage smoking, compared with the corresponding increase in cigarette smoking by the public. For many people, the knowledge that cigarettes are harmful to their health apparently has had little effect on their use of tobacco.

A different approach to patient education is needed, a method that extends beyond the facts and allows the patient to explore his inner personal needs, goals, and values, in relation to the world around him. The patient should chose his ultimate behavior, after exploring alternatives and considering the consequences. The process of education should be the focus rather than the product. There is a greater chance of reaching the goals for patient education when both informational content, and the patient's understanding of his own values are taken into consideration. Then lasting behavior change is more likely to take place. Behavior change is inherent in values clarification because two of the steps in the valuing process involve action.

Purpose of the Study

The purpose of this study was to determine the applicability of the value clarifying approach as an additional educational method to assist the chronic heart patient to examine his life style, establish some priorities, and implement changes in his life style in light of his disease condition and the limitations it imposes.

Central Question

Will the value clarifying process assist the cardiac patient to review his life style, establish some priorities, and implement changes in his life style in light of the limitations imposed by his disease?

Definitions

1. Value Clarifying Process - A sequential process for thinking. It helps the individual to define, modify or clarify his stand in areas of personal conflict. According to Raths (1966, p. 28-29), the process of valuing is composed of seven subprocesses:

    a. Choosing freely - "If there is coercion, the result is not likely to stay with one for long . . . Values must be freely selected if they are to be really valued by the individual."

    b. Choosing from alternatives - "Only when a choice is possible, when there is more than one alternative from which to choose, do we say a value can result."

    c. Choosing after thoughtful consideration of the consequences of each alternative - "Only when the consequences of each of the alternatives are clearly understood can one make intelligent choices."

    d. Prizing and cherishing - "When we value something, we hold it dear, we cherish it, we are happy about it."

e. Affirming - "We are willing to publicly affirm our values."

f. Acting upon our choices - "There will be no discrepancy between creed and deed."

g. Repeating - "Where something reaches the stage of a value, it is very likely to reappear on a number of occasions in the life of the person who holds it."

2. Priorities - Behaviorally stated self-set goals for behavior changes. These were set up by the patient after the first four initial value clarifying sessions.

3. Life Style - Customary health habits of daily life.

4. Limitations - Medical regime dictated by the severity of the disease condition. For example, a decrease or change in the amount of work or physical activity, or diet modification.

5. Cardiac Patient - A patient placed on a cardiac regime, which would include limitations in at least one of the following areas: stress, work, exercise, diet, or smoking.

Assumptions

For the purpose of this study the following assumptions were made:

1. A person has the ability to make intelligent choices and decisions about his health in a manner that will be congruent with his needs and his world.

2. A person is more likely to act consistently on his own choices than on choices seemingly imposed upon him by others.

3. A person cannot be limited to a set of predictable responses because his reactions will be influenced by his past and present experiences.

4. Each patient will make a choice and act upon it, even if this choice is a choice of no action.

5. There is at least one aspect of the five life style categories that is a problem to each patient.

6. The value clarifying process does effect behavior change.

REVIEW OF LITERATURE

Cardiac patients are forced to make choices on how to live their lives in spite of their disease condition. Ideally, patients' choices will be made on the basis of the values they hold, but frequently they are not clear about their values.

Persons have different kinds of experiences as they grow and learn. Out of experiences come certain general guides to behavior. These guides tend to give direction to life and may be called values. Our values show what we tend to do with our limited time and energy. Since values grow out of a person's experiences, we would expect that different experiences would give rise to different values and that a person's values would be modified as his experiences accumulate and change. Therefore, experiences and values emerge and mature simultaneously (Raths, 1966, p. 27).

Values are not eternal truths, institutionalized and stable. They are instruments that help one relate to the surrounding world of people, things, and ideas. For Raths, Harmin and Simon (1966, p. 206) it is less important to know that a person has a particular value than it is to know how he arrived at that value. Carl Rogers (1969, p. 163) supports this view saying, "The most socially useful learning in the modern world is the learning of the process of learning . . ." In essence, the process and not the product is what is more important. (Raths proposes that the valuing process consists of seven subprocesses. See pages four and five for a listing of these steps.)

The intent of the value clarifying process is to help children and adults (Raths, 1966, p. 39) to clarify for themselves what they value. It is different than trying to persuade someone to accept a predetermined set of values. In most instances (Allording, Dales, 1974, p. 3), telling people about values they should or should not hold does not work very well. In fact, under such conditions many will assert their independence by adopting different, if not opposite, values.

Values clarification is based on the concept of democracy that says a person can learn to make his own decisions by the intelligent use of the power of choice. It follows that values are personal in nature, that they cannot be personal unless they are freely accepted, and that in order to be significant they must affect the life of the person who holds them.

In the hospital setting, or in any situation where health is at stake, facts are often used as a threat or as a means to persuade a person to make changes. Glasser (1972, p. 132), says that people with power often use threat and punishment as a means of control. Because powerful, successful people are afraid of failure, they believe that behavior change will occur as a result of threat and punishment. But people who are failures do not fear failure; they identify with it. Any chronically ill patient, and more specifically the chronic heart patient, regards himself as a "failure" in personal health. "Because punishment reduces involvement and causes failures to identify more closely with their failure, we must learn not to use it." (1972, p. 132)

Values clarification is an alternative to threat and punishment. It is a method of trust and it is based on the premise (Rogers, 1969,

p. 114), "If I trust the capacity of the human individual for developing his own potentiality, then I can provide him with many opportunities and permit him to choose his own way . . ."

Values clarification deals with the relationship between a person and his surroundings. It is concerned with what a person does with his existence, and the theory further assumes that persons can have some important measure of rational control over their existence.

Elementary, high school and college students have been included in previous research studies in the area of values clarification. Generally, these studies showed that clarifying values was most effective with students who were exhibiting value related behavior problems such as apathy, flightiness, uncertainty, inconsistency or overconformity. At this time we could not find any published studies in values clarification dealing with hospitalized patients.

METHODOLOGY

Values clarification deals with an individual's very being, his past, present, and future. It is difficult to control the many variables of personhood, and it therefore follows that the best method of studying whether or not the values clarification approach is feasible for heart patients is via the exploratory type study. Selltiz et al. (1962, p. 70) stated that in the case of problems about which little knowledge is available an exploratory study is usually most appropriate. Exploratory studies may have several functions: to formulate the problem for more specific investigation; to develop hypotheses; to increase the investigator's familiarity with the phenomenon he wishes to investigate in a later and more highly structured study; to clarify concepts; to establish priorities for further research; to gather information for practical possibilities for carrying out research in real life settings; and to provide a census of problems regarded as urgent by persons working in a given field (Selltiz, 1962, p. 51).

Selection of Sample

The population consisted of male and female, medical and surgical, hospitalized cardiac patients who participated in the already established cardiac classes at Loma Linda University Medical Center.

A convenience sample of 20 patients who attended the hospital's cardiac classes was selected. They met the following additional criteria: were able to read English or Spanish; were not senile; were free of major

emotional problems such as psychoses, including post-cardiotomy delirium, schizophrenia or severe depression; and lived within a 50 mile radius of Loma Linda.

Variables

Demographic data collected on each patient included: age, sex, occupation, diagnosis and length of time with a known heart problem. These variables were looked at in relationship to the patient's ability to act on his self-set goals. (See Appendices C and E)

Procedure

The total procedure involved six basic steps:

1. A baseline assessment was obtained from each patient.
2. Four initial value clarifying strategies were given to each patient.
3. Each patient was given the opportunity to set a goal for himself in terms of a change in life style (we referred to this as the patient's priority).
4. Four final value clarifying strategies were given, these were concerned primarily with the patient's priority area.
5. Each patient evaluated himself according to his self-set goal.
6. A final interview was given which included questions about the patient's reaction to the method and approach used.

Baseline Assessment: A baseline assessment on each patient was obtained by using the "Heartbeat" questionnaire developed by Loma Linda University's School of Health as an assessment tool for case

finding. (See Appendix E) The questionnaire dealt with relevant history and the life style categories of smoking, work, stress, physical activity, and diet. These categories are life style areas that often involve choice and conflict for cardiac patients. It has been demonstrated that values clarification is especially useful in areas of personal choice and conflict (Simon, 1972, p. 15).

Value Clarifying Strategies: These are short written or verbal exercises designed to assist a person to think about his life and how he acts in relation to his beliefs. These exercises can take many forms; there is no absolute way to conduct them. (See Appendix A)

One example of a value clarifying strategy was to have the person list 20 things he loves to do. Then a simple code was used to classify each of his statements. For example, he was directed to put a star by each item that required physical activity, a check by those he had done within the last two months, a dollar sign by those that required money, and so on. This strategy helped the person examine his most prized and cherished activities. It helped him clarify what he valued in life, and to cope with life in spite of the limitations imposed by his heart condition.

Another example of a strategy was to give the person a Peanuts cartoon that showed Linus throwing his security blanket away; then, before it even touched the ground, he caught it and started sucking his thumb. The person was then asked, "Do you have any habits that you would identify with Linus' blanket? What are they?" This short exercise helped the person think about conflict areas in his own life and how he saw these areas at that point in time.

For optimal effectiveness, a strategy should encourage a person to look at his actions as they relate to his value system in an open, non-defensive manner. In clarifying values a person should never be cornered or put "on the spot". Strategies used in this study were chosen with this precaution in mind.

It is important to note here that a strategy in itself does not clarify values. It is only an aid, which can be used to assist in this process.

In this study value clarifying was done in a one to one relationship rather than in a group setting. Immediately, this brought up the possibility of changes occurring merely as a result of the increased amount of attention the patient received. Lang's study (Raths, 1966, p. 224) suggested that attention alone has not seemed to work well in clarifying values. He felt the quality of attention the person received, the warmth and acceptance, and the focused interactions were conducive to values clarification rather than just getting attention.

It was our hope that during eight value clarifying sessions each patient would have examined his life style, set personal priorities in one or two of the five life style categories mentioned previously, and would be in the process of achieving his self-set goals.

Four Initial Strategies: The four initial value clarifying strategies given to the patient were general in nature. They were designed to assist a person look at his total life style. The two examples given above: Twenty Things You Love To Do, and Thought Sheet On Linus' Blanket were among the four initial strategies given.

Patient Goal Setting: At the end of the four sessions each patient was encouraged to set a specific goal for himself in the area he thought would be most difficult for him to change or adjust to in view of his disease condition. He was encouraged to write this goal in behavioral terms in order to facilitate evaluation of his progress later on. The patient's self-set goal was also referred to as his priority area. We used the baseline information obtained from the "Heartbeat" questionnaire as a general guide to see whether the patient's chosen priority was consistent with his previous life style.

Four Final Strategies: The four final strategies dealt with specific problems in the various life style areas. For example, under stress there were strategies on money, sex, and ability to cope with problems. These four final value clarifying sessions were set up for the purpose of assisting the patient clarify his values in his priority area.

Patient's Self-Evaluation: Two weeks after the last value clarifying strategy was given, each patient had the opportunity to rate his own progress by the use of a check list. On it were written his self-set goals, stated as concretely as possible. The list included three categories: No Action, Action in Progress, and Goal Reached. The patient was asked to circle the category which best described his situation. NO ACTION, meant his behavior remained at or below the baseline level (the same as before he made a choice); ACTION IN PROGRESS, meant his behavior showed movement toward his self-set goals; and GOAL REACHED, meant his behavior was congruent with his self-set goals at least 90% of the time. (See Appendix C)

Final Interview: The final interview guide was constructed to help us get feedback from the patient about his reactions to the method of values clarification and the approach involved in this method. (See Appendix C)

Analysis of Data

The implementation of change was measured by using the patients' self-evaluation sheets: Those who evaluated themselves as having ACTION IN PROGRESS or GOAL REACHED were assigned a plus; those who evaluated themselves as taking NO ACTION were assigned a minus; and those who chose no priority area were assigned a zero.

Results were evaluated by running chi square tests of independence between goal setting behavior (those assigned pluses) and other variables such as age, sex, and length of time with a known heart problem.

FINDINGS

Answer to the Central Question

The original question was composed of three parts. Will the value clarifying process assist the cardiac patient to: 1) review his life style, 2) establish some priorities, and 3) implement changes in his life style in light of the limitations imposed by his disease.

We made the following observations in an effort to answer the above questions.

Review of Life Style: This step is basic to the value clarifying process. It encompasses the honesty component that prevents patients' use of self-deception. In this study the patients were assured that their responses and comments would be accepted without right or wrong judgments placed upon them. As a result they were able to accept the part of themselves that wanted to cheat a little.

For example, one 62 year old lady with a long time smoking problem said, "You know, I always tell my doctor I don't smoke anymore. And I never smoke in front of my church people, but I guess I'm only fooling myself." She went on to admit the problem seemed to be out of her control, and upon leaving the hospital attended a Five Day Plan Clinic to stop smoking.

Another lady said, "I have never discussed this with anyone, and I feel it is a major problem in my life." She continued by exploring some serious sexual problems she had been experiencing for several years.

Establishment of Priorities: After reviewing their life style, some patients became aware of specific conflicts that were distressing to them. This motivated them to do something about those conflicts. They were able to set very specific, behaviorally stated objectives for themselves.

One lady whose priority area was stress due to family work said her nervousness and anxiety came out in compulsive fingernail biting. Her goal was to let her nails grow, and within one week there was a definite change in the length of her nails.

One gentleman, completely handicapped for the past three years due to his heart condition, described himself as being an extremely irritable, nervous person who kept all his frustration inside. He had a serious problem with his hands shaking. In fact, he could only hold a glass of water when it was one-third full. One day he stated, "I make myself nervous!" Two of his goals were, "To stop my hands from shaking and to stop my stomach from just turning into knots at the slightest provocation." At the end of two weeks his hands were noticeably more relaxed; he could hold a full glass of water. He also stated that the tightness of his stomach was beginning to "ease off". This man had been taking large amounts of Valium during the day to keep himself calmed down; at the end of four weeks he was taking Valium only at bedtime.

The above examples demonstrate not only the patients' ability to set goals, but also their ability to achieve those goals. This relates to the third part of our question.

Implementation of Changes: Action upon one's choices is inherent in two of the steps of the valuing process. Of the 20 patients studied, 13 evaluated themselves as having acted on their self-set goals, while 7 did not choose a priority area. Not one who made a definite decision for life style change evaluated himself as taking no action on that goal.

We found that values clarification was applicable to 13 of the 20 patients studied. These 13 patients were able to review their life style, set priorities and implement changes in their life style that were congruent with the limitations imposed by their disease.

Related Findings

The following are some additional observations made during the course of this study.

The Home Visit: After the patients were discharged from the hospital, we continued to do values clarification in their homes until each had completed a total of eight strategies. We found that home visits proved indispensable for several reasons. First, upon returning from the hospital the patients went back to the reality of their daily lives and had time to think. Also, by observing the patients' total environment, we were able to assess the coping mechanisms operating in the entire family. The third benefit was the quiet atmosphere of the homes, which allowed us to discuss serious matters without the interruptions of the hospital's busy atmosphere. The fourth asset was that family members were included in the sessions when the opportunity arose. It seemed that changes came more easily when patients had the cooperation and understanding of a close family member, particularly in areas such as

diet, stress, sex, and preparation for death. On the other hand, if the patient did not wish to change a given behavior and a family member was nagging him about it, the patient's ability to verbalize his unwillingness to change, coupled with the investigator's accepting attitude, seemed to help the family member see the patient's point of view. The following example demonstrates some of these benefits of the home visit.

Mr. M was a 58 year old male with severe congestive heart failure, coupled with liver involvement. His condition had deteriorated to the point that even walking from the bedroom to the living room exhausted him. The two things that occupied his time were reading and watching TV, and he was tired of both. At one home visit our goal was to have him explore other alternatives, to look at other options that would give a touch of variety to his daily existence. He graciously went along with us for about 30 minutes. Then, he suddenly said: "What would you say to a man who doesn't have much to look forward to, who is going to die?"

As we explored his own and his wife's feelings about death, they were able to tell each other a lot of the things they had kept to themselves over the past three years. The wife, for instance, said that when he was comatose about ten months before she thought of purchasing a cemetery lot, but didn't, afraid that if he did survive and found the receipt he would be shattered at the thought of her action. He, on the contrary, had wanted her to do it, but had thought that would be a terribly hard thing for her to do. So, right then they decided to go out together and purchase a cemetery lot. They also talked about what to do with their land, house, and other possessions.

Mr. M wondered how to approach his 16 year old son. "I don't want to cast shadows on his young happy life." But, he continued, "There are a lot of things I want to tell him. He would probably have better memories of me if we do talk."

We perceived our intervention roles as catalysts during this discussion rather than the responsible agents. We felt privileged to witness these two people communicate about such a significant event in their lives.

Time for Thinking: Initially, we had planned no more than 15 to 20 minutes for each strategy, but as time went on and the patients' trust in us developed, they felt free to talk to us about many problem areas in their lives. Some of these problem areas necessitated different forms of counseling, and involved a considerable amount of time. Our clarifying sessions lengthened from 15 minutes up to two hours; the average time was approximately 45 minutes. In some instances, however, we considered some of these longer sessions the most rewarding of our experience.

One to One Relationship: The studies reported previously have dealt with the application of the value clarifying process in group settings with students from elementary and secondary schools and colleges. In this study values clarification was done with hospitalized patients on an individual basis, primarily because of the physical impossibilities of getting patients in groups. We found that patients were able to reach the working phase of a relationship in a relatively short period of time, and were able to discuss serious areas of conflict in their lives which may have been difficult to face in a group situation.

Necessary Number of Strategies: Originally, our plan called for 12 strategies with each patient. However, this was reduced to eight for two main reasons. Our first patient to finish commented, "I knew exactly what I wanted to change, and you knew it too by the end of the fourth strategy, but you were so compulsive that you had to have 12 of them." It was also our observation that the majority of patients required no more than eight strategies to obtain the level of value clarification they desired.

Goal Setting Behavior and Age: Chi square tests of independence between action on self-set goals and the variables of age, sex, and length of time with a known heart problem were performed.

There was no appreciable level of significance between sex or length of time with a known heart problem and goal setting. However, between age and goal setting there was a .04 level of significance. (See Appendix B) This indicates that there was a close relationship between age and the patient's willingness to engage in decision making as it related to changes in life style. One hundred per cent of the patients in the 51 to 60 age group were able to make and act on self-set goals, while only 80 per cent of the patients under 50 and 37.5 per cent of those over 60 years of age were able to do this.

In this situation, values clarification seemed especially applicable to those patients between 51 and 60 years of age.

Rosen and Bibring (1966, p. 207) studied 50 male patients' reactions to heart attacks and noted that the 50 to 60 age group were still clinging to achievement-autonomy goals, feeling they must push on. Yet some had begun to develop self-doubts as to their ability

to achieve these goals. These patients seemed to accept the fact that their illness was preventing fulfillment of their goals. Perhaps being faced with the reality of their illness was a motivating factor to look at their illness and explore ways to deal with it, hoping that in the long run their life and vitality would be preserved to allow them to fulfill their life goals. This is one possibility that could account for the goal-setting behavior of the 50 to 60 year old patients in our study.

Limitations to the Values Clarification Approach

We noticed three major limitations to the value clarifying approach. First was the severity of the patient's illness, second was a behavior and thinking pattern which we called denial, and third was the age of the patient.

Severity of Illness: The severity of the patient's illness was an important factor to consider. Thinking and exploring alternatives takes time and energy, which patients may not have when they are weak, in pain, or just sick. We had three patients who were convalescing at an average rate when suddenly their condition deteriorated. We had to interrupt our strategies for about a week until their condition improved. One patient finally withdrew, stating the extra thinking was too much for her to handle at that time.

Even while the patient was in the hospital, convalescing at a normal rate, we usually assisted them in the actual writing any strategy required. For example, by the fourth post-operative day Ms. B was spending a good portion of the day out of bed, walking up and down the

hall for exercise or sitting on the sun porch visiting with other patients. At this time she participated in her first strategy. It required her to make a list of the 20 things she loved to do, and after 7 or 8 minutes of writing, she was exhausted. It was necessary to be constantly aware of the patient's physical condition and to routinely give him permission to stop the session should he become fatigued.

Denial: The second limitation to the value clarifying approach was a behavior and thinking pattern we called denial. This seemed to be a major deterrent to the patient's ability to examine his life style, establish priorities, and implement changes. Mr. Y, a 55 year old, non-smoking white male, in the hospital for double bypass surgery described his pre-hospitalization symptoms as being "only mild chest pain, and I noticed myself getting tired more quickly than normal." As we went through the value clarifying strategies he consistently claimed that no life style area was a problem to him. We had an unsettled feeling about his claim, and later in his home noticed some major differences between he and his wife concerning future plans. He did admit on occasion that "the lady doesn't always see things my way, but she will in time."

Values clarification allows a person to come to his own conclusions after considering alternatives and looking at consequences. We explored with Mr. Y possible areas of stress in his life and alternatives in dealing with stress, but he came to the conclusion that stress was not a problem for him.

A more dramatic example of denial happened with Mr. L, a 39 year old white male with a diagnosis of acute myocardial infarction. He described himself as being an only child, used to having his own way, and "spoiled". He agreed to participate in the study and said he would attend the classes as soon as his bed rest order was lifted. We started doing the value clarifying strategies with him and his general reaction was, "I'm really OK; once I get out of here I'll be back to normal in no time." One evening we were in his room at suppertime. When the tray came he turned up his nose, made some derogatory comments about the food and sent his wife out to get him a hamburger. He never did attend the classes, because in his words, "I just can't sit still that long, I never have." He decided to drop out of the project after three value clarifying strategies were given.

In each of the above cases, our perception of the total situation was different from the patient's perception. Friedman and Rosenman in their book, Type A Behavior and Your Heart (1974, p. 88), stated:

> We have observed that many Type A persons are totally unaware of either the presence or effects of their behavior pattern. They do not notice their restlessness, their tense facial muscles, their tics, . . . Some Type A persons are not even aware of their sense of time urgency; it has been present so long that it seems a part of their personality.

Our approach in dealing with what we saw as denial was to accept the patient's perception of his situation. We continued to explore alternatives available to the person, and to consider consequences, but accepted at face value his perception of reality.

Age: The third limitation to values clarification was age. In our sample 61.5% of the patients 61 years of age or older did not wish to change in any life style area.

Mr. S., a 75 year old, gave a representative response. He began having heart problems after the death of his wife two months previously. He had worked on the railroad most of his life, and now lived alone with nothing to do except sleep 13 hours a day. He began to participate in the study before his heart surgery; after surgery he fell out of bed and became quite discouraged. One day after our fifth strategy he said: "Nurse, I am not in the mood for talking about changes. I'm too old now, can't even think what I would like to do. I think I'd better just stay like I am." We respected and accepted Mr. S's decision without question.

There were several reactions to value clarifying in the 61 years of age and older category. In some cases there was denial, or resistance to seeing the problem areas of life. In other instances it seemed that the time and energy required for thinking was too much with which to cope. And in the final situation the person identified some problem areas, and appeared to have the time and energy to think, to explore alternatives and to act on choices, but for some reason chose to continue his present life style.

CONCLUSION

We concluded that values clarification was applicable to 65% of the 20 patients studied on the basis of their willingness to review their life styles, set priorities, and implement changes in their ways of life.

In addition, other pertinent observations were made during the course of the study:

1. The home visit was important because it allowed us to assess the coping mechanisms operating in the entire family; it provided a quiet atmosphere in which to work; and it involved family members thereby securing their willingness to assist the patient in his efforts to change.

2. It took a considerable amount of time to do values clarification where there were serious health related problems that required counseling.

3. The values clarification approach was applicable in one to one interaction with individual patients.

4. The quality and depth of values clarification depended more on the quality of the nurse/patient relationship than the number of strategies used.

5. Values clarification was not applicable when: the patient was severely ill; the patient was in a stage of denial, not able to admit the presence of a problem; or the patient was over 60 years of age and felt he was too old to change.

RECOMMENDATIONS FOR CLINICAL PRACTICE

Values clarification may prove to be a valuable approach to patient education in primary and tertiary prevention. In tertiary prevention settings, nursing orders could be written on the nursing care plan for the use of specific value clarifying responses for given patients. The value clarifying response is a basic tool used in the values clarification approach. For example: As a patient, who is planning to modify his work load to make it less stressful, is discussing his past situation the following clarifying responses could be used when appropriate. 1) How did you feel when . . . 2) Did you consider any alternatives to that situation? 3) What's really good about your present plan for work that makes it stand out from other possibilities?

Values clarification may also be useful in primary prevention settings such as community health education, or in the various forms of the expanded role such as: nurse practitioner working independently, physician's associate, triage nurse, and nurse associate.

Two main functions of the expanded role are patient counseling and health education, particularly in the areas of diet, exercise, rest, stress, and safety (Brown, 1974, p. 109). These areas were amenable to values clarification for the patients we studied, and they may be for other patients as well.

RECOMMENDATIONS FOR FURTHER STUDY

As a result of this study the following recommendations are made:

1. That similar studies be done with diabetic, chronic obstructive pulmonary disease, cancer, and dialysis patients.

2. That the Heartbeat questionnaire be used for case finding of members of the community, and that the values clarification approach be utilized with those at high risk of having a heart attack to see if changes in life style do take place before the crisis of a heart attack arises.

3. That values clarification be an approach for teaching weight control classes.

4. That a longitudinal study be done comparing a control group who receive the routine cardiac education and an experimental group who receive the value clarifying educational approach using the number and frequency of their future hospitalizations as criteria for evaluation of effectiveness.

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APPENDICES

APPENDIX A

TABLE OF CONTENTS FOR THE STRATEGIES

DIET

VALUES CLARIFICATION STRATEGY: #1

Twenty Things You Love To Do

Purpose: An important question to ask in the search for values is, "Am I really getting what I want out of life?" A person who simply settles for whatever comes his way, rather than pursuing his own goals, is probably not living a life based upon his own freely chosen values. He usually ends up by feeling that his life is not very meaningful or satisfying. However, before we can go about building the good life, we must know what it is we value and want. This activity helps people examine their most prized and cherished activities. (Simon, 1972, p. 30)

Directions: Number from one to twenty on a sheet of paper. List the 20 things you love to do.

Then:

A. Put a star by those that require physical exercise.

B. Put a check by those that you have done within the last two months.

C. Put a $ sign by anything that requires more than $3.00.

D. Number 1, 2, 3, 4, 5, the items you like to do most in order of importance.

E. Put an A by those you like to do alone, and P by those you enjoy doing with other people.

F. Put an F by those which involve eating.

Adapted from Values Clarification, a handbook of practical strategies for teachers and students, p. 30.

VALUES CLARIFICATION STRATEGY: #2

The Pie of Life

Purpose: In its simplest form, it asks us to inventory our lives--to see how we actually do spend our time, our money, etc. This information is needed if we hope to move from what we are getting to what we want to get out of life. The pie of life can also be used to raise some thought provoking questions about how we live our lives.

This circle represents a segment of your life. First we will look at how you use a typical day. Divide your circle into four quarters using dotted lines. Each slice represents six hours. Estimate how many hours or parts of an hour you spend on each of the following areas on a typical day.

How many hours do you spend:

1. in actual work (employment)
2. sleeping
3. with your family (including mealtime)
4. alone (reading, watching TV, hobbies)
5. with friends, doing things that require physical activity
6. with friends, doing things that require no physical activity
7. miscellaneous (what haven't we mentioned that you spend time on)

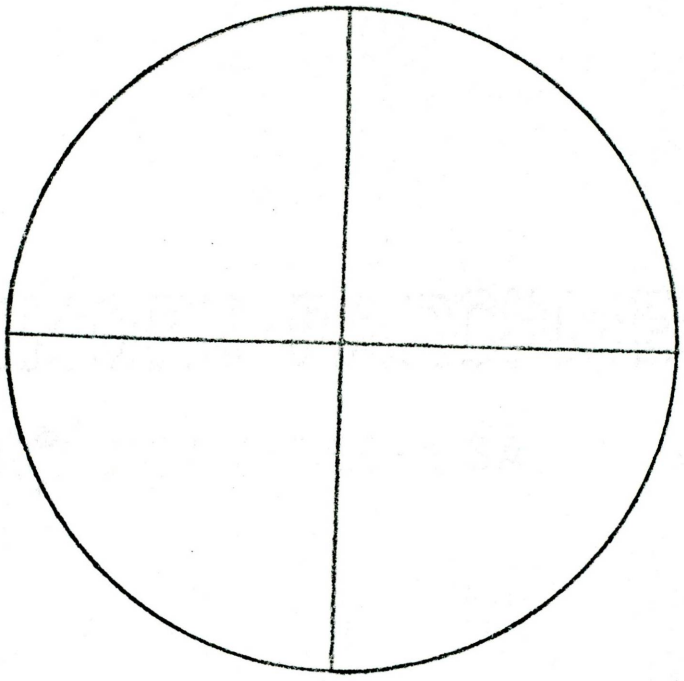
Now think about these questions and write about them:

1. Are you satisfied with the relative sizes of your slices?

2. Ideally, how big would you want each slice to be? Draw your ideal pie.

3. Realistically, is there anything you can do to begin to change the size of some of your slices?

4. Is there a Self-Contract you'd be willing to make and sign your name to?



Adapted from Values Clarification, a handbook of practical strategies for teachers and students, p. 228.

VALUES CLARIFICATION STRATEGY: #3

Are You Someone Who?

Purpose: This strategy causes students or patients to consider more thoughtfully what they value, what they want out of life, and what type of persons they want to become.

Procedure: Patients will answer "yes", "no", or "maybe", for each item. This is done by circling either Y, N, or M--symbols which appear before each question. Patients will be encouraged to discuss the items that they marked with an emphatic yes. Then they will be asked to make up five new items, expressing personal goals and hopes for the future, or values or behaviors they follow in the present.

Are you someone who . . .

Y N M 1. Will probably never give up smoking?

Y N M 2. Is likely to get fat?

Y N M 3. Will insist on going to a restaurant at least twice a week?

Y N M 4. Can't stand to be without work?

Y N M 5. Can't resist a bakery?

Y N M 6. Is indifferent to food?

Y N M 7. Is likely to work during your vacation?

Y N M 8. Believes exercise is a waste of time?

Y N M 9. Would rather drive instead of walking three blocks to the store?

Y N M 10. Always adds salt without tasting?

Following this exercise the patient may be encouraged to write "I wonder" sentences:

I wonder if . . . . .

I wonder how come . . . . .

I wonder why . . . . .

I wonder whether . . . . .

I wonder when . . . . .

Adapted from Values Clarification, a handbook of practical strategies for teachers and students, p. 366, 166.

VALUES CLARIFICATION STRATEGY: #4

Thought Sheet - Linus' Blanket

To think and to write on:

1. Is there anything that you would identify with Linus' blanket? What is it?

2. If you had to give up some aspect of your life style, what would produce the greatest loss? What would you least tend to give up?

3. Is your dependence on this "blanket" for your happiness? Has it ever bothered you?

4. Right now, is there any aspect of your life style that you want to change? Specifically, what would that change entail?

Cartoon by Charles Schulz.

VALUES CLARIFICATION STRATEGY: #5

The Miracle Workers

Purpose: This strategy poses a problem that confronts the patient with many attractive alternatives to choose from. It helps him get in touch with his feelings about what is important to him.

Procedure: Give the patients a sheet containing the names of the miracle workers. Each patient works alone and chooses the five miracle workers which he values the highest; that is, the five whose services the patient would most like to receive. Some questions that could be asked are: Are there any patterns evident in your choices? What seems to link the five people you consider most desirable in your choices? What are you now doing to achieve what your top five miracle workers could do for you? Finally, the teacher could ask for some self-contracts.

Work Sheet: A group of experts, considered miracle workers by those who have used their services, have agreed to provide these services to each of the patients in this hospital. Their extraordinary skills are guaranteed to be 100% effective. It is up to you to decide which of these people can best provide you with what you want.

The experts are:

1. Jedediah Methuselah - Guarantees you long life (to the age of 200) with your aging process slowed down proportionately. For example, at the age of 60 you will look and feel like 20.

2. Drs. Master Johnson and Fanny Hill - Experts in the area of sexual relations, they guarantee that you will be the perfect male or female, will enjoy sex and will bring pleasure to others.

3. Dr. Yin Yang - An organismic expert, will provide you with perfect health through controlled exercise and will protect you from physical injury throughout your life.

4. Dr. Knot Not Ginott - Expert in dealing with children and wives (husbands) he guarantees that you will never have any problem with your children again. They will accept your values and your behavior. You will forever be free of scorn and nagging.

5. Stu Denpower - An expert in authority, will make sure that you are never again bothered by people telling you what to do. His services will make you immune to all controls from doctors, nurses, dieticians (your wife or husband included).

6. Rocky Fellah - Wealth will be yours, with guaranteed schemes for earning millions within weeks. Even if you have to learn a new trade or stay out of work for awhile.

7. Mr. Stay Slim Chef - A nutrition and dietetics expert, guarantees to provide a special kind of diet calorie free, salt poor, low cholesterol, with all the nutrients necessary to maintain optimum health.

8. Dr. Claire Voyant - All of your questions about the future will be answered continually through the training of this soothsayer.

9. Dr. Hinnah Self - Guarantees that you will have self-knowledge, self-liking, self-respect, and self-confidence. True self-assurance will be yours no matter what.

10. Prof. Val U. Clear - With his help, you will always know what you want, and you will be completely clear on all the muddy issues of these confused days.

Adapted from Values Clarification, a handbook of practical strategies for teachers and students, p. 338.

VALUES CLARIFICATION STRATEGY: #6

Values Grid

Purpose: This activity is designed to acquaint students with the seven processes of valuing. A thorough understanding of these seven processes is essential because they form the basis of all subsequent valuing activities. (Can be used as an introductory activity to help patients appraise some of their beliefs or opinions to see if they are true values.)

Directions: After patients have selected several health issues, have them privately examine their feelings about each one and list them on the values grid. Explain to the patients that the seven numbers heading the column correspond with the following seven valuing questions. If a patient can give a positive response to a question about a particular health issue, instruct him to put a V in the appropriately numbered box. Leave other boxes blank. After the grid is filled they should be ready for an interesting discussion.

Questions:

1. Are you proud of your decision?
2. Would you publicly affirm it?
3. Did you consider alternatives?
4. Was this choice made after thoughtful consideration of the alternatives?
5. Did you choose it freely?
6. Have you acted on this choice?
7. Have you repeated this action?

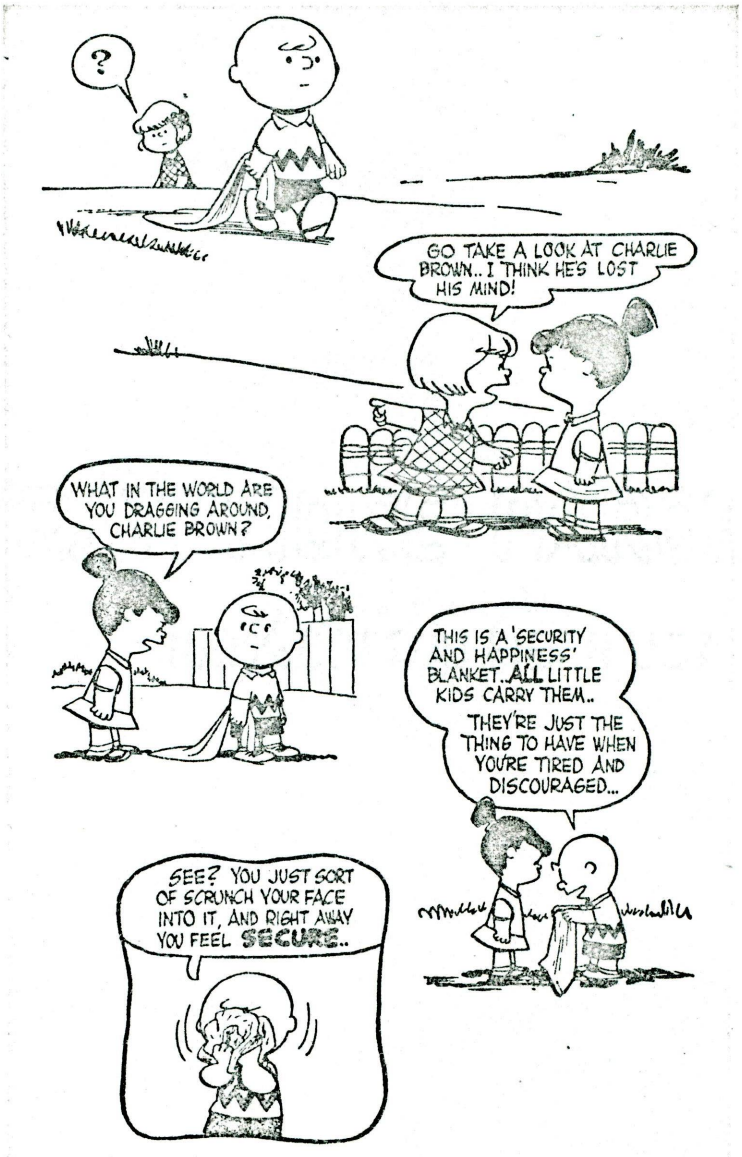
CATEGORY	1	2	3	4	5	6	7
Habits Smoking Drinking							
Diet							
Work							
Exercise							
Stress							

Adapted from Values Clarification, a handbook of practical strategies for teachers and students, p. 35.

VALUE CLARIFICATION STRATEGY: #7

Thought Sheet - Coping

Purpose: To encourage a person to think about what he does for fun, or what he does when he is feeling down and needs some security.



Cartoon by Charles Schulz.

To think and write or talk on:

1. What sort of things do you use as "blankets" when you are tired and discouraged.

2. Are your blankets used often or just every once in awhile?

3. Are you satisfied with the "blankets" you have or do you want to throw them away and buy new ones?

4. Would you be willing to think of one new thing to use as a "blanket" and try it out when you go home?

VALUES CLARIFICATION STRATEGY: #8

Thought Sheet - Fear

There may be a natural, healthy kind of fear, but the kind of fear I don't like and want not to obey is the fear that urges me to act contrary to my own feelings or to act before I know what my feelings are. It is usually a fear of displeasing other people. It is most often a fear of not doing what I (too quickly) assume others expect. I feel smaller, weaker and less a person after I have acted out of this kind of fear. I want to be aware of what others expect but not despotized by it. If I reflexively choose the opposite of what they expect I am still being controlled. What I want is to act out of love and respect for myself.

To think and to write on:

1. With what of the poem do you identify?

2. What kinds of decisions are you most afraid to make on your own?

3. What happens in your life if you choose the opposite of what you think others expect you to?

4. Discuss feelings about the last two lines in the poem, "What I want is to act out of love and respect for myself".

Adapted from Hugh Prather's Notes to Myself.

VALUE CLARIFICATION STRATEGY: #9

Thought Sheet - Struggle

Purpose: To encourage a person to consider the universality of "problems" and assist him to look at his own life and face his problems right now.

> There are occasions when I talk to a man who is riding high on some recent insight or triumph, and for the moment life probably seems to him to have no problems. But I just don't believe that most people are living the smooth, controlled, trouble-free existence that their careful countenances and bland words suggest. Today never hands me the same thing twice and I believe that for most everyone else life is also a mixture of unsolved problems, ambiguous victories and vague defeats--with very few moments of clear peace. I never do seem to quite get on top of it. My struggle with today is worthwhile, but it is a struggle nonetheless and one I will never finish.

1. In a sentence - what is your general reaction to this quotation?

2. Can you remember talking to someone calmly and feeling tense or troubled inside? What was the occasion, what were you troubled about?

3. "My struggle today is worthwhile". How do you agree and/or disagree with this statement?

4. What do you see as your struggles today?

Adapted from Hugh Prather's Notes to Myself.

VALUE CLARIFICATION STRATEGY: #10

Pie of Time

Purpose: This strategy asks us to inventory our basic pattern of how we spend time in relation to stress and contentment. This information is needed if we hope to move from our present way of spending time to how we would really like to spend our time.

This circle represents a 24 hour day. Each quarter of the circle represents six hours. Estimate how many hours or parts of an hour you spend on each of the following:

How many hours do you spend:

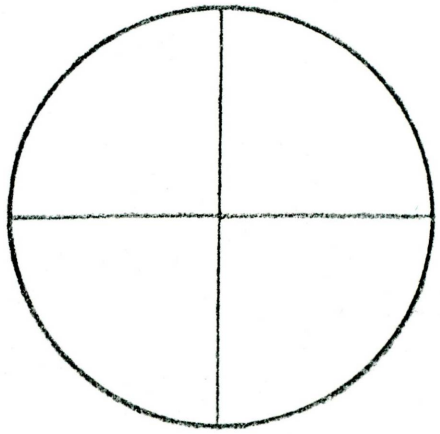
A. spinning your wheels (worrying, going around in circles, feeling rushed but not really accomplishing anything)

B. doing productive thinking (like solving problems, or figuring things out)

C. feeling sort of down, like you don't have much energy and don't feel like doing much

D. in restful sleep

E. in restless sleep



Now think about these questions and write or talk about them.

1. Are you satisfied with the relative sizes of your slices?

2. Ideally, how big would you want each slice to be? Draw your ideal pie.

3. Realistically, is there anything you can do to begin to change the size of some of your slices?

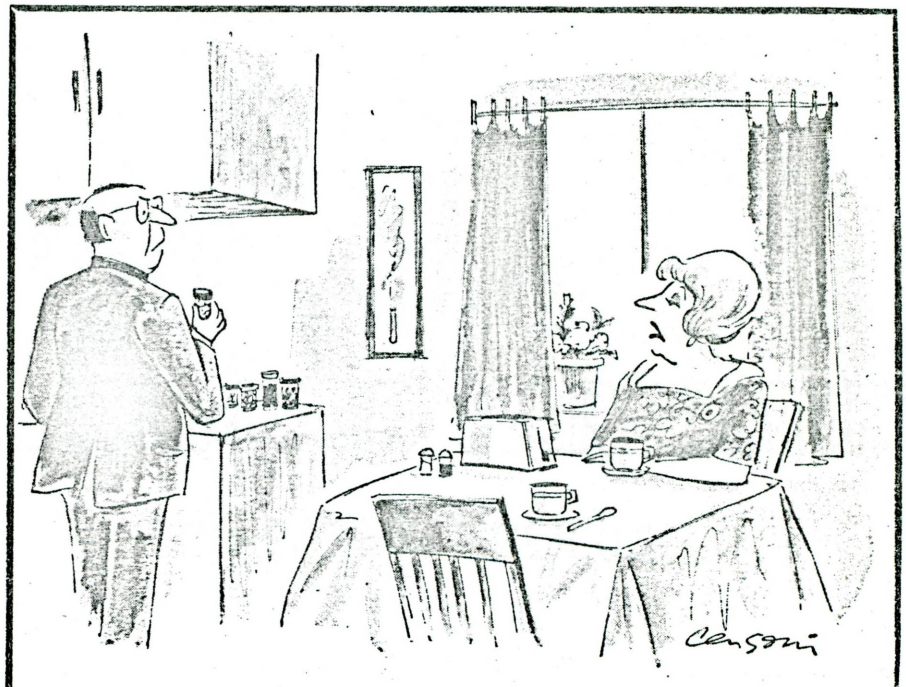
4. Is there a self-contract you'd be willing to make and sign your name to?

Adapted from Values Clarification, a handbook of practical strategies for teachers and students, p. 228.

VALUE CLARIFICATION STRATEGY: #11

Thought Sheet - Sex

Purpose: To encourage a person to look at his/her present sexual functioning. This is a possible area of increased stress for the cardiac patient and sometimes a difficult area to examine for alternatives.



"Don't forget your vitamin E; it's a—ha, ha—sex stimulant."

To think about:

1. How would you feel if your mate reminded you to take your vitamin E pills?

2. Do you feel that your mate has sexual expectations that you are unable to fulfill?

Cartoon from Ladies' Home Journal, 1973.

VALUE CLARIFICATION STRATEGY: #12

Thought Sheet - Sex

Purpose: To encourage the patient to examine his/her sex life in light of restrictions and to consider alternatives.

"When I agreed to bunk beds, I thought you meant for the kids!"

To think and write or talk on:

1. Do you identify with the man climbing up the ladder in any way?

2. Has your sex life changed (frequency, duration and amount of physical activity) since you found out about your heart problem?

3. Have you thought of possible alternatives so that you can continue an enjoyable sex life. What are they? May we help you find more information on this issue?

Cartoon from Ladies' Home Journal, 1973.

VALUE CLARIFICATION STRATEGY: #13

Thought Sheet - Money

Purpose: To encourage a person to look at his financial situation realistically and to look at the stress this life area causes. After a person has looked at the situation he is ready to consider alternatives.

MONEY

Workers earn it
Spendthrifts burn it,
Bankers lend it,
Women spend it,
Forgers fake it,
Taxes take it,
Dying leave it,
Heirs receive it,
Thrifty save it,
Misers crave it,
Robbers seize it,
Rich increase it,
Gamblers lose it . . .
I could use it.

(Hoopes, 1932, p. 104)

To think and write or talk on:

1. Is there a line in this poem that has particular meaning to you?

2. Is money a blessing or a curse to you right now? Explain.

3. When there are money problems in your home, how are they handled?

4. How do you see your illness affecting your money situation right now? (your ability to earn, increased bills, less control of everyday finances, etc.)

VALUES CLARIFICATION STRATEGY: #14

Thought Sheet - Exercise

The use of the body's energy is the secret of a rewarding life. The hands need material to make into something; timber and stone for building, food to harvest, clay to mold. The muscles are alive to joy only in action; in climbing, running, skiing and the like. Life finds its zest in overcoming, dominating, conquering some obstacle. It is the active deed which is satisfying; the deed that meets the challenge of the present, the daring and the adventuresome deed. Not in cautious foresight, not in relaxed ease does life attain completion. Outward energetic action, the excitement of power in the tangible present--this is the way of life.

To think and write on:

1. What is your position regarding the above statements? Do you agree or disagree with them?

2. How is your way of life different or like the one described in the above paragraph?

3. Do you consider yourself to be a physically active person?

4. Is there any aspect of your physical activity pattern that needs modification? If yes, what?

5. How do you plan to modify your activity patterns?

Adapted from Values Clarification, a handbook of practical strategies for teachers and students, p. 351.

VALUE CLARIFICATION STRATEGY: #15

Pie of Employment

Purpose: This strategy asks us to inventory our employment or work time in terms of physical activity and stress. This information is needed if we hope to move from our present work patterns to how we would really like to spend our work time, or modify our free time.

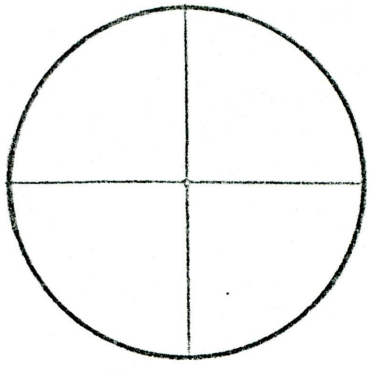
This circle represents your work day. If you work an eight hour day, each quarter represents two hours. You will have to modify the hours to your specific situation.

How many hours:

A. are you engaged in moderate to severe physical activity

B. of your work is stressful (deadlines, responsibility, decision making, etc.)

C. are you engaged in sedentary activities (sitting or doing office duties)



At the end of your work day are you physically exhausted? Like you want to lie down.

Does the stress in your work situation involve people problems? If so, what alternatives do you have?

Now think about these questions and write or talk about them:

1. Are you satisfied with the relative sizes of your slices?

2. Ideally, how big would you want each slice to be? Draw your ideal pie.

3. Realistically, is there anything you can do to begin to change the size of some of your slices?

4. Is there a self-contract you'd be willing to make and sign your name to?

Adapted from Values Clarification, a handbook of practical strategies for teachers and students, p. 228.

VALUE CLARIFICATION STRATEGY: #16

Thought Sheet - Smoking

Purpose: To encourage a person to look at smoking from several points of view and consider the alternatives available for himself.

Dr. Zee is the only doctor in a small town of 9,000 population. He is active in many community projects and donates a large sum of money each year to the community's Program For A Clean Environment. Dr. Zee smokes about a half pack of cigarettes per day and no one has ever asked him about this practice. A week ago his brother was diagnosed as having lung cancer. Suddenly Dr. Zee's wife becomes extremely concerned about her husband's smoking habit and she is encouraging him to attend a five day plan to stop smoking.

To think and write or talk on:

1. If Dr. Zee is really concerned about promoting a clean environment he should start by quitting his smoking habit.

2. Whether or not Dr. Zee smokes is really no one's business but Dr. Zee's.

3. Do you think incentive to stop smoking can come from sudden disturbing news--such as the lung cancer diagnosis? Do you think this is the most effective kind of incentive?

4. What are the pros and cons for you to continue smoking now? What are your possible alternatives? What do you want to do?

Prepared by Bonnie Berger.

VALUES CLARIFICATION STRATEGY: #17

Thought Sheet - A Cigarette Speaks to a Pretty Girl

Directions: Read the attached poem, then answer the following questions.

To think and to write on:

1. What per cent of the attached poem do YOU believe? How much of the poem is factually accurate?

2. Do YOU find anything "pro" smoking in the poem? What?

3. If the poem is too anti-smoking for YOU, tell why.

4. What, if any, are the implications for YOUR OWN LIFE to be found in this values sheet exercise?

5. If YOU smoke, give at least one PERSONALLY beneficial reason why YOU continue to smoke.

Adapted from Jack Osman's doctoral dissertation.

A CIGARETTE SPEAKS TO A PRETTY GIRL

I'm just a friendly cigarette,
Don't be afraid of me.
Why, all the advertizers say,
"I'm harmless as can be."
They tell you that I'm your "best friend"
(I like that cunning lie)
And say you'll walk a mile for me,
Because I satisfy.

So come on girlie, be a sport,
Why longer hesitate,
With me between your pretty lips,
You'll be quite up to date.
You may not like me right at first,
But very soon I bet--
You'll find you just can't get along without a cigarette.

You've smoked one package, so I know,
I've nothing now to fear.
When once I get my grips on girls,
They're mine for life, my dear,
Your freedom you began to lose,
The very day we met,
When I convinced you it was smart
To smoke a cigarette.

The color's fading from cheeks
Your finger tips are stained
You said you'd like to give me up
But sister You are chained!
You even took a drink last night
I thought you would e're long
For those whom I enslave
Soon lose their sense of right and wrong.

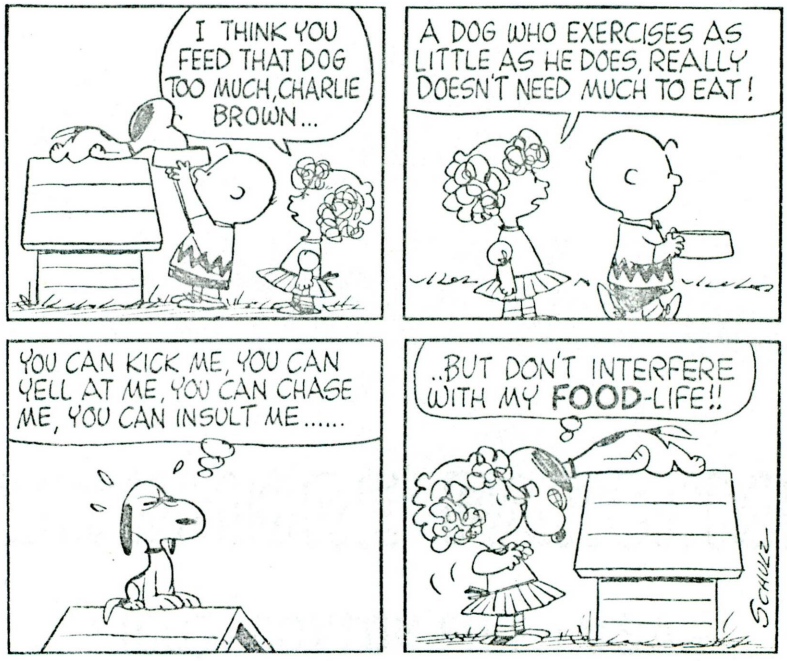
Year after year I've fettered you and led you blindly on
Till now you're just a bunch of nerves with looks and health both gone.
You're pale and thin and have a cough,
The Doctor says, "TB".
He says you can't expect to live
Much longer thanks to me.

But it's too late to worry now,
When you became my slave,
You should have known the chances
Were you'd fill an early grave.
And after I have done my part
To send your soul to Hell
I'll leave you with my partner Death
He'll come for you "Farewell".

VALUE CLARIFICATION STRATEGY: #18

Thought Sheet - Diet

Purpose: To assist a person to consider his attitude towards food and give him the opportunity to make a decision in this area.



1. Do you have acquaintances whose attitude reminds you of Lucy's attitude? What do they say?

2. Do you or do you not identify with Snoopy in boxes three and four?

3. Have you considered the consequences of your present attitude? Are you satisfied with this attitude?

4. What are some alternatives?

5. Do you want to make a decision to interfere with <u>your own</u> food life? If you do, write out specifically what you would change.

Cartoon by Charles Schulz.

VALUE CLARIFICATION STRATEGY: #19

Continuum - Weight Control

Purpose: To encourage us to look at our weight and to consider the alternatives and consequences open to us.

SUPER SKINNY SHARON _____ FANTASTICALLY FAT FRAN

To think and write or talk on:

1. Identify with an X where you are now on this continuum of weight.

2. Where would you like to be on this continuum? Mark the spot with an O. Is there a difference between where you are now and where you would like to be?

3. If the answer to the above question is YES what are some alternatives you might consider? What will be the consequences of these alternatives?

Adapted from Jack Osman's doctoral dissertation.

VALUE CLARIFICATION STRATEGY: #20

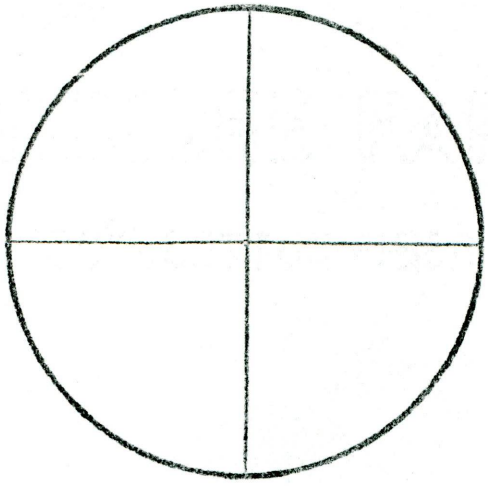
Pie of Diet

Purpose: This strategy asks us to inventory our basic diet pattern. This information is needed if we hope to move from what we are getting to what we hope to get out of our diet.

This circle represents your diet.

What per cent is:

vegetables
meat or protein (nuts, legumes)
cereals or bread (grains)
starch food (potatoes, macaroni, rice, etc.)
sweets (pies, cakes, ice-cream, etc.)
fruits



Now think about these questions and write or talk about them:

1. Are you satisfied with the relative sizes of your slices?

2. Ideally, how big would you want each slice to be? Draw your ideal pie.

3. Realistically, is there anything you can do to begin to change the size of some of your slices?

4. Is there a self-contract you'd be willing to make and sign your name to?

Adapted from Values Clarification, a handbook of practical strategies for teachers and students, p. 228.

APPENDIX B

TABLE 1: The number of patients in various categories who did or did not set goals for themselves.

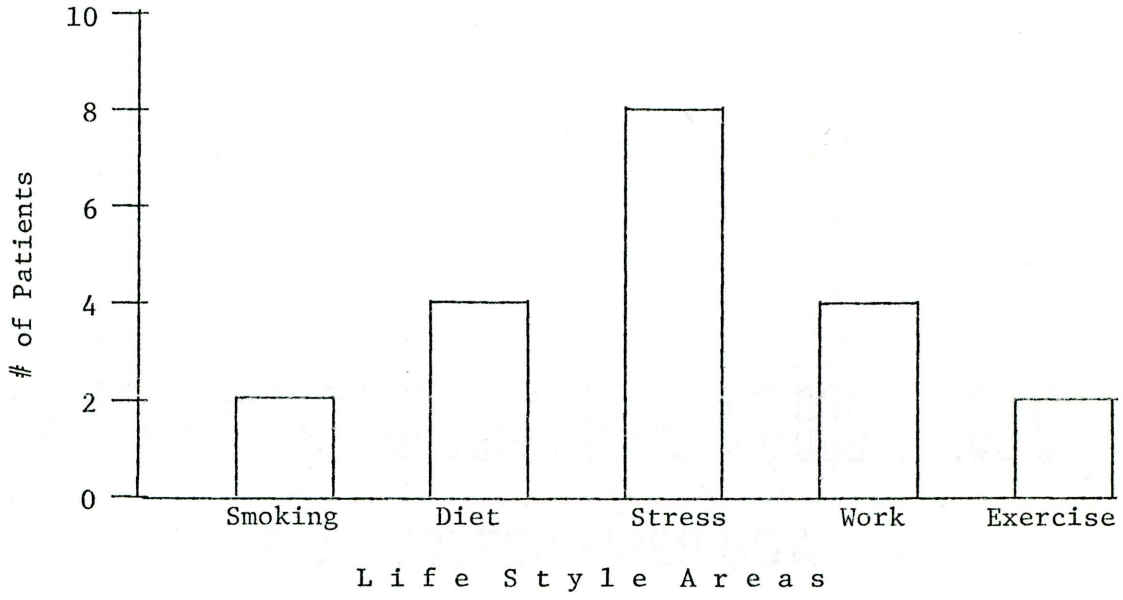
	Male	Female	31-50 Years	51-60 Years	61 + Years	Length of Known Heart Problem: Less Than 1 Year	1-5 Years	More Than 5 Years	Total Sample
Action on self-set goal	6	7	4	7	3	2	7	5	13
No goal	5	2	2	0	5	3	2	1	7

TABLE 2: Showing observed and expected frequencies of the various age groups as they relate to goal setting behavior.

	Age			
	31-50	51-60	61 +	Total
Patients who set goals:				
Expected	(3.25)	(4.55)	(5.2)	
Observed	3	7	3	13
Patients who did not set goals:				
Expected	(1.75)	(2.45)	(2.8)	
Observed	2	0	5	7
Total - Observed	5	7	8	20

Chi Square	6.48352
Degrees of Freedom	2
Level of Significance	.039095

TABLE 3: The number of times the various life style areas were chosen as priority areas for change.



The fact that more patients chose the life style area of stress as being a problem area goes along with Dr. Friedman's and Dr. Roseman's view that the Type A behavior pattern of aggression, a constant struggle to achieve more in less time, and chronic competition is a life style pattern that is presently a leading cause of heart disease in the United States. (1974)

APPENDIX C

DEMOGRAPHIC DATA - WORK SHEET

Patient's Name _____ Date _____

1. Length of time with known heart problem. Years _____ Months _____
2. Number of previous admissions for cardiac problem. _____
3. Diagnosis _____
4. Occupation _____
5. Classes attended. 1. _____ 2. _____ 3. _____ 4. _____

Patient's Priority

Strategies Given:

1.
2.
3.
4.
5.
6.
7.
8.

Self-Evaluation

Patient's Self-Evaluation

Behavioral Objective	No Action	Action in Progress	Goal Reached

No Action: Patient's behavior remains at the baseline level. (The same as before he made a choice.)

Action in Progress: Patient's behavior shows movement towards his self set goal.

Goal Reached: Patient's behavior is congruent with his self set goal 90% of the time.

FINAL INTERVIEW GUIDE

1. Tell me how you feel, or what your reactions were to the written/verbal strategies you have done.

2. Tell me about your reactions to the personal questions asked during these strategies. (sex, diet, etc.)

3. If you were asked to make improvements on the method (strategies) or the approach used for this type of teaching, what would you suggest?

4. Have these exercises done anything to help you examine your feelings about yourself and your life style in relation to your heart condition?

APPENDIX D

10721 Shedden Drive
Loma Linda, California 92354

Dr. Jack Provonsha
Director of URACHE
Loma Linda University
Loma Linda, California 92354

Dear Dr. Provonsha:

Enclosed is our request for approval to conduct thesis research, the patient permission form, and the letters to physicians and institutions. We have permission from Joyce Lim, hospital health educator, to conduct the values clarifying sessions after each of the cardiac classes. These will be short sessions, 10-15 minutes so as not to interfere with the program of care outlined for the patient, or overtire him.

The privacy and integrity of the patient will be maintained by:

1. Not using any names; patients will be identified by code only.

2. Assuring confidentiality with any private matters that may come up.

3. Giving patients the option at all times to refuse to answer any questions or participate in any strategies.

4. Fostering patient's spontaneity and freedom to respond by assuring him that in our study there are no right or wrong answers.

If there are any further questions, we will be glad to make an appointment to talk with you further about the study.

We are looking forward to hearing from you soon.

Sincerely,

Bonnie and Vilma

10721 Shedden Drive
Loma Linda, California 92354

Dear Dr. _____:

There is growing concern among medical and nursing personnel regarding the wide gap that exists between what cardiac patients are taught at the hospital and what they actually practice. We are investigating the applicability of the values clarifying approach as an educational method to assist the chronic heart patient examine his life style and make decisions concerning necessary changes in light of his disease condition and the limitations it imposes. This study is to meet part of the requirements for a Master's degree in nursing at Loma Linda University.

At the beginning and at the end of this study your patient will be involved in answering a paper/pencil questionnaire to ascertain his life style in terms of smoking, work, exercise, diet, and stress. At the end of each of the cardiac classes, taught by the health educator, we will do values clarification for 10-15 minutes on the subject presented that day. After discharge from the hospital, we will visit the patient bi-weekly until he has received a total of 12 value clarifying sessions. The value clarifying process will be used in addition to the already existing patient education program and will in no way interfere with it.

This study has been approved by the University Research Advisory Committee on Human Experimentation and safeguards are built to protect the privacy of the patient. We will be working closely with our advisors: Dr. Ruth White, Professor of Nursing; Lucile Lewis, Professor of Nursing; and Joyce Hopp, Professor of Health Education.

May we have permission to include your patient in this study? If you have further questions we will be glad to make an appointment to talk with you about the study.

Enclosed is a reply card and stamped envelope for your convenience.

Sincerely,

Bonnie Berger, RN

Vilma Raettig, RN

Graduate Students
Loma Linda University

10721 Shedden Drive
Loma Linda, California 92354

Miss Gertrude Haussler
Director of Nursing Service
Loma Linda University Medical Center
Loma Linda, California 92354

Dear Miss Haussler:

There is growing concern among medical and nursing personnel regarding the wide gap that exists between what cardiac patients are taught at the hospital and what they actually practice. We are investigating the applicability of the values clarifying approach as an educational method to assist the chronic heart patient examine his life style and make decisions concerning necessary changes in light of his disease condition and the limitations it imposes. This study is to meet part of the requirements for a Master's degree in nursing at Loma Linda University.

With your permission, and, of course, the permission of the patient and his doctor, selected patients will answer a paper and pencil questionnaire to ascertain their life style in terms of smoking, work, exercise, diet and stress. At the end of the four cardiac classes, taught by the health educator, we will do values clarification for 10-15 minutes on the subject presented that day. After discharge from the hospital, we will visit the patient bi-weekly until he has received a total of 12 value clarifying sessions. The values clarifying process will be used in addition to the already existing patient education program, and will in no way interfere with it.

It is estimated that it will take about six to eight weeks to obtain a sample of fifteen to twenty patients. We would like to begin gathering data about February 20.

This study has been approved by the University Research Advisory Committee on Human Experimentation and safeguards are built to protect the privacy of the patient. We will be working closely with our advisors: Dr. Ruth White, Professor of Nursing; Lucile Lewis, Professor of Nursing; and Joyce Hopp, Professor of Health Education.

May we have permission to conduct this study in your nursing service? Of course, we will share the findings of our research with you if you desire them. We will be glad to make an appointment to talk with you further about the study. A stamped card is enclosed for your convenience.

We look forward to hearing from you soon.

Sincerely,

Bonnie Berger, RN

Vilma Raettig, RN

CONSENT FORM

We are nurses in the Loma Linda School of Nursing Graduate Program, and are investigating the possibilities of improving our approach to patient health teaching.

As a cardiac patient you are faced with making decisions about changes in your life style in relation to the limitations imposed on you by your heart problem. You are getting, and will be receiving, "facts" from many sources. We are concerned with how you organize these facts and apply them to your personal life style.

In addition to the cardiac classes you will be attending in the hospital, we will take 10-15 minutes to assist you clarify, think about, and apply the information to your own life style. Some of this will be in the form of paper/pencil exercises, and some will be given through discussion. You will always be given the option of not participating if you so desire.

You will be involved in 12 of these sessions, most will be given here in the hospital, but upon discharge we will come to your home twice a week until you have had the opportunity of participating in all 12 sessions. At the beginning and at the end of these exercises you will be asked to fill out a paper/pencil questionnaire; this will probably take 10-15 minutes.

We thank you for your participation.

Bonnie Berger and Wilma Raettig

I understand my name will not be used and all personal information will be kept in strict confidence, I therefore give my free and voluntary consent to participate in the patient teaching study under the supervision of the School of Nursing of Loma Linda University.

_____

SIGNED

_____

DATE

_____

WITNESS

APPENDIX E

"Heartbeat" CORONARY HEALTH HISTORY

INSTRUCTIONS: Read each question carefully. Try to be accurate and specific. Most of the questions can be answered by simply placing an "X" next to the answer that fits you best. We know it is hard to remember some things, but go ahead and do the best you can. This is not a test, just a method of obtaining helpful information about your medical history and background relative to your heart. All information will be kept confidential, and will be used only to help us advise you personally or for statistical summaries.

Your name placed below gives permission for your blood to be taken and for your coronary risk to be evaluated. PLEASE PRINT. Do *not* write in coding boxes that look like this: [ ][ ][ ]

[ ][ ][ ]-[ ][ ]-[ ][ ][ ][ ] [1]
1 2 3 4 5 6 7 8 9 10

11-38

Last Name *First Name* *Middle Name*

39-80

Street Address *City* *State* *Zip*

1. **Social Security Number** __ __ __ - __ __ - __ __ __ __ [2]
(1 2 3 4 5 6 7 8 9 10)

2. **Home Phone** (__ __ __) __ __ __ - __ __ __ __
Area (11 12 13) (14 15 16) (17 18 19 20)

3. **Business Phone** (__ __ __) __ __ __ - __ __ __ __
Area (21 22 23) (24 25 26) (27 28 29 30)

4. **Date of Birth** __ __ __ __ __ __
Mo. Day Yr. (31 32 33 34 35 36)

5. **Sex** → → → → → → → → → → → ¹[ ]M ²[ ]F 37

6. **Age** (at last birthday) → → → → → → → → __ __ (38 39)

7. **Height** (without shoes) __ ft. __ __ in. (40 41 42)

8. **Weight** (in indoor clothing) __ __ __ lbs. (43 44 45)

9. **Approximate Weight at age 25** (in indoor clothing) __ __ __ lbs. (46 47 48)

PLEASE GO TO TOP OF NEXT COLUMN.

10. **How did you learn about the "Heartbeat" coronary risk evaluation?** *Check "Yes" or "No" for each category.*

Yes	No		
¹[ ]	²[ ]	Acquaintance	49
¹[ ]	²[ ]	Newspaper	50
¹[ ]	²[ ]	Pamphlet	51
¹[ ]	²[ ]	Poster	52
¹[ ]	²[ ]	Radio	53
¹[ ]	²[ ]	T.V.	54
¹[ ]	²[ ]	Other (specify) _____	55

11. **What is your father's name?** *Please fill in even if deceased.*

_____

12. **Do you have a particular doctor or clinic to whom you would usually go when you need medical help?**

¹[ ] No ²[ ] Yes - What is the name and address of your doctor or clinic? 56

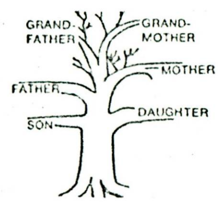
_____
Name

_____
Street

_____
City *State* *Zip*

9/73/4

FAMILY HISTORY



1. How many brothers and/or sisters do you have? → → → → → → → → → → → → → → Number of brothers ___ 57 58
Number of sisters ___ 59 60

I have no brothers or sisters [ ]

2. Have any of your family members ever had the following?
If yes, record the age when it occurred.
If no, check "Never had."

		Age of Occurrence			
FATHER:					
Heart attack or coronary	1[ ] Never had	2[ ] Before 50	3[ ] 50-65	4[ ] Over 65	61
Stroke (brain hemorrhage)	1[ ] Never had	2[ ] Before 50	3[ ] 50-65	4[ ] Over 65	62
MOTHER:					
Heart attack or coronary	1[ ] Never had	2[ ] Before 50	3[ ] 50-65	4[ ] Over 65	63
Stroke (brain hemorrhage)	1[ ] Never had	2[ ] Before 50	3[ ] 50-65	4[ ] Over 65	64
BROTHERS OR SISTERS: *If none, go to next question. If more than one had the same disease, record the age of the one who had the disease at the youngest age.*					
Heart attack or coronary	1[ ] Never had	2[ ] Before 50	3[ ] 50-65	4[ ] Over 65	65
Stroke (brain hemorrhage)	1[ ] Never had	2[ ] Before 50	3[ ] 50-65	4[ ] Over 65	66

3. Are your parents living or dead?	Is Living	Died of Heart Disease	Died of Stroke	Died of Other Causes	
Your father	1[ ]	2[ ]	3[ ]	4[ ]	67
Your mother	1[ ]	2[ ]	3[ ]	4[ ]	68

4. Age of parents, *(if dead, enter age at death).*

Father → ___ 69 70
Mother → ___ 71 72

MEDICAL HISTORY

1. Have you been hospitalized in the past 10 years? .... 1[ ] Yes 2[ ] No 73
If yes, give the time of the most recent hospitalization. ______ 19 ____
Mo. Yr.
Name and location of hospital ________________________________
Name City State

74 75 76 77 *(Do not write in boxes.)*

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3 10

2. Have you ever had pain or discomfort in your chest? ..... 1[ ] Yes 2[ ] No 11

3. Do you get a chest pain when you walk uphill or hurry? ..... 1[ ] Yes 2[ ] No 3[ ] Never walk uphill or hurry 12

4. Do you get a chest pain when you walk at an ordinary pace on the level? ..... 1[ ] Yes 2[ ] No 13

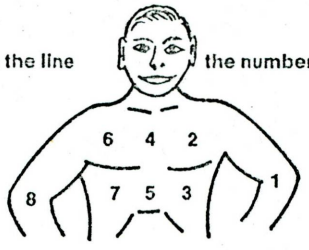
5. If you answered "No" to questions 3 and 4 above, skip to question 10.

6. What do you do when you get a chest pain while walking? *Answer "Stop or slow down" if you carry on after taking nitroglycerine or similar medicine.* 1[ ] Stop or slow down 2[ ] Carry on 14

7. Is the pain relieved if you stand still? ..... 1[ ] Yes 2[ ] No 15

8. How soon is the pain relieved? ..... 1[ ] 10 min. or less 2[ ] More than 10 min. 16

9. Examine the drawing and record on the line the number nearest where you feel the pain ____. 17

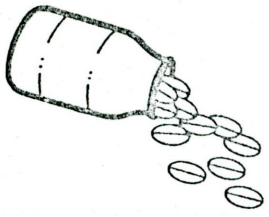


10. Have you ever had high blood pressure?... 1[ ] Yes 2[ ] No 3[ ] Not sure 18
If yes, what is being done for it?..... 1[ ] Taking medicines 2[ ] Special diet only 3[ ] No treatment 19

11. Have you ever had sugar diabetes? ..... 1[ ] Yes 2[ ] No 3[ ] Not sure 20
If yes, what is being done for it?..... 1[ ] Taking medicines 2[ ] Special diet only 3[ ] No treatment 21

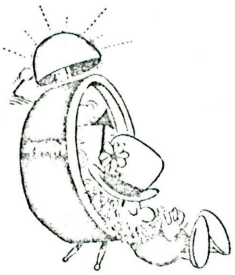
12. Have you ever had any of the following? *Please check "Yes, No, or Not sure" for EACH category.*

Heart Attack or Coronary?	1[ ] Yes	2[ ] No	3[ ] Not sure	22
If yes, at what age?	1[ ] Under 50	2[ ] 50-65	3[ ] Over 65	23
Other Heart Trouble	1[ ] Yes	2[ ] No	3[ ] Not sure	24
Stroke (brain hemorrhage)	1[ ] Yes	2[ ] No	3[ ] Not sure	25
Gallstones or Gallbladder Trouble	1[ ] Yes	2[ ] No	3[ ] Not sure	26
Gout	1[ ] Yes	2[ ] No	3[ ] Not sure	27
Kidney Disease	1[ ] Yes	2[ ] No	3[ ] Not sure	28
Nervous Breakdown	1[ ] Yes	2[ ] No	3[ ] Not sure	29
Overweight	1[ ] Yes	2[ ] No	3[ ] Not sure	30
Stomach or Duodenal Ulcer (peptic ulcer)	1[ ] Yes	2[ ] No	3[ ] Not sure	31
Overactive Thyroid	1[ ] Yes	2[ ] No	3[ ] Not sure	32
Underactive Thyroid	1[ ] Yes	2[ ] No	3[ ] Not sure	33



13. Which of the following drugs are you taking, or have you taken in the past? *If you have never taken the drug, please check "never taken."*

DRUG	Taking Now	Never Taken	Took in Past but not now	
Blood Thinning Medicine	1[ ]	2[ ]	3[ ]	34
Cholesterol or Fat Lowering Medicines	1[ ]	2[ ]	3[ ]	35
Nitroglycerine or Other Coronary Dilators (Isodril, Inderal, etc.)	1[ ]	2[ ]	3[ ]	36
	Now	**Never**	**Past**	
Digitalis	1[ ]	2[ ]	3[ ]	37
Heart Rhythm Medicine	1[ ]	2[ ]	3[ ]	38
Diabetes Pills or Insulin	1[ ]	2[ ]	3[ ]	39
	Now	**Never**	**Past**	
Diet or Weight-Reducing Pills	1[ ]	2[ ]	3[ ]	40
Diuretic (water pills)	1[ ]	2[ ]	3[ ]	41
Birth Control Pills	1[ ]	2[ ]	3[ ]	42
Other Female Hormones (estrogen, medicines for menopause)	**Now** 1[ ]	**Never** 2[ ]	**Past** 3[ ]	43
High Blood Pressure Medicine	1[ ]	2[ ]	3[ ]	44
Gout Medicine (Benemid, Colchicine, etc.)	1[ ]	2[ ]	3[ ]	45
	Now	**Never**	**Past**	
Sleeping Pills	1[ ]	2[ ]	3[ ]	46
Thyroid Hormone	1[ ]	2[ ]	3[ ]	47
Tranquilizers	1[ ]	2[ ]	3[ ]	48
Vitamin Pills or Shots	1[ ]	2[ ]	3[ ]	49



YOUR LIFE STYLE

1. How many hours of sleep do you usually get at night?

   1[ ] Less than 6
   2[ ] 6 hours
   3[ ] 7 hours
   4[ ] 8 hours 50
   5[ ] 9 hours
   6[ ] Over 9 hours

2. What are your smoking habits?

   1[ ] Currently smoking.
   2[ ] Have smoked in past but not now. 51
   Please skip to Question 8 next column. →→→
   3[ ] Never smoked cigarettes, pipe, or cigars - aside from possibly trying it a few times.
   Please skip to Question 12 next column. →→→

FOR CURRENT SMOKERS:

3. Do you smoke a pipe or cigar?

   1[ ] Yes 52
   2[ ] No

4. How many cigarettes do you smoke on the average each day?

   1[ ] None
   2[ ] 1-4
   3[ ] 5-14 (½ pack)
   4[ ] 15-24 (1 pack) 53
   5[ ] 25-34 (1½ packs)
   6[ ] 35-44 (2 packs)
   7[ ] 45-54 (2½ packs)
   8[ ] 55 or more (more than 2½ packs)

5. ___ Yrs. For how many years have you regularly smoked cigarettes? 54 55

PLEASE GO TO TOP OF NEXT COLUMN.

6. ___ Yrs. For how many years have you regularly been smoking a pipe or cigars? 56 57

7. Would you like help to stop smoking?

   1[ ] Yes 58
   2[ ] No

PLEASE SKIP TO QUESTION 12 BELOW

FOR PAST SMOKERS:

8. When you were smoking, did you smoke a pipe or cigars?

   1[ ] Pipe
   2[ ] Cigars
   3[ ] Both 59
   4[ ] Neither

9. When you were smoking, how many cigarettes did you usually smoke per day?

   1[ ] None
   2[ ] 1-4
   3[ ] 5-14 (½ pack)
   4[ ] 15-24 (1 pack) 60
   5[ ] 25-34 (1½ packs)
   6[ ] 35-44 (2 packs)
   7[ ] 45-54 (2½ packs)
   8[ ] 55 or more (more than 2½ packs)

10. ___ Yrs. For how many years did you regularly smoke cigarettes before you stopped? 61 62

11. ___ Yrs. How long ago did you stop smoking cigarettes? 63 64

12. Is your everyday life filled mostly by: *check only one.*

   1[ ] Problems needing solution.
   2[ ] Challenges needing to be met. 65
   3[ ] A rather predictable routine of events.
   4[ ] Not enough things to keep me interested or busy.

13. When you are under pressure or stress, do you usually:

[1] [ ] Do something about it immediately?
[2] [ ] Plan carefully before taking any action? 66

14. Ordinarily, how rapidly do you eat?

[1] [ ] I'm usually the first one finished.
[2] [ ] I eat a little faster than average. 67
[3] [ ] I eat at about the same speed as most people.
[4] [ ] I eat more slowly than most people.

15. Has your spouse or some friend ever told you that you eat too fast?

[1] [ ] Yes, often.
[2] [ ] Yes, once or twice. 68
[3] [ ] No, no one has told me this.

16. When you listen to someone talking, and this person takes too long to come to the point, do you feel like hurrying him along?

[1] [ ] Frequently.
[2] [ ] Occasionally. 69
[3] [ ] Almost never.

17. How often do you actually "put words in his mouth" in order to speed things up?

[1] [ ] Frequently.
[2] [ ] Occasionally. 70
[3] [ ] Almost never.

18. If you tell your spouse or a friend that you will meet him somewhere at a definite time, how often do you arrive late?

[1] [ ] Once in a while.
[2] [ ] Rarely. 71
[3] [ ] I am never late.

19. When you were younger, did most people consider you to be:

[1] [ ] Definitely hard-driving and competitive?
[2] [ ] Probably hard-driving and competitive? 72
[3] [ ] Probably more relaxed and easy going?
[4] [ ] Definitely more relaxed and easy going?

PLEASE GO TO TOP OF NEXT COLUMN.

20. Nowadays, do you consider yourself to be:

[1] [ ] Definitely hard-driving and competitive?
[2] [ ] Probably hard-driving and competitive? 73
[3] [ ] Probably more relaxed and easy going?
[4] [ ] Definitely more relaxed and easy going?

21. How would your spouse (or closest friend) rate you?

[1] [ ] Definitely hard-driving and competitive?
[2] [ ] Probably hard-driving and competitive? 74
[3] [ ] Probably relaxed and easy going?
[4] [ ] Definitely relaxed and easy going?

22. How would your spouse (or best friend) rate your general level of activity? 75

[1] [ ] Too slow. Should be more active.
[2] [ ] About average. Is busy much of the time.
[3] [ ] Too active. Needs to slow down.

4 10

23. Would people who know you well agree that you have less energy than most people?

[1] [ ] Definitely yes.
[2] [ ] Probably yes. 11
[3] [ ] Probably no.
[4] [ ] Definitely no.

24. How was your "temper" when you were younger?

[1] [ ] Fiery and hard to control.
[2] [ ] Strong, but controllable. 12
[3] [ ] No problem.
[4] [ ] I almost never got angry.

25. When you are in a group, do the other people tend to look to you to provide leadership.

[1] [ ] Rarely.
[2] [ ] About as often as they look to others. 13
[3] [ ] More often than they look to others.

26. Do you ever set deadlines or quotas for yourself at work or at home?

[1] [ ] No.
[2] [ ] Yes, but only occasionally. 14
[3] [ ] Yes, once per week or more often.

27. **How many jobs have you had in the last 10 years?** *(If you are retired, give the number of jobs during the last 10 years before you retired.)*

    [1] [ ] None
    [2] [ ] 1
    [3] [ ] 2
    [4] [ ] 3
    [5] [ ] 4
    [6] [ ] 5 or more

    15

28. **Are you presently employed?**

    [1] [ ] Yes - *Please continue on with the next question.*
    [2] [ ] Retired or not presently employed, including housewives not employed. *Please skip to Page 8: "Physical Activity Off the Job."*

    16

FOR EMPLOYED PERSONS ONLY

1. **How often are there deadlines on your job?** *If job deadlines occur irregularly, please check the closest answer below.*

    [1] [ ] Daily or more often.
    [2] [ ] Weekly.
    [3] [ ] Monthly.
    [4] [ ] Never.

    17

2. **At work do you ever keep two jobs moving forward at the same time by shifting back and forth rapidly from one to the other?**

    [1] [ ] No, never.
    [2] [ ] Yes, but only in emergencies.
    [3] [ ] Yes, regularly.

    18

3. **In the past three years have you ever taken less than your allotted number of vacation days?**

    [1] [ ] Yes.
    [2] [ ] No.
    [3] [ ] My type of job does not provide regular vacations.

    19

PLEASE GO TO TOP OF NEXT COLUMN.

4. **How often do you bring your work home with you at night or study materials related to your job?**

    [1] [ ] Rarely or never.
    [2] [ ] Once a week or less often.
    [3] [ ] More than once a week.

    20

5. **How would you compare yourself with the average worker in your present occupation in regard to sense of responsibility?**

    [1] [ ] Much more responsible.
    [2] [ ] A little more responsible.
    [3] [ ] A little less responsible.
    [4] [ ] Much less responsible.

    21

6. **How would you compare yourself with the average worker in your present occupation in regard to your approach to life in general?**

    [1] [ ] Much more serious.
    [2] [ ] A little more serious.
    [3] [ ] A little less serious.
    [4] [ ] Much less serious.

    22

7. **How well satisfied are you with your present work?**

    [1] [ ] Very well.
    [2] [ ] Fairly well.
    [3] [ ] Dissatisfied.
    [4] [ ] Very dissatisfied.

    23

8. **Do you have more than one job now?**

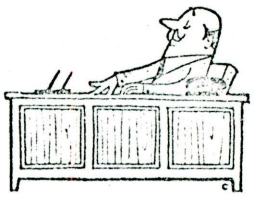
    [1] [ ] Yes
    [2] [ ] No

    24

9. **Indicate the number of hours spent on the job each week:**

    [1] [ ] Less than 25
    [2] [ ] 25-34
    [3] [ ] 35-44
    [4] [ ] 45-54
    [5] [ ] 55-65
    [6] [ ] Over 65

    25



10. On your job, estimate how much of your time is spent sitting, standing, walking, or doing heavy work.

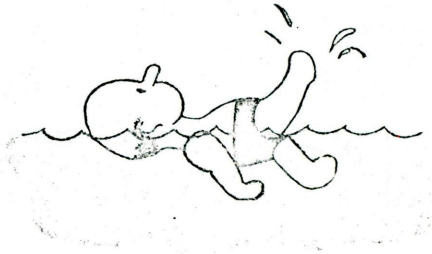
	Practically All	More than ½	About ½	Less than ½	Very Little	
Sitting	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]	26
Standing	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]	27
Walking	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]	28
	Frequently	**Sometimes**	**Seldom or Never**			
Heavy Work (such as lifting or carrying heavy things):	1[ ]	2[ ]	3[ ]			29

11. How do you usually travel to work?

1[ ] Car, bus, etc. 2[ ] Walk 3[ ] Ride bicycle 30

12. How many miles is it one way to your work? *(Please check nearest category.)*

1[ ] ¼ 2[ ] ½ 3[ ] 1 4[ ] 1½ 5[ ] 2 or more 31



PHYSICAL ACTIVITY OFF THE JOB

COMPLETE THIS SECTION EVEN IF EMPLOYED

If you are retired or not presently employed, please count all of your time as "OFF THE JOB."

1. On the average, how much physical activity do you have OFF THE JOB?

1[ ] Very Little 2[ ] Moderate Amount 3[ ] Considerable 4[ ] Much 32

2. Do you think you are more physically active or less physically active than most people your age?

1[ ] Much Less Active 2[ ] A Little Less Active 3[ ] A Little More Active 4[ ] Much More Active 33

3. Do you have a regular exercise program OFF THE JOB?

1[ ] Yes 2[ ] No 34

4. How often do you engage in the following VIGOROUS activities OFF THE JOB?

Activity	Never	Very Seldom	1-2 Times Per Week	3-6 Times Per Week	Every Day	
Hiking or Outdoor Walking	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]	35
Running or Jogging	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]	36
Bicycling or Stationary Cycling	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]	37
Swimming	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]	38
Tennis	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]	39
Vigorous Gardening (spading, hand mowing, etc.)	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]	40
Other Vigorous Activity *(Please specify what and check how often)*	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]	41

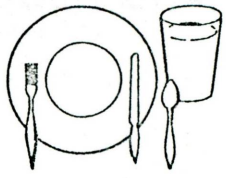
_____

5. How many MINUTES would you estimate you usually spend PER SESSION in activities you do once a week or more often?

	15 Min. or less	16-30 Min.	31-45 Min.	46-60 Min.	Over 60 Min.	
Hiking or Outdoor Walking	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]	42
Running or Jogging	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]	43
Bicycling or Stationary Cycling	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]	44
Swimming	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]	45
Tennis	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]	46
Vigorous Gardening (spading, hand mowing, etc.)	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]	47
Other Vigorous Activity *(Please specify what and check how much time)*	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]	48

_____

YOUR DIETARY HABITS



1. When you are following your daily routine, how many meals do you eat, and at what times do you eat them? *If you do not usually eat a meal, check "usually skip."*

	Usually Skip	USUAL TIME EATEN - CHECK THE NEAREST HOUR												
BREAKFAST	1[ ]	2[ ]5 am	3[ ]6 am	4[ ]7 am	5[ ]8 am	6[ ]9 am	7[ ]10 am							49
LUNCH	1[ ]	2[ ]11 am	3[ ]12 noon	4[ ]1 pm	5[ ]2 pm	6[ ]3 pm								50
DINNER OR SUPPER	1[ ]	2[ ]4 pm	3[ ]5 pm	4[ ]6 pm	5[ ]7 pm	6[ ]8 pm	7[ ]9 pm							51
If mealtimes are very irregular, check here.	1[ ]													52

2. If you eat any meals between 9 p.m. and 5 a.m., specify when.

_____ Breakfast Hour _____ Lunch Hour _____ Dinner Hour

(do not write in boxes)

53	54	55	56	57	58

The following items are classified on a *daily* or *weekly* basis. For some you should check the number of *times* an item is used while for others you should check the number of *servings* or *amounts* used. Be alert to these differences when marking the category that indicates your *usual* intake. If you eat some of these foods only rarely or occasionally, mark the "less than 1" category. PLEASE ANSWER EACH QUESTION.

WEEKLY BASIS

1. VEAL or LAMB:
Times per week

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2
[4] [ ] 3-5
[5] [ ] 6-7
[6] [ ] Over 7

59

2. SPAM or LUNCHEON MEAT:
Times per *week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2
[4] [ ] 3-5
[5] [ ] 6-7
[6] [ ] Over 7

60

3. WEINERS or FRANKFURTERS:
Times per *week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2
[4] [ ] 3-5
[5] [ ] 6-7
[6] [ ] Over 7

61

4. CHICKEN or TURKEY (Poultry)
Times per *week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2
[4] [ ] 3-5
[5] [ ] 6-7
[6] [ ] Over 7

62

5. BACON: *Times* per *week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2
[4] [ ] 3-5
[5] [ ] 6-7
[6] [ ] Over 7

63

PLEASE GO TO TOP OF NEXT COLUMN.

WEEKLY BASIS

6. SAUSAGE and OTHER PORK:
Times per *week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2
[4] [ ] 3-5
[5] [ ] 6-7
[6] [ ] Over 7

64

7. BEEF (Steak or Hamburger):
Times per *week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2
[4] [ ] 3-4
[5] [ ] 5-8
[6] [ ] 9-12
[7] [ ] 13-16
[8] [ ] 17-20
[9] [ ] Over 20

65

8. SHELLFISH (Oysters Lobster, Crab, Shrimp):
Times per *week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2
[4] [ ] 3-5
[5] [ ] 6-7
[6] [ ] Over 7

66

9. ORGAN MEATS (Liver, Brain, Kidney, Sweetbreads, etc.):
Times per *week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2
[4] [ ] 3-5
[5] [ ] 6-7
[6] [ ] Over 7

67

PLEASE GO TO TOP OF NEXT COLUMN.

WEEKLY BASIS

10. VEGETABLE PROTEIN PRODUCTS (Vegeburger, Soya Chicken, etc.):
Times per *week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2
[4] [ ] 3-5
[5] [ ] 6-7
[6] [ ] Over 7

68

11. EGGS: *(Eaten and In Cooking): NUMBER per week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-3
[4] [ ] 4-6
[5] [ ] 7-10
[6] [ ] 11-14
[7] [ ] 15-18
[8] [ ] 19-22
[9] [ ] Over 22

69

12. COTTAGE CHEESE:
Times per *week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2
[4] [ ] 3-5
[5] [ ] 6-7
[6] [ ] Over 7

70

13. OTHER CHEESE:
Times per *week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2
[4] [ ] 3-5
[5] [ ] 6-7
[6] [ ] Over 7

71

WEEKLY BASIS

14. WHIPPED CREAM (or substitutes): *Times per week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2
[4] [ ] 3-5 72
[5] [ ] 6-7
[6] [ ] Over 7

15. SOUR CREAM (or substitutes): *Times per week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2
[4] [ ] 3-5 73
[5] [ ] 6-7
[6] [ ] Over 7

16. COFFEE CREAM (or substitutes): *Times per week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2
[4] [ ] 3-5 74
[5] [ ] 6-7
[6] [ ] Over 7

17. HALF & HALF (or substitutes): *CUPS per week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2 75
[4] [ ] 3-5
[5] [ ] 6-7
[6] [ ] Over 7

18. EVAPORATED MILK: *CUPS per week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2 76
[4] [ ] 3-5
[5] [ ] 6-7
[6] [ ] Over 7

PLEASE GO TO TOP OF NEXT COLUMN.

WEEKLY BASIS

5 10

19. PIE and CAKE: *SERVINGS per week*

[1] [ ] None
[2] [ ] Less than 1 11
[3] [ ] 1-2
[4] [ ] 3-5
[5] [ ] 6-7
[6] [ ] Over 7

20. DOUGHNUTS, SWEET ROLLS, and COOKIES: *TIMES per week*

[1] [ ] None
[2] [ ] Less than 1 12
[3] [ ] 1-2
[4] [ ] 3-5
[5] [ ] 6-7
[6] [ ] Over 7

21. PUDDINGS and JELLO: *TIMES per week*

[1] [ ] None
[2] [ ] Less than 1 13
[3] [ ] 1-2
[4] [ ] 3-5
[5] [ ] 6-7
[6] [ ] Over 7

22. ICE CREAM: *SERVINGS* (scoops) per *week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2 14
[4] [ ] 3-5
[5] [ ] 6-7
[6] [ ] Over 7

23. CANDY: *TIMES per week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-3
[4] [ ] 4-6 15
[5] [ ] 7-10
[6] [ ] 11-15
[7] [ ] 16-20
[8] [ ] Over 20

PLEASE GO TO TOP OF NEXT COLUMN.

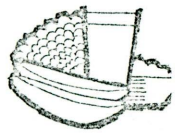
WEEKLY BASIS

24. COLA DRINKS: *CANS per week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-4
[4] [ ] 5-8 16
[5] [ ] 9-12
[6] [ ] 13-20
[7] [ ] 21-30
[8] [ ] Over 30

25. OTHER SOFT DRINKS: *CANS per week*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-4
[4] [ ] 5-8 17
[5] [ ] 9-12
[6] [ ] 13-20
[7] [ ] 21-30
[8] [ ] Over 30



DAILY BASIS

26. SOY MILK: *CUPS per day*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2 18
[4] [ ] 3-4
[5] [ ] Over 4

27. IMITATION MILK: *Cups per day*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2 19
[4] [ ] 3-4
[5] [ ] Over 4

28. SKIM MILK, NON-FAT, or BUTTERMILK: *Cups per day*

[1] [ ] None
[2] [ ] Less than 1
[3] [ ] 1-2 20
[4] [ ] 3-4
[5] [ ] Over 4

DAILY BASIS

29. LOW FAT MILK: *Cups per day*
- [1] None
- [2] Less than 1
- [3] 1-2 21
- [4] 3-4
- [5] Over 4

30. WHOLE MILK: *Cups per day*
- [1] None
- [2] Less than 1
- [3] 1-2 22
- [4] 3-4
- [5] Over 4

31. COFFEE: *Cups per day*
- [1] None
- [2] Less than 1
- [3] 1-2 23
- [4] 3-4
- [5] 5-6
- [6] Over 6

32. TEA: *Cups per day*
- [1] None
- [2] Less than 1
- [3] 1-2 24
- [4] 3-4
- [5] 5-6
- [6] Over 6

PLEASE GO TO TOP OF NEXT COLUMN.

DAILY BASIS

33. MARGARINE: *PATS per day*
- [1] None
- [2] Less than 1
- [3] 1-4 25
- [4] 5-8
- [5] Over 8

34. BUTTER: *PATS per day*
- [1] None
- [2] Less than 1
- [3] 1-4 26
- [4] 5-8
- [5] Over 8

35. JAMS, JELLIES, SYRUPS, and HONEY: *TIMES per day*
- [1] None
- [2] Less than 1
- [3] 1-2 27
- [4] 3-4
- [5] Over 4

36. SALAD DRESSINGS and MAYONNAISE: *TIMES per day*
- [1] None
- [2] Less than 1
- [3] 1-2 28
- [4] 3-4
- [5] Over 4

PLEASE GO TO TOP OF NEXT COLUMN.

DAILY BASIS

37. VEGETABLES: *SERVINGS per day*
- [1] None
- [2] Less than 1
- [3] 1-2 29
- [4] 3-4
- [5] Over 4

38. FRUITS: *Servings per day*
- [1] None
- [2] Less than 1
- [3] 1-2 30
- [4] 3-4
- [5] Over 4

39. CEREALS: *Servings per day*
- [1] None
- [2] Less than 1
- [3] 1-2 31
- [4] 3-4
- [5] Over 4

40. BREADS: *SLICES per day*
- [1] None
- [2] Less than 1
- [3] 1-3 32
- [4] 4-6
- [5] Over 6

41. How often do you add the following items to your food at the table?

	Every Meal	Very Frequently	Quite Often	Seldom	Never	
Salt	[1]	[2]	[3]	[4]	[5]	33
Pepper	[1]	[2]	[3]	[4]	[5]	34
Catsup	[1]	[2]	[3]	[4]	[5]	35
Mustard	[1]	[2]	[3]	[4]	[5]	36

42. What type of fat is usually used in the *COOKING* and *BAKING* of your food?

	Never	Seldom	Routinely	
Dairy Butter, Lard, or Meat Drippings	[1]	[2]	[3]	37
Solid Vegetable Shortening	[1]	[2]	[3]	38
Margarine *(used in cooking and baking only)*	[1]	[2]	[3]	39
Vegetable Oil (corn, olive, peanut, soy, etc.)	[1]	[2]	[3]	40

43. How often do you drink any of the following:

	Never	Almost Never	Less Than Once A Week	1-2 Times Per Week	3-4 Times Per Week	More Than 4 Times Per Week	
WINE?	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]	6[ ]	41
BEER?	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]	6[ ]	42
LIQUOR? (whiskey, gin, rum, vodka, etc.)	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]	6[ ]	43

If you never drink, skip to Question 45.

44. If you ever drink wine, beer, or liquor, how many drinks do you usually have at one sitting?

	1-2 Drinks	3-4 Drinks	5 or more Drinks	
WINE?	1[ ]	2[ ]	3[ ]	44
BEER?	1[ ]	2[ ]	3[ ]	45
LIQUOR?	1[ ]	2[ ]	3[ ]	46

45. Do you like fat meat?

1[ ] Very much 2[ ] A fair amount 3[ ] Very little 4[ ] Not at all 5[ ] Never eat meat 47

46. Do you cut as much fat as possible off meat before you cook or eat it?

1[ ] Never 2[ ] Seldom 3[ ] Routinely 4[ ] Never eat meat 48

47. How many times per day do you eat between meals? (Include all foods and beverages except black coffee or water.)

1[ ] Rarely or never 2[ ] 1-2 3[ ] 3-4 4[ ] 5-6 5[ ] More than 6 49

48. How does the AMOUNT of your usual breakfast compare with the AMOUNT of the breakfast described below? *Compare AMOUNT only, not type of food.*

A bowl of cereal, a serving of fruit or juice, a cup of milk, and a slice of toast with spread.

I usually eat: 1[ ] Much Less 2[ ] Somewhat Less 3[ ] About the Same 4[ ] Somewhat More 5[ ] Much More 50

49. During the past year have you actually been following any of the special diets listed below? *Check "Yes" or "No" for each diet.*

Yes	No		
1[ ]	2[ ]	A diet to lower cholesterol	51
1[ ]	2[ ]	A diet to lose weight	52
1[ ]	2[ ]	A diet for diabetes	53
1[ ]	2[ ]	A low salt diet	54

YOUR SOCIAL HISTORY

1. Which of the following best describes your present work situation?

1[ ] Never been employed on a regular basis. *(Skip to Question 6 next column.)*
2[ ] Homemaker - Not engaged in other employment. *(Skip to Question 4 below.)*
3[ ] Retired
4[ ] Temporarily out of work 55
5[ ] Currently working, but not for wages.
6[ ] Work part-time for pay.
7[ ] Work full time for pay.
8[ ] Other (specify)_____

_____

2. PRESENT OCCUPATION: What *kind* of *work* are you doing now? For those retired, or not presently employed, what kind of work did you last do when you were working?

56 57 *(Do Not Write In Boxes)*

Job Title_____ 56 57

Major duties or responsibilities:

_____

_____

3. In your present job are you self-employed, or working for someone else?

1[ ] Retired, or not presently employed
2[ ] Self-employed 58
3[ ] Working for someone else

4. PAST OCCUPATION: Was your occupation during most of your life different from that listed above?

1[ ] No - *(Skip to Question 6 next column.)* 59
2[ ] Yes - Please specify the type of work it involved.

Job Title:_____

Major duties or responsibilities:

_____ 60 61

_____

60 61 *(Do Not Write In Boxes)*

PLEASE GO TO TOP OF NEXT COLUMN.

5. In that job were you . . .

1[ ] Self-employed? 62
2[ ] Working for someone else?

6. Your education: *Circle the highest grade you completed in school.*

Grade School: 0 1 2 3 4 5 6 7 8

High school: 9 10 11 12

Vocational or Business School: 1 2 3 4

College: 1 2 3 4 5+

Advanced Degree: (please specify)

_____

63 64 *(Do not write in boxes.)* 63 64

7. What is your marital status?

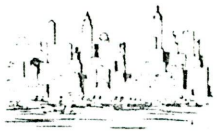
1[ ] Never married 65
2[ ] Married
3[ ] Widowed
4[ ] Separated or divorced

8. What is your race?

1[ ] American Indian 66
2[ ] Oriental
3[ ] Black
4[ ] Spanish-American
5[ ] White (Anglo)
6[ ] Other (specify)_____

9. What is your religion?

1[ ] Catholic 67
2[ ] Latter-Day Saints
3[ ] Seventh-day Adventist
4[ ] Other Protestant (specify)_____
5[ ] Jewish
6[ ] Other Religion (specify)_____
7[ ] No Preference



10. Where were you *born*?

68

[1] [ ] U.S. _____
City *State*

[2] [ ] Other Country _____
Country

11. During the last 5 years at how many different addresses have you lived?

69

[1] [ ] 1
[2] [ ] 2
[3] [ ] 3
[4] [ ] 4
[5] [ ] 5 or more

12. Where have you lived most of your life?

70

[1] [ ] Rural
[2] [ ] Small town or city under 20,000
[3] [ ] City 20,000 to 100,000
[4] [ ] City over 100,000

13. Which of the following best described where you live now?

71

[1] [ ] Rural
[2] [ ] Small town or city under 20,000
[3] [ ] City 20,000 to 100,000
[4] [ ] City over 100,000

PLEASE GO TO TOP OF NEXT COLUMN.

14. Would you please give the name of a relative or friend, living outside your household, with whom your household keeps in touch? (We ask this just in case we should want to reach you later and we did not have your current address.)

_____
Name *Relationship*

_____
Street

_____
City *State* *Zip*

FOR WOMEN ONLY

1. If you are now married, what kind of work does your husband do, or did he do when last employed? (If you are widowed or divorced, please describe your former husband's usual occupation.)

Job Title: _____

Major duties or responsibilities: _____

_____

☐☐ *(do not write in boxes)* 72 73
72 73

2. Are you still having menstrual periods?

74

[1] [ ] Yes [2] [ ] No

Why have they stopped?

75

[1] [ ] Naturally
[2] [ ] X-ray or medical treatment
[3] [ ] Removal of womb (hysterectomy)

Thank you for completing this questionnaire. Please recheck each page to be sure you have not missed any questions.

The "Heartbeat" coronary risk evaluation has been developed by the Loma Linda University School of Health Loma Linda, California

FOR STAFF USE ONLY

TO BE FILLED OUT AT TEST SITE

Name _____
Last Name *First Name* *Middle Name*

6 10

1. HAVE YOU EATEN ANY FOOD OR LIQUID (except water) DURING THE PAST 12 HOURS?
   [1] [ ] Yes [2] [ ] No What?_____ How long ago? ____ hrs. [ ] 11

2. Date Blood Drawn __ __ __ __ __ __
   Mo. *Day* *Yr.*
   12 13 14 15 16 17

3. Town Where Blood Drawn _____ 18 19 20 21 22 23 24

4. Frame Size: (check one)
   [1] [ ] *Small* [2] [ ] *Medium* [3] [ ] *Large* 25

5. __ __ 26 27 Height (inches) Without Shoes

6. __ __ __ 28 29 30 Weight (pounds) In Indoor Clothing

7. Blood Pressure:
   __ __ __ 31 32 33 Systolic
   __ __ __ 34 35 36 Diastolic

TO BE COMPLETED UPON RETURN OF LAB RESULTS

8. Laboratory Doing Blood Test:
   37 [1] [ ] United Medical Labs
   [2] [ ] Other _____

9. __ __ __ __ 38 39 40 41 Glucose (mg./dl.)

10. __ __ __ 42 43 44 Cholesterol (mg./dl.)

11. __ __ __ __ 45 46 47 48 Triglycerides (mg./dl.)

12. Electrophoretic Type
    49 Normal [1] [ ] II-IV [2] [ ] Bor. II [3] [ ] II [4] [ ] III [5] [ ] Bor. IV [6] [ ] IV [7] [ ] V [8] [ ]

RECOMMENDED PROGRAMS

[1] [ ] Weight Control 50
[1] [ ] Stress Control 51
[1] [ ] Dietary Control of Cholesterol and Triglycerides 52
[1] [ ] Blood Pressure Control 53
[1] [ ] Physical Fitness 54
[1] [ ] Stop Smoking 55

COMMENTS: _____

LOMA LINDA UNIVERSITY

Graduate School

THE APPLICABILITY OF VALUES CLARIFICATION TO CARDIAC PATIENT EDUCATION

by

Bonnie Berger

and

Vilma Raettig

An Abstract in Partial Fulfillment

of the Requirements for the Degree

Master of Science in the Field of Nursing

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LOMA LINDA, CALIFORNIA

ABSTRACT

The purpose of this study was to determine the applicability of the value clarifying approach as an additional educational method to assist the chronic heart patient to examine his life style, establish some priorities, and implement changes in his life style in light of his disease condition and the limitations it imposes.

In an experimental study 20 male and female, medical and surgical cardiac patients participated in an educational program involving 8 value clarifying sessions. After these sessions the patients evaluated their own behavior in terms of their self-set goals, in the life style areas of smoking, diet, work, exercise and stress.

Sixty-five per cent of the patients studied acted on their self-set goals and thirty-five per cent chose not to set goals for themselves. The age of the patient and his goal setting behavior were closely related. Values clarification was particularly applicable to the 51 to 60 age group, and less effective with those patients over 61 years of age.

Through use of the valuing process in a one to one relationship patients were able: to honestly look at their lives, to set specific goals for change in life style, to act on their goals, and to evaluate their own progress toward their goals. Additional benefits accrued from visiting patients in their homes and assisting them to clarify their values in their familiar environments.

Limitations on the patients' abilities to use values clarification as a stimulant for change included the severity of their illnesses, denial on their part that problems existed, and old age.