

WOMEN'S USE OF SOCIAL COMPARISONS AFTER A CARDIAC EVENT

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Purpose: In the United States coronary heart disease (CHD) is a significant and chronic threat to independence and quality of life in women over age 50. Physical activity can improve physical health and psychological well-being, attenuating the health risks associated with CHD and enabling older adults to maintain an independent lifestyle. Increasing physical activity is thus a major component of the lifestyle changes prescribed in formal cardiac rehabilitation (CR) programs. While women in CR programs often realize comparable or even greater improvements than men in functional capacity, psychosocial well being, and CHD risk factor reduction, women attend CR at lower rates and have higher rates of attrition, as well as poorer maintenance of physical activity. Barriers to physical activity by women include age, comorbidities, low self-esteem, beliefs about exercise, and experiences of fatigue and discomfort; however, women's low rates of initiating and adhering to physical activity behaviors remain poorly understood. Examination of factors that influence health behavior change may lead to better understanding of women's physical activity behaviors. Social factors influence health behavior change, and they may be exerted by family, friends, and peers who are part of the social environment. Little is known about the link between social support and women's engagement in healthy lifestyle practices; but women with CHD have voiced a need to share and compare experiences in adjusting to the disease and required lifestyle changes. This is consistent with social comparison, or the process of relating personal characteristics to the characteristics of others. Individuals participate in social comparisons to obtain information, engage in self-enhancement, and make self-evaluations and self-improvements. Research suggests that during periods of stress, uncertainty, or change people often engage in more social comparison activities, obtaining information and identifying potential candidates on whom they can model behavior changes. Consequently, social comparisons may play a role in adaptation to serious illness and disability and in initiation of health behavior changes. Most measurement of social comparison processes has occurred with single instruments and single occasion measurement, which may fail to capture the dynamic nature of making comparisons. Therefore, the purpose of this research, as part of a larger study examining multiple factors, is to describe and explore the social comparison processes women engage in while participating in a program of CR.

Method: The study sample will include women enrolled in a 12 week, formal, Phase II CR program after experiencing an MI, CABG, or PTCA, or being diagnosed with stable angina. Theoretical sampling, to promote sample diversity, will continue until theoretical saturation is achieved. Six open-ended questions about social comparisons will be posed, with interviews recorded and transcribed. Data analysis will include cross interview analysis, organization into files and topics, and searches for patterns and themes across cases. Interpretation will include offering explanations, drawing conclusions, making inferences, attaching meanings, evaluating rival explanations, and determining significance.

FINDINGS: Initial findings from interviews with the first participants will be described.