
From the editor

REFLECTIONS ON MOTIVATION AND HEALTH CARE VALUES

Motivation seems to be intrinsically linked to values. Usually we think of this link in terms of the values that an individual or group demonstrates that in turn might account for, or explain, their actions. There is another level on which motivation and values are linked—the very level of conceptualizing itself. Those of us who work with ideas and the meanings of ideas or who use ideas to express what we are attempting to do in practice have certain values that influence what we mean when we use these ideas.

Motivation, for example, is what gives people the energy, impetus, or direction to behave as they do in relation to their health. Of course, it is we who usually define, based on *our* values, what we mean by health. In turn, our definition of health dictates what we would admit as evidence of motivation. Motivation, like an attitude, must have some object toward which it is oriented. If we say that someone is motivated to do or not do x, y, or z in the interest of his or her health, then surely what we think of as “health” is reflected in what we identify as the behaviors that we take as indicators of health and the motivation related to health.

Roughly 50% of the manuscripts submitted for this issue of *ANS* had to do with the “health” behavior of breast self-examination. For every woman of our time, breast cancer is something more than a remote possibility. Having a family history of breast cancer is now more common than not, and most of us know personally a family member or a close friend who has been diagnosed or has died of breast cancer. A disease like breast cancer may be intrinsic to what we come to identify as health. But it is still not a desired part of our lives, nor does it appear as something that we accept as inevitable. There is no doubt that most of us consider ourselves susceptible, and in several other ways, theoretically we should be motivated to do something to protect our-

selves.

But what are we to do? Is breast self-examination a behavior that is conceptually linked to our ideas about health? I think not. I have been well indoctrinated with the rhetoric about early detection, but the irony of placing vast professional energies into advocating a procedure that detects a dreaded disease, with the predictable next step of disease diagnosis and treatment, seems to carry a message that is not consistent with our best ideas of health. Given the prevalence of breast cancer, I am not advocating the abdication of our responsibility for early detection of the disease. But surely there is a dimension beyond early detection of a disease that would more adequately express, in our practice behavior, the values that we say we associate with health—a process that is different from or more than the absence of disease.

What are we to do? I challenge us as health care providers to examine carefully the values we associate with health and the behaviors that we are motivated to exhibit in relation to these values. Do we know how to fulfill our own notions about health in our own lives and in society? For example, do we know what we need to know to truly protect ourselves from the dangers of environmental contamination? Do we know what we need to know to clean up our environment? The behaviors implied in these rhetorical questions require a certain motivation—motivation not only to seek the knowledge we need but to act consistently with the knowledge we have.

The theories and research evidence explored in this issue of *ANS* provide insight into the phenomena we commonly associate with motivation. As we grow in our understanding of what motivation could be and produce explanations for health-related behaviors, let us continue to examine the fundamental meanings of the behaviors we advocate.

—Peggy L. Chinn, PhD, FAAN
Editor