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The value of health in the opinion of patients after myocardial infarction

Health as the counter-value of disease is a vital value. It is an attribute and prerequisite of the existence of life. Individual system of values and the place of health in it as well as health convictions constitute a sort of interpretational filter for what is going on with one's body and what consequences this may have for an individual (6). By choosing some definite values and the role attached to them man expresses his own hopes, ideas as for the expected features of a new quality of life and own willingness to take the responsibility for its shape. An individual, by undertaking various actions, refers to values which make up criteria of his choices. In this way attitudes depend on approved values (4).

The disease as a stress situation or even a crisis one affects both the attitudes man has maintained hitherto and his relationships with the environment (1). It sometimes endangers the values appreciated by him interfering with his ideas and thus compels him to make an effort in order to achieve adaptation. The disease is an opportunity to change the hierarchy of values, to mobilise creative potential and to discover new resources in this sphere (5).

Therefore, it seems interesting to determine what values are essential for an ill person and especially how he ranks the value of health. Hence, studies were undertaken whose aim was to determine the attitudes of people after myocardial infarction towards the value of health.

To obtain answers to the above general problem the following detailed questions were compiled: What values are most often preferred by people after heart infarct? What place is taken by health in the hierarchy of values? Has the chronic disease changed the attitude of the patients to the value of health? Is there a proper motivation for health

promoting behaviours in people after heart infarct? What gives sense to human life in the situation of disease?

MATERIAL AND METHODS

The following techniques were used in empirical studies: questionnaire, interview and analysis of medical records.

Empirical studies were carried out in three stages. The first stage consisted in the selection of the study group among all patients of the Spa Cardiologic Hospital in Nałęczów basing on medical records. All patients who had been once affected by heart infarct in the past four years were qualified for the study. The second stage involved filling in a questionnaire which comprised 38 questions by the study group subjects. In the third stage the patients who decided to take part in the study and filled in the questionnaires correctly were interviewed. The total number of the study subjects was 250. The study was performed at the turn of 1998 in the Spa Cardiologic Hospital in Nałęczów. The obtained results were statistically analysed basing on chi-square test.

A considerable percentage of the subjects comprised men (64.3%) while women constituted 35.7%. Three numerically comparable study groups comprised people aged 41-50 years – 30%, 51-60 years – 33% and over 60 years – 32%. The least numerously represented were young persons aged 20-40 years – 5%. According to the place of residence the patients can be divided into those living in big towns – 33%, medium – 28%, small ones – 19% and rural areas – 20%. The educational structure points to the prevalence of people with secondary education – 45%. Then 21% each accounts for people with vocational and higher education while 12% for those with elementary education.

RESULTS

Concentration of the respondents on life values being their life goals and aspirations was reflected in the choice of the most important values. Out of 18 values the respondents made multiple choices and thus a catalogue of hierarchically ordered values emerged which maintained the structure of superiority and subordination. Among the life goals and aspirations of the respondents health occupies the leading place (vital value), then the family and family happiness (affiliation value) and quiet life (private-personal value). There is emphasised the role of faith, respect of others and prosperity. On the other hand, a clear distance is observed to the values representing political and social life. A comparatively low rank in axiologic choices is given to the values of prestige such as fame, power. These choices are confirmed by the classification of 'the value most important of all' where health and family also have a definite priority. A special value for

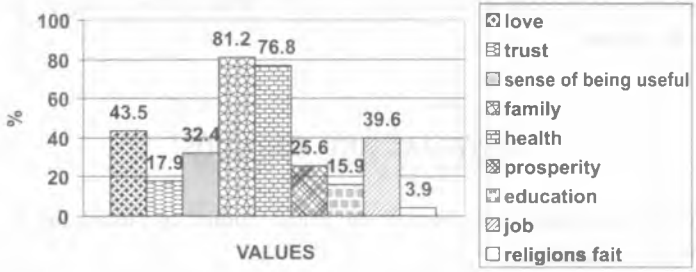

Fig. 1. The structure of choices of essential values

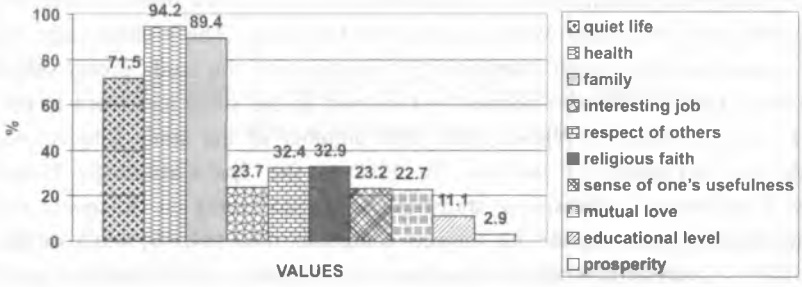

Fig. 2. The structure of choices of the values most important of all

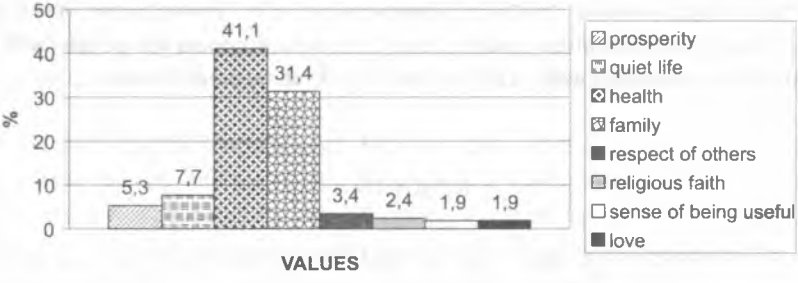

Fig. 3. The structure of values giving sense to life

people after heart infarct is the family. For the examined group the family and family happiness are the priority values giving sense to life and in this axiologic category is the only value competing with health. Despite different changes taking place in family functioning, its custodial-nursing role has not got altered and therefore the family is still an important link of health care system. This concerns both nursing tasks and shaping positive emotions.

In the classification of values giving sense to life a significant difference can be observed between men and women. For men the superior role is played by the family as compared to health. For women these two values are nearly equivalent in this category of choices while they more emphasise the priority character of these two values as giving sense to their lives. The occurrence of the illness caused the sense of increased value of health in comparison to the period before the illness, which is more clearly marked among elderly people and men.

This was, among others, reflected in assurances about greater care of health which is manifested by endeavours after: healthier diet – 73%, more stabilised way of living – 59%, increased physical activity – 39%, cutting down on cigarette smoking – 33%, cutting down on condiments such as coffee, strong tea – 20%. In this way signal trends for health promotion behaviours appeared.

Practical manifestations of attitudes towards the value of health are health promoting behaviours. Study results have revealed that in spite of the experience of a serious disease there is still a small involvement in creating healthy lifestyle among people after myocardial infarction. The greatest objections are raised by: small physical activity – 76.8%, irregular meals – 53.1%, monotonous diet – 52.7%, neglecting regular check-ups – 39.1%, excessive consumption of coffee – 31.4%, too many calories in the diet – 28.5%, high meat content in the diet – 26.1%, cigarette smoking – 17.4%

According to the respondents, the reasons of unhealthy behaviours are rooted in ignorance (mainly in elderly people – over 60 years of age) and in the lack of time (mainly in younger people – under 60 years of age).

Table 1. Reasons of behaviours contradictory to health promoting recommendations

Reasons	Age			Total
	20-40 years	41-60 years	over 60 years	
Ignorance	50.0%	50.4%	60.6%	53.6%
Lack of conviction about their efficacy	41.7%	27.1%	31.8%	29.5%
Lack of time	41.7%	33.3%	13.6%	25.5%
Lack of possibilities	16.7%	15.5%	13.6%	15.0%
Lack of skills	25.0%	5.4%	13.6%	9.2%
Others	0 %	1.6%	0 %	1.0%

The answers do not give the total of 100 since the respondents could choose more than one answer.

Behaviours of the study group in the situation of pathologic symptoms as well as the circumstances of consulting doctors also show the lack of responsibility for own health and going to the doctor in extreme situations, when the symptoms are very bad, as typical behaviours of people after hard infarct, do not distinguish the study group from the general public. Greater carefulness in this respect has been observed among elderly people (over 60 years).

Table 2. Procedure in the situation of pathologic symptoms

Behaviours	Sex			Total
	20-40 years	41-60 years	over 60 years	
I wait till they subside and go to the doctor under extreme conditions	91.6%	66.6%	56.0%	64.1%
I go to the doctor at once	25.0%	33.3%	50.0%	38.2%
I treat myself	16.7%	20.9%	10.6%	17.4%
I take advice of my friends	8.3%	1.6%	0 %	1.2%
I pray and trust in prayer	8.3%	14.0%	9.1%	25.0%

The answers do not give the total of 100 since the respondents could choose more than one answer.

Motivation is a necessary condition of an individual's functioning, which starts actions, gives them the direction, maintains them and affects their completion (3). Considering the recognition of motivation for undertaking health promoting actions the assumption was made that depending on the expectations concerning health improvement one can expect the will to take up health promoting efforts and cooperation in the process of treatment and rehabilitation. Hence according to the theory of motivation the decision of undertaking a definite action is the function of goal value and chances of accomplishing this goal (2). As can be seen from the empirical material, the lack of definitely positive attitude to the possibility of own health improvement is a demobilising factor for possible health promoting activities. Patients do not believe in the efficiency of own activities, which is expressed in this paper and, besides, they do not believe in the possibility of changes in the behaviours of adults. Therefore, one can hardly expect appropriate motivation for mobilising, intensifying and completion of pro-health efforts both now and in the future.

CONCLUSIONS

The study lets formulate the following conclusions:

1. People after myocardial infarction declare health to be the "most important of important" values and the most desirable in the category of "life goals endeavours". Health is more appreciated by people over 40 than by younger ones and the fact of disease occurrence caused the feeling of its rank increase as compared with the period before the disease.

2. Family and family happiness are the foreground values giving the sense of life which is especially preferred by women. Patients count on the aid of the family in the sphere of physical and spiritual support, expect good care and cooperation in the feeling of mutual responsibility for health.

3. In the situation of chronic illness a greater than before tendency for undertaking wholesome efforts is observed. Generally, however, too small involvement is found in creating a healthier lifestyle, both on the level of knowledge and skills and motivation necessary to carry it out.

4. Despite the awareness of a great influence of own behaviour on health, a number of improper behaviours is still observed, which is important with regard to the necessity of eliminating the risk factors of hard infarct. The reasons of unhealthy behaviours are mainly rooted in ignorance (mainly in people over 60 years) and lack of time, mainly in younger persons – under 60 years.

The above listed conclusions let formulate a list of some professional activities of a nurse, which has been expressed in the following postulates:

1. It is necessary to shape health awareness based on everyone's responsibility of everyone for own health. This awareness should be formed, among others, in the course of widespread educational and instructive nursing activities based on scientific premises adequate to social needs, considering social differences between individual groups of patients with respect to age, educational level etc.

2. Education and upbringing should show a deeper sense of "being healthy" both on the individual and social scale.

3. The enhancement of conscious efforts of people after myocardial infarction to the benefit of own health aiming at its improvement and maintenance and increase should be carried out with simultaneous formation and development of individual health care skills.

4. In the reforming of medical schools there should be included as wide as possible range of contents from the humanities subjects, which contribute to better preparation of nurses for performing tasks resulting from the widely understood educational function.

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SUMMARY

Health as the counter-value of disease is a vital value. The disease as a stressful situation affects the existing attitudes of man and his relations with the environment. This is as opportunity for changing the hierarchy of values and mobilising own creative potential.

The study aimed at determining the attitudes of people after myocardial infarctions towards the value of health. Investigations were performed in 1999 in a group of 250 persons, who had had heart attack in the previous 4 years' period. Study results indicate that health is declared as the value "most important of all most important ones" and the most desirable in the category of "life goals endeavours". A stronger than earlier tendency is also observed in the situation of chronic disease for undertaking wholesome efforts. Generally, however, there is still found too small dedication to create a healthy lifestyle, both on the level of knowledge and skills and motivation necessary for carrying it out.

Wartość zdrowia w opinii osób po zawale mięśnia sercowego

Zdrowie jako kontrwartość choroby jest jedną z wartości witalnych. Choroba zaś jako sytuacja stresowa dotyka dotychczasowych postaw człowieka oraz jego relacji z otoczeniem. Jest swego rodzaju okazją do zmiany hierarchii wartości i mobilizacji własnych możliwości twórczych.

Celem badań było określenie postaw osób po zawale serca wobec wartości zdrowia. Badania przeprowadzono w roku 1999 w grupie osób, które w ostatnich czterech latach przebyły zawał serca. Wyniki badań wskazują na to, iż zdrowie deklarowane jest jako wartość „najważniejsza z ważnych" i najbardziej pożądana w kategorii „celów i dążeń życiowych". W sytuacji przewlekłej choroby istnieje też większa niż wcześniej tendencja do podejmowania wysiłków zdrowotnych. Generalnie jednak obserwuje się nadal zbyt małe zaangażowanie w kreowaniu zdrowego stylu życia zarówno na poziomie wiedzy i umiejętności, jak i niezbędnej do jego realizowania motywacji.