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PERSONAL VALUES IN THE CONSTRUCTION OF HEALTHY LIFESTYLES IN THE POST-INFARTTED PATIENT

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ABSTRACT

Introduction: Myocardial infarction is one of the main causes of death and disability in the world. It is important to discover the meaning of personal values in the construction of lifestyles for people who have suffered a myocardial infarction in order to delve into facets of daily life and the feelings generated by the disease, from their own perspective. Objective: Generate a theoretical approach based on the meaning that personal values have for people who have suffered a myocardial infarction in the construction of healthy lifestyles. **Methods**: Qualitative study, under the hermeneutic phenomenological approach, using the Spiegelberg method. The key informants were five people who have suffered a myocardial infarction who are in phase III of cardiac rehabilitation and who are at home. The in-depth interview was the data collection technique. **Results**: Personal values were developed such as camaraderie, humility, solidarity, family love, value for life and faith. This was possible through understanding healthy lifestyles before and after having suffered a myocardial infarction, with priority to modify unhealthy lifestyles to healthy ones based on adequate nutrition, physical activity and reduction of stress for which the person requires making decisions, based on in autonomy and self-responsibility. **Conclusions**: People highlight the meaning of lifestyles, in their lived experience, where they recognize the importance of their existence and adopt healthy self-care behaviors such as good nutrition, rest, exercising and not consuming tobacco or alcohol.

Keywords: healthy lifestyle, myocardial infarction, cardiac rehabilitation, hermeneutics

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INTRODUCTION

Lifestyles have been studied by several disciplines such as sociology, anthropology and epidemiology. The origin of the term and the major conceptual developments have been formulated in the field of sociocultural sciences, where they are defined as patterns of group behavior on which the social structure exerts a considerable influence. The WHO defines health as “a state of complete physical, mental and social well-being”, which means that more than a healthy life we should talk about a healthy lifestyle that includes diet, physical exercise, work, and the relationship with the environment and social activity (1)

People's lifestyles can lead to behaviors considered unhealthy and, therefore, they become risk factors for chronic non-communicable diseases. According to the World Health Organization (WHO), 36 million deaths in the world are due to coronary events, only due to cardiovascular diseases. It is estimated that by 2030 the figure will be around 25 million deaths (2).

In Latin America, according to the Pan American Health Organization (PAHO), these diseases are the most frequent cause of death and disability, both in men and women. Indeed, in the Venezuelan population, heart and blood vessel conditions are the main cause of death and represent a growing health, social and economic burden. Thus, in Venezuela, it is estimated that conditions of the heart and blood vessels caused 52,706 deaths in 2015, this number of deaths represented 31% of all mortality and 43% of mortality due to non-communicable disease (3).

The fact that the main causes of death range from infectious processes to environmental factors makes the debate on healthy lifestyles and their impact on health more important. The problems around the world are globalized due to the various social, cultural, political, economic and ideological dynamics that denote the multiplicity of factors to which people are exposed. This fact concatenates the views and actions of both health promotion, as well as disease prevention, since these contribute to the health-disease-care process and demand changes from the health sector, the State, educational institutions, workplace, family and, above all, the participation of people as a community (4).

In this sense, the contribution that science and medicine have made is considerable when seeking to clarify the concept of lifestyles and their applications in various fields such as health, specifically in the field of health policies, epidemiology, preventive medicine and health education among others. It is worth noting the contribution that the German sociologist Max Weber made in this field from his theory of formal rationality and ideas about lifestyle, since this has been a starting point for other authors to apply the ideas proposed by him in the development of the concept of health lifestyle (5).

The first discussions that arose around the analysis of lifestyles date back to the 19th century with the writings prepared by Karl Marx around the year 1850 (Coreil, Levin, Jaco in 1985; Cokerham, Abel, Luschen in 1993 and Backett, Davison in 1995). Marx considered that people's lifestyles were economically determined, because in a production system, both the income and employment position of an individual were part of the lifestyle experienced by social groups (6).

The WHO Health Promotion Glossary defines a person's lifestyle as one "made up of their habitual reactions and the behavioral patterns that they have developed during their socialization processes. These patterns are learned in the relationship with parents, classmates, friends and siblings, or by the influence of the school, the media, among others. These behavioral patterns are continually interpreted and tested in various social situations and, therefore, are not fixed, but are constantly being tested. are subject to modification" (7)

Among the theories that underpin this study, it is important to consider Nola Pender's nursing theory (8) and Jerome Bruner's theory of meaning (9). In the health promotion model proposed by Nola Pender, the determinants of health promotion and lifestyles are divided into cognitive-perceptual factors, understood as those conceptions, beliefs, ideas that people have about health that they carry it or induce certain conducts or behaviors, which in the case at hand, are related to decision-making or behaviors that promote health (8).

In this way, the promotion of healthy lifestyles and actions must be aimed at facilitating a wide range of options that allow people to make the best decisions about their lives, which constitutes a fundamental difference with the medical model, in which health actions are imposed on subjects without taking into account the environment. This is why there is a growing morbidity and mortality of people with cardiovascular conditions. This scenario motivates us to look for tools to reflect and explore the meaning of personal values in the construction of healthy lifestyles in people who have suffered a myocardial infarction, to finally interpret and understand them.

The objective of this research was to generate a theoretical approach based on the meaning that personal values have for people who have suffered a myocardial infarction in the construction of healthy lifestyles. Likewise, it is assigned to the research line of the Doctorate in Nursing, promotion of human care in the experience of health and quality of life.

The theoretical contribution of the present study is the expression of a constructivist approach, under a conception of ontological and epistemological nature, whose axiological contribution is to reinforce the value of health, responsibility and self-determination for decision making in favor of a change in the healthy lifestyle. From the point of view of the results, it will help to promote the practice of healthy lifestyles in post-infarct people.

METHODS

The present study belongs to the qualitative paradigm, with a phenomenological, hermeneutic approach, since it focuses on the understanding and interpretation of phenomena as they are experienced and perceived by human beings. The Spiegelberg methodology was used, which consists of six phases:

a. Description of the phenomenon: In this phase the researcher describes the phenomenon in all its richness without omitting details, their speech is not rigorous, they can speak in first person (10)
   Search for multiple perspectives: Here not only the opinions of the study subjects are taken into account, but also the vision of the phenomenon by external agents. Modern society has advanced in knowledge and technology, it has not yet stopped to discuss the impact that this has.

b. or people involved, in addition to their own opinion about the phenomenon, it should be noted that the perspective presented by the researcher is about the phenomenon under study and not a criticism of the opinions expressed by the other participating actors (10).
c. Search for essences and structures: In this process, information is organized through matrices to be contrasted so that similarities and differences about the phenomenon under study emerge (10)
d. Constitution of meanings: The phenomenological constitution means "the process in which the phenomenon takes shape in our consciousness until we obtain an image of its structure" (11)
e. Suspension of judgments: it is about distancing from the activity to be able to contemplate it freely, without the theoretical constraints or beliefs that determine one way or another of perceiving (10)
f. Interpretation of the phenomenon: The objective of this stage is the discovery of meanings, the product of instructing, analyzing and describing. Therefore, the interpreter must go beyond what is apparent (12).

The key informants were five people who have suffered a myocardial infarction who are in phase III of cardiac rehabilitation and who are at home in the City of Valencia, Carabobo State, Venezuela. The data collection technique was the in-depth interview, which was developed through previously established meetings with key informants at home or in other places of their preference. They recordings were transcribed with prior informed consent.

Key informants are those people who provide the researcher with all the information necessary to understand the meanings and actions that take place in a certain context (10). The selection of the sample was intentional and it was considered to select the participants according to the convenience of the topic that was addressed in the research. Therefore, five (5) people who had suffered a myocardial infarction who were in phase III of cardiac rehabilitation participated. To have access to these informants, the following steps were carried out: initial approach by the researchers to the informants to provide them with detailed information about the objectives of the study. Clear explanation to the selected interviewees about their anonymity, as well as the confidentiality of the information given by them. Request for authorization from the social actors to visit them at home or in any other place according to their preference. Access to the field of study was a continuous process, since there was a need to resort to key informants on more than one occasion to be able to validate and specify the relevant and necessary information regarding the phenomenon of study. In relation to ethical considerations to protect the rights of the participants, pseudonyms were assigned to them, with prior authorization to guarantee their anonymity and respect for their privacy. For informed consent, an unpublished format was designed, which contained aspects that were read and accepted by the informants, such as: the objective of the research, the benefits, the confidentiality of the information according to their decision, as well as their freedom. to withdraw from the study if they considered it pertinent, among other aspects.

The methodological rigor was given by the criteria of credibility, auditability and transferability(13). Process of categorization, triangulation and structuring of information: includes narrative synthesis, and the categorization of the information provided by key informants during the interviews carried out.

RESULTS AND DISCUSSION

Binding questions with the phenomenon of study:

1. What values prevail in you, after having suffered a myocardial infarction?
2. What does a healthy lifestyle mean to you before and after having a heart attack?

CONSTITUTION OF THE MEANINGS OF THE PHENOMENON OF STUDY

The meaning of values in the construction of healthy lifestyles for the person who has suffered a myocardial infarction was considered from the conception of each of the key informants participating in this study. This meaning was inferred from the set of responses given by them, in the different interviews carried out, which made it possible to develop a series of categories and subcategories that make up the responses given as a whole. The process of coincidences or intersections allowed us to identify the meanings immersed in the consciousness of the people interviewed, which were argued with the support of the relevant approaches of some authors.

TABLE 1
RESULTS OF CATEGORIES AND SUBCATEGORIES

CATEGORY	SUBCATEGORIES
Personal values	• Fellowship • Modesty • Solidarity • Responsibility • Love for life • Love for Family • Love to God
Understanding healthy lifestyles before and after having suffered a myocardial infarction	Before: • Foods high in fat • Stress • Sedentary lifestyle • Insomnia • Tobacco • Alcohol After: • Healthy nutrition • Not consumption of tobacco or alcohol • Take daily walks • Sleep the necessary hours • Avoid stress • Follow medical treatment.

TABLE 2
RESULTS ACCORDING TO CATEGORIES

KEY INFORMANTS	CATEGORY 1 Personal values	CATEGORY 2 Describing lifestyle before and after having suffered a Myocardial Infarction
1	*¨Companionship, humility, solidarity¨*	*¨Disordered eating, I had a lot of stress and work. Now it is calmer"*
2	*¨Companionship, family love¨*	*¨I had a disordered diet and a lot of work. Now I take care of myself with my diet."*
3	*love for my family*	*¨I didn't have a healthy diet. Now I do follow one¨*
4	*¨Value for life, love for my family¨*	*¨A fairly disordered lifestyle, from a food point of view. Now I eat healthily, and I lowered stress."*
5	*¨Faith, love for family¨*	*¨Disordered eating, I had a lot of stress and work. Now I lowered my stress, and I eat healthily."*

The first category that emerged in the responses given by the key informants was the interpretation of the values in the post-infarction patient: companionship, humility, solidarity, responsibility, love of life, love for family, love of God.

Ideal values are present in any human society and in every individual, guiding their behavior in certain directions. According to Bermejo: ¨value is a quality of being or acting, or that which our behavior aspires to (14). Values are taught, acquired and assumed within a concrete reality and not as absolute entities, representing, therefore, an option with cultural, ideological, social and religious bases.

Within the social context, values constitute the reference points for the establishment of norms and institutions. This is how Gallegos expresses: "Values do not appear only as requirements of the educational process, but educational processes incorporate the axiological because the internal structure of the human personality demands and requires it" (15). Seen from this point of view, it consists of educating in the social sphere to lead it towards the assimilation of the value system (16).

Courage has an intellectual and an emotional component. Knowledge precedes and is necessary, but it is not sufficient. That is why the values are shown, not demonstrated. They are modeled, but they are not imposed (17). According to this

approach, values are characterized by being a series of beliefs, predisposing the individual to act or respond to a situation in a predictable manner. Which coincides with the current research

In this sense, an education in values must promote significant changes that lead to the formation of a human being capable of functioning in a society in which they can critically practice life, freedom, health, among others.

The second category that emerged in the responses given by the key informants was: understanding healthy lifestyles before and after having suffered a myocardial infarction. Before: foods rich in fat, stress, sedentary lifestyle, insomnia, tobacco, and alcohol. After: healthy eating, not consumption of tobacco or alcohol, daily walks, sleep the necessary hours, avoidance of stress, compliance with medical treatment.

Currently, cardiovascular diseases are considered a public health problem worldwide. The number of deaths due to heart disease has increased by more than 2 million people since 2000, reaching almost 9 million people in 2019. Heart disease currently represents 16% of total deaths, due to all the causes (18)

These figures require the modification of behaviors that are harmful to health, such as cigarette smoking, inadequate eating habits, alcohol consumption, and the absence of a regular exercise pattern.

Risk factors exist as individual conditions that can increase the risk of developing atherosclerotic cardiovascular disease. Among them we have the non-modifiable ones that are constitutive of the person, who will always have that risk factor and it is not possible to reverse or eliminate it. For example, we can mention sex, age, inheritance, and personal history. And the modifiable ones are those that can be corrected or eliminated through changes in lifestyle such as high blood pressure, obesity, smoking, sedentary lifestyle, diabetes, hypercholesterolemia, alcohol and stress (19)

These factors trigger harmful processes, present in a society, at a given time. According to Nettina: “Lifestyles play a fundamental role in most of the morbid processes that produce mortality” (20). These results reflect the priority of modifying unhealthy lifestyles, which requires making decisions based on the autonomy and self-responsibility of the person interested in protecting their health. There are three conditions in the decision-making process: 1. The freedom with which the person makes the decision without pressure from others. 2. The rationality with which the best decision is consistent with the values and preferences of the person who decides and 3. Willfulness (21).

In relation to the people interviewed, who verbalized the modification of their unhealthy lifestyle, it is important to note that: “these people, feeling vulnerable to the disease and believing that it is really serious, adhere early and more easily to the therapeutic regimen” (22). Within this order of ideas, it can be seen that more and more people are adopting an active and responsible attitude towards health and illness, which is reflected in the practice of healthy lifestyles and which translates into a reduction in mortality, an increase in life expectancy and an adequate quality of life. This can be seen in the current research.

Consequently, health professionals must be interested in facilitating behavioral change in their patients without forgetting the beliefs, values and attitudes that are the result of learning acquired during life and that must be the axis of promotion and prevention of health behaviors. Therefore, intervening in lifestyles becomes one of the most effective actions for disease prevention and health promotion.

It is common to talk about promotion and prevention to refer to healthy lifestyles, some authors have expressed promotion as a more ambitious dynamic than prevention. Promotion points towards life, development and fulfillment of the human being. Hence the Model of promotion of Leavell and Clark expresses: "Preventive medicine aims to do what has been called predictive medicine by identifying people or groups who, for genetic or other reasons, are more susceptible to certain risks in order to avoid them with more emphasis than the rest of the individuals." (2. 3).

Lifestyle constitutes a learning effect that is produced by assimilation or imitation of family pattern models or formal or informal groups. In fact, Ramos states that normally human beings have a tendency to imitate actions, attitudes, values, anti-values or emotional responses of different real or symbolic models that they observe and reproduce by imitation (24).

Nowadays, behavioral therapy is being taken into account from a psychological point of view since it focuses on the identification and modification of the person's thoughts, processes and cognitive structures. Likewise, Fernández is based on the assumption of highlighting the nuclear role of personality as the articulating axis of personal and social experience, taking into account the different levels of processing that are present in human life. Leyton establishes that the satisfaction of basic psychological needs predicts intrinsic motivation, and this in turn predicts the variables related to lifestyles that enhance health, both predictions in a positive and significant way. The relevance of developing motivation more self-determined through the satisfaction of basic psychological needs is highlighted (26).

Bandura's social learning is another model that is being used to achieve stable and lasting behavior change (27). It is applied to the field of health and maintains that healthy behaviors are learned habits and therefore their acquisition, maintenance and modification are subject to the principles of learning. In this order of ideas, cognitive dissonance is a concept used in conjunction with theories of meaning, because it allows us to address healthy lifestyles in people, in areas such as motivation, decision making, changing attitudes and group dynamics (28). Cognitive dissonance refers to the tension, discomfort or discomfort that is perceived when two contradictory or incompatible ideas are held, or when beliefs are not in harmony with behavior, with what we do (29). Cognitive dissonance is currently used in therapy successfully to help people change their unhealthy attitudes and behaviors.

Another important aspect for the construction of values and beliefs is the health belief model, which is a theory built on the subjective assessment of a certain expectation. In terms of health, the value will be the desire to avoid the disease or illness, and the expectation will be the belief that an action possible to perform will prevent or improve the process (30).

Theoretical approach to personal values in the construction of healthy lifestyles in post-infarction patients. The lived experience expressed by the study participants as a threat to their health helped them to recognize and value their health more and the importance of taking care of themselves through caring actions, different from the usual ones, to improve their quality of

life. This requires an education in values that promote significant changes that lead to the formation of a human being capable of functioning in a society in which they can critically practice freedom as a standard, health, responsibility and value of life. Education towards a healthy lifestyle must necessarily include a joint and articulated effort of the family, school, community and a multidisciplinary health team.

CONCLUSIONS

Some elements related to the perception and meaning of healthy lifestyles and personal values can be pointed out, which indicate the epistemic bases consistent with the aforementioned theorists. This will allow, at this point in the research, to construct meanings about healthy lifestyles for people who have suffered a myocardial infarction. Lifestyles constitute a learning process that occurs through imitation of family patterns or formal or informal groups. Therefore, intervening in lifestyles becomes one of the most effective actions for the prevention of illness and health promotion.

Through values, the events that happen during life are interpreted and given meaning, that is, education in values must promote changes that enable human beings to develop in a society in which they can practice life as a norm, freedom, health, love, among others. Finally, the most important thing about values such as the meaning of life and/or existence is to think about them in a sociocultural context. In this way, it is possible to understand the meaning and significance in the lives of people who have suffered a myocardial infarction.

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