Salutogenesis in the context of health care

Prof. em. Jürgen M. Pelikan, Ph.D.
University of Vienna, Austria,
Director, WHO–CC Health Promotion in Hospitals and Health Care at Austrian Public Health Institute, Vienna / Austria

Center of Salutogenesis
– about the origin of positive health
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Overview

1. **The relevance** of salutogenesis for health care
2. Salutogenesis orienting reorientation of practice in health services – Health promoting hospitals and health services
3. **Research** on salutogenesis in health care – Results from section V of the Handbook
1. THE RELEVANCE OF SALUTOGENESIS FOR HEALTH CARE
In how far is health care a candidate for salutogenesis?

For AA salutogenesis is a stress–related concept!

Is there stress in HC to which salutogenesis can relate?

Different stakeholders of HC have to deal with specific kinds of stress

» **Patients:** > physical, mental and social stress
  » By acutely being sick, by treatment in HC, by living with restrictions of (chronic) diseases

» **Relatives of patients:** > mental and social stress

» **Staff:** > physical, mental and social stress

» **Relatives of staff:** > mental and social stress

Stakeholders in HC are quite aware of these risks of HC!

What has salutogenesis to offer for better coping with stress in HC?

» **Two ways** of relating salutogenesis to HC:
  » Using concepts & results of salutogenesis to reorient HC practice
  » HC as a setting for research on salutogenesis (SOC > HC > SOC)
Clarifying of some relevant concepts, first!

» **Pathogenesis** = *generic*, negative processes within living beings / autopoietic systems

» **Salutogenesis** = *generic*, positive, reproductive processes within autopoietic living beings / systems

» Both kinds of generic processes are **interlinked in living beings / systems**!
  
  » There is no **pathogenesis** without some **salutogenesis** and no **salutogenesis** without some **pathogenesis**!

» But both kinds of processes can intentionally be **influenced**!

» > **Pathogenesis**: By intentional **preventive** (disease prevention) and **clinical**/ **(medical)** (= health care) interventions to influence / control / manage these processes

» > **Salutogenesis**: By intentional **protective** (health protection) and **promotive** (= health promotion) interventions

» **Salutogenesis** is a **generic theory** for health promotion as an intentional, professional intervention approach / strategy
Relationship of positive & negative health: disease as a parasite of positive health, with four ways of health changes (Pelikan 1996, 2007)

- Loss of health by emerging illness
- Loss of health by “shrinking” positive health
- Re-gain of health by “fighting” illness
- Health gain by developing positive health
The individual as a structural coupling of 3 different autopoietic systems which have to be reproduced by metabolisms in different environments (Pelikan 2007, 2009)
What has salutogenesis to offer to health care for dealing with stress? A first answer!

» Salutogenic orientation
  » Besides or rather before pathogenesis there is salutogenesis of living beings / systems relevant for their health
  » Besides risk factors there are salutogenic factors that also matter at least as much for health

» The salutogenic model
  » The concept of specific and general resistance ressources
  » The concept of the sense of coherence (SOC) as an orientation in life
    » comprehensibility, manageability, meaningfulness
    » > criteria not only healthy people, but also for salutary spatial and social structures, for processes and cultures in the environment of people (> setting approach)

» A measurement instrument for the SOC: orientation to life questionnaire (49/13 items)
Salutogenesis (SOC) in relation to persons & systems

» Kurt Lewin
  » Behaviour = f (person, situation)

» Application to the construct of the SOC
  » Experiencing events and situations as comprehensible, meaningful, manageable by people depends on the
    » the personal SOC &
    » on comprehensibility, meaningfulness, manageability of events & situations in the environment

» Two intervention strategies
  » Improve personal SOC
  » Improve systems especially for people with a limited SOC

» And health care settings can use both strategies!
“Health care” a challenge for salutogenesis

» “Health” care is a (too well established) euphemism for what in reality is a “disease care system” (DCS) (Antonovsky 1996:12), which is focused on fighting pathogenesis or managing (curing, caring) of symptoms or causes of illness / disease and by that has been very successful to increase the quality and also longevity of our lives!

» By its successful focus on pathogenesis and risks the HC constitutes a specific challenge for introducing salutogenesis! > Why change? How does salutogenesis relate to the dominant paradigm of pathogenesis?

» At the core of the disease care system is clinical work in different settings, which still is dominated by “western medical thinking” (AA 1996:13) of the medical profession. > How to convince this profession?

» Furthermore, the disease care system has to be understood as a complex of strongly interrelated professional practice, based on clinical research, education and policy. > Practice cannot be changed without the other three!

» There exist quite a number of competing concepts and strategies for improving or reorienting health care, including the belief in evidence–based HC. > Therefore a clear understanding of the possible specific contribution and added value of salutogenesis and its evidence base has to be offered!
2. SALUTOGENESIS ORIENTING REORIENTATION OF PRACTICE IN HEALTH SERVICES – HEALTH PROMOTING HOSPITALS AND HEALTH SERVICES
Our definition of Health Promoting Hospitals and Health Services

“A Health Promoting Hospital and Health Service (HPH) is understood as an organisation that aims to improve health gain for its stakeholders by developing structures, cultures, decisions and processes.

HPH is focused primarily on patients and their relatives, with a specific focus on the needs of vulnerable groups, hospital staff, the community population and – last but not least – the environment.”

(The International Network of Health Promoting Hospitals and Health Services: Integrating health promotion into hospitals and health services, WHO 2007)
### 18 Core Strategies for HPH as a Comprehensive Whole Systems Framework for HP Activities (Pelikan et al. 2005)

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<tr>
<th>Strategies for</th>
<th>Patients</th>
<th>Staff</th>
<th>Community</th>
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<tr>
<td>1) Empowerment for health promoting self reproduction</td>
<td>Health promoting living conditions in the hospital</td>
<td>Health promoting working conditions in the hospital</td>
<td>Access to the hospital for citizens</td>
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<td>PAT-1</td>
<td>STA-1</td>
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<td>2) Empowerment for health promoting coproduction</td>
<td>Participation and coproduction in treatment and care</td>
<td>Participation and coproduction in work processes</td>
<td>Cooperation’s with services in the region (continuity of care)</td>
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<td>3) Developing a health promoting hospital setting</td>
<td>Safe and health promoting hospital environment</td>
<td>Safe and health promoting workplace environment</td>
<td>Safe and health promoting environment for community</td>
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<td>PAT-3</td>
<td>STA-3</td>
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<td>4) Empowerment for illness management</td>
<td>Prevention and self-management of specific diseases</td>
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<td>PAT-4</td>
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<td>5) Empowerment for lifestyle development</td>
<td>Health promoting lifestyle development</td>
<td>Health promoting lifestyle development</td>
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<td>6) (Co-)Developing health promoting living conditions in the community</td>
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An international working group “Standards for Health Promotion in Hospitals” developed from 2001-2005 five:

1: Management Policy
2: Patient Assessment
3: Patient Information and Intervention
4: Promoting a Healthy Workplace
5: Continuity and Cooperation

with 24 sub-standards & measurable indicator sets.
Survey on HPH national / regional network level

Survey on HPH hospital level

Hospital structures and personnel activities

HPH member Hospital

Institutions & Organizations

Populations & Citizens

Relevant local, regional, national environments

HPH national / regional network level

Structures and management, coordination and activities

NW-STRAT 1
Supporting organizational development of HP hospitals by offering tools and consultations

NW-STRAT 2
Supporting personnel development in HP hospitals through training & alliance-building

NW-STRAT 3
Supporting HP capacity building & alliance-building

NW-STRAT 4
Supporting HP (public) awareness by campaigning

HPH network structures

Building capacities for supporting activities for development of HP hospitals

HPH network processes / activities:
Implementing strategies for HP capacity building in HP hospitals & in their relevant environments

HPH member Hospital

Survey on HPH hospital level

Empowerment for health promoting self-reproduction

Empowerment for health promoting coproduction

Empowerment by illness management

Empowerment by lifestyle development

Participation in health promoting community development

HPH network intermediate outcomes I:
HP hospital HP structures: Building capacities for HP activities

HPH network structures

Building capacities for supporting activities for development of HP hospitals

HPH network processes / activities:
Implementing strategies for HP capacity building in HP hospitals & in their relevant environments

HPH member Hospital

Survey on HPH hospital level

Empowerment for health promoting self-reproduction

Empowerment for health promoting coproduction

Empowerment by illness management

Empowerment by lifestyle development

Participation in health promoting community development

HPH network ultimate outcomes:
Improved health gain of...
Current HPH members

European Networks
- Poland
- Germany
- Italy
- Austria
- Finland
- Sweden
- Norway
- Lithuania
- Estonia
- Czech Republic
- Spain/Catalonia
- Slovenia

European single members
- Denmark (2)
- UK (10)
- Croatia (5)
- Portugal (1)
- Hungary (1)

countries
In how far has the international HPH network (and its 25 conferences) been successful so far?

» It has not only survived, but has grown in regional representation and involved number of national / regional networks and member institutions. >
  » Most networks who started have survived and grown, but some also have been closed and shrank!

» It has widened and differentiated its scope of content
  » by successfully up taking evolving themes in health care and health promotion as conference topics, by TF, WG and projects (..)

» It sustainably developed into an autonomous, primarily self-financed, legal identity

» It established continuous good links to WHO and other important partners >

» It institutionalized and differentiated effective internal infra-structures by capacity building
  » Coordination centres, related WHO-CCs, innovative projects and media for information, communication & training

» It did research and developed tools for implementing its vision (strategies, standards etc.)

» It is the only one of all WHO setting networks with regular annual international conferences over 25 years from its beginning!
Challenges for practice and policy of HP & salutogenesis in HC

» To advocate and lobby for regulations and resources of political bodies for extending the mandate of HC and support the implementation of salutogenesis in health care.

» To develop a convincing business case for a salutogenic re-orientation of HC (what, why, how) for different relevant stakeholders of health services.

» To offer tools to assess degree of salutogenesis of existing structures, processes and culture of health care.

» To offer a tool-box of evidence-based good and best practice interventions for improving salutogenesis in health care.

» To educate and train health care staff for practising a salutogenic orientation in everyday work.

» To convince patients and patient’s representatives to actively demand a salutogenic perspective of treatment in health care.
3. **RESEARCH ON SALUTOGENESIS IN HEALTH CARE**
Health care settings and aspects represented in the Handbook Part V

» The Application of Salutogenesis in Health Care Settings
» Salutogenic Architecture in Health Care Settings
» The Application of Salutogenesis in Hospitals
» The Application of Salutogenesis in Mental Health Care Settings
» The Application of Salutogenesis in Vocational Rehabilitation Settings
» The Application of Salutogenesis to Aged and Highly Aged Persons: Residential Care and Community—Dwelling Settings
» The Application of Salutogenesis in Health Development in Youth with Chronic Conditions
» The Application of Salutogenesis in the Training of Health Professionals
Selected results from existing research on salutogenesis in health care, based on the handbook –1

» Salutogenesis definitely can contribute to improving quality of HC.

» A specific potential of salutogenesis for vulnerable groups like mental, chronic young or old and very old patients, for patients with longer stay in HC organizations, or in rehabilitation.

» Salutogenesis has been taken up for salutogenic designing of spatial & material aspects of hospitals by architects. An International Academy of Design and Health, with regular international conferences and good examples of salutogenic designed hospitals (e.g. St. Olaf in Trondheim). Much less has been done for designing hospitals social structures & processes by salutogenic principles.

» Salutogenesis in all stages of education of health professionals is very important, but not just as a body of knowledge, but as a continuous learning process to improve salutogenic capacities of staff (their “self-tuning”). Specific training programs have been developed.

» Generally salutogenesis has to be applied in HC practice much more systematically, and also better integrated into health promotion, public health and medicine.
Selected results from existing research on salutogenesis in health care, based on the handbook – 2

In research there is use of „salutogenic orientation“ and of the SoC, but not of the salutogenic model!

» For the SoC there is empirical evidence from studies in hospitals:
  » On the effects of the SoC in relation to physical symptoms, on mental symptoms, quality of life, patient satisfaction, adjustment to disease, self management, adherence to treatment, social outcomes, & positive health.
  » Partly differentiated for gender, age, SES
  » > SOC has been used as a diagnostic tool, for adapting treatment schemes, for supporting self-care and self-management; for supporting caring relatives; for occupational health in hospitals.

» But it is recommended for future research:
  » More complex, longitudinal studies on SoC of persons, also with more elaborated measures for GRRs and SOC; also for the specific role of SOC as predictor, mediator or moderator. The SOC as a measurement to assess the outcomes of HP interventions in hospitals; on the interlink of SOC with other aspects of health than subjective and mental health

» But also on salutogenic qualities of environments & on effects of salutogenic organizational interventions in HC, on the impact of these on hospital functioning & on salutogenesis or the SOC of persons in HC.
Selected results from existing research on salutogenesis in health care, based on the handbook – 3

» SoC is more closely related to mental than to physical health & helps staff to better understand mental health problems of patients. Specific forms of salutogenic therapy (e.g. talk therapy groups) have been developed with some experimental evidence for feasibility & effectiveness.

» For adolescent & young adult patients with serious chronic diseases, a specific challenge for therapists and patients, there is evidence on the SoCs effects on important medical & psycho-social outcomes like adherence & self-care, general health behaviors, perceived health, quality of life & general well-being, sense of self & identity.

» Vocational rehabilitation is a challenging experience for patients, but there is empirical evidence for SoC as a moderator on processes & outcomes of rehabilitation programs & on the influence of these programs on the SoC.

» For aged & highly aged: There is descriptive research on determining, mediating, or moderating effects of SoC on health outcomes, on exploring stability of SoC in older age, but only by cross-sectional studies.

» There is some intervention research on applying salutogenic principles to promote positive health among older people, showing that physical activity interventions (and psychotherapy) had positive effects on SoC and well-being.
General Challenges for research on salutogenesis in HC

» Clarifying the concept / definition of (positive) health
» Coping with risk & development of resources for a better life
» From origin of health to reproduction of health (from entropy to autopoiesis)
» Developing a concept & measurement instruments for a salutogenic HC organization
» Linking the salutogenic orientation / model with the pathogenic ones
» Better clarifying the difference or communality of salutogenic and health promoting
» More longitudinal / panel research to clarify underlying causal hypotheses of salutogenesis has to be undertaken
» Better theoretically and empirically clarifying the stability or changeability of the SOC
» Researching the SOC as a moderator, mediator, determinant of health
» The relationship of salutogenesis and health literacy respectively health literate organizations or organizational health literacy has to be clarified and researched!
» Finally, more research on effects of salutogenic interventions in health care.
Selected references – 1

On a systems theory oriented concept of (positive) health


On Health Promoting Hospitals

Selected references – 2

On salutogenesis in health care
In: Mittelmark, M. B. et al. (eds.): The Handbook of Salutogenesis, Springer-Open, 2017
get it FREE at http://link.springer.com/book/10.1007/978-3-319-04600-6

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Thank you so much for your kind attention!

Prof. em. Jürgen M. Pelikan, Ph.D.
Director, WHO-CC HPH

Stubenring 6
1010 Vienna, Austria
T: +43 1 515 61–
F: +43 1 513 84 72
E: juergen.pelikan@goeg.at
www.goeg.at