The application of salutogenesis in health care settings

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International seminar on Salutogenesis:
A theory of health, rather than of disease
In honour of Professor emeritus Maurice B. Mittelmark
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Three questions

1. What are the challenges of health care for salutogenesis?
2. What are the chances of salutogenesis for health care?
3. Why was reorienting health services not successful? What can salutogenesis contribute to improve reorientation in the future?
Health care settings and aspects of these represented in the Handbook

» 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

Setting the Stage – Salutogenesis into Health Care

Health Promotion ← Salutogenesis

HPH / HPHC → Health / Disease Care → Health-Outcome Impact Gain → Staff Patients Community

Pathogenesis
The application of salutogenesis in health care settings

Application can mean two different things:

1. Using salutogenesis for reorienting policy and practice of HC settings & sometimes based on that intervention research
   » How does salutogenic orientation relate to the specific setting, what kind of interventions would follow?

2. Using HC settings – mainly its patients – as an arena for salutogenesis driven research, mainly using the SOC as an instrument
   » How does the SOC influence treatment and outcomes in these settings, can these settings improve the SOC?
Salutogesis and health promotion – how do they go together? The proposition of AA

» Salutogenesis – has been introduced by Antonovsky into health promotion, an older and broader concept, field and movement.

» As AA saw it, “the basic flaw of the field (of health promotion) is that it has no theory”. He proposed “the salutogenic orientation … as providing a direction and focus to this field”.

» But he also believed, “the salutogenic model is useful for all fields of health care. In its very spirit, however, it is particularly appropriate to health promotion.”

» AA summarizes: “The salutogenic orientation ….is allowing the field to be committed

  » to concern with the entire spectrum of health ease/disease,
  » to focus on salutary rather than risk factors,
  » and always to see the entire person (or collective) rather than the disease (or disease rate) and the collaborator.

» Further the sense of coherence construct (and one methodologically respectable way to operationalize it) has been discussed as a comprehensive guide for research and action in health promotion.

» Is salutogenesis just a „theory“ for health promotion in health care or is it a „theory“ or paradigm for health care itself?
The input of health promotion for salutogenesis

» A definition: Health promotion is the process of enabling people to increase control over, and to improve, their health.

» Action areas
  » Build healthy public policy
  » Create supportive environments
  » Strengthen community action
  » Develop personal skills

» Reorient health services
  » The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services
  » They must work together towards a health care system which contributes to the pursuit of health.
  » This mandate should support the needs of individuals and communities for a healthier life
  » This must lead to a change of attitude and organization of health services, which refocuses on the total needs of the individual as a whole person.
Health Promotion & Salutogenesis – differences

Health Promotion

» A movement initiated & supported by WHO
» Conferences & policy documents, journals
» Projects & Networks
» HC = a setting for reorientation
» HPH / HPHC
  » Association
  » Strategies
  » Standards
  » Member organizations
  » Regular events, journal, NL

Salutogenesis

» A scientific field / an area of research initiated by a scientist AA
» Publications
» Research projects
» A Handbook
» HC = an object and an arena for doing research
» Salutogenic orientation
» Salutogenic Model
» Construct SOC
» Instrument of SOC
» A GWG in IUHPE
What has salutogenesis to offer for health care settings

» A paradigm based on specific assumptions concerning health and disease coming in three versions of different complexity:

» salutogenic orientation

» Human systems are “subject to unavoidable entropic processes and unavoidable final death”

» > universal necessity of adaptation or coping with accompanying tension that may result in stress

» > With ill people in HC stress has already resulted in pathological changes in physical, mental or social status!

» “A continuum model, which sees each of us, at a given point in time, somewhere along a ‘healthy / dis-ease continuum’.

» > Therefore a dichotomization of people into healthy and sick is arbitrary and not adequate.

» > But in health care the existence of some kind of sickness is the starting point for diagnosis and treatment!

» Salutary factors (or health promoting factors) do exist “which are negentropic, actively promote health, rather than just being low on risk factors.”

» > Therefore risk and salutary factors have to be attended.

» This indeed is useful advice for health care!
What can the salutogenic model offer to health care?

» salutogenic model

» Within this model the concept of *generalized resistance resources* (GRRs) is introduced as “a property of a person, a collective or a situation which, as evidence or logic has indicated, facilitated successful *coping* with the inherent *stressors* of human existence.”

  » Major psychosocial, genetic and constitutional GRRs are specified within this model.

  » But this model has *not much been taken up* by Antonovsky or other authors in later publications (Mittelmark & Bull 2013)!

  » But HC can seen as a *specific stressor* for patients & staff which needs *specific resistance ressources*!

  » Therefore in diagnosis and treatment in health care a more *holistic and complex* outlook and a *widening* of diagnostic and therapeutic methods is needed.
What can the construct of the SOC offer to health care?

» “a generalized orientation toward the world which perceives it, on a continuum, as comprehensible, manageable and meaningful.

» The strength of one´s SOC, I proposed, was a significant factor in facilitating the movement toward health.”

» This construct answers “what do all these GRRs have in common, why do they seem to work. .... they all fostered repeated life experiences which, ...; helped one to see the world as ´making sense ´, cognitively, instrumentally and emotionally.” (Antonovsky 1996: 15)

» Thus the SOC is rather as a moderator or mediator of other determinants of health than as specific further determinant of health.

» “the SOC is not a culture–bound construct.”

» “The strength of one´s SOC ... is shaped by three kinds of life experiences:
  » consistency, underload–overload balance, and participation in socially valued decision–making.
  » The extent of such experiences is molded by one´s position in the social structure and by one´s culture ...”.

» Two instruments / tools have been offered to measure the SOC, a longer 29–item SOC scale and a shorter 13–item version, but both are not suitable to measure the three specific sub–dimensions of the SOC (Antonovskiy 1993).
How can the SOC be introduced into health care?

»… Being ill and becoming a patient in health care often is a rather threatening life experience for people and being a health care professional is demanding job.

» Therefore, making health care structure and culture more consistent, underload–overload balanced and participatory for patients, staff and visitors is an adequate application to make health care systems more salutogenic.

» This is possible, since “social institutions in all but the most chaotic historical situations can be modified to some degree” (Antonovsky 1996:15). It even could be more feasible, effective and efficient to develop salutogenic standards (Dalton and Mccartney 2011) and make institutional contexts more salutogenic, than to try to directly enhance the SOC of large numbers of patients, staff and citizens.

» Thus, patients and staff could be supported to experience their roles and tasks in HC more comprehensible, manageable and meaningful. That would reduce avoidable stress, most important for people with a low SOC.

» More specifically, the SOC of patients or staff could be measured or screened, and their level of SOC be taken into account in treating them, even if this is a problematic stigmatizing kind of application.

» Antonovsky assumed that one´s SOC cannot be radically transformed, but the SOC could “be shaped and manipulated so that it in turn can push people towards health” (Antonovsky, 1996:15). Therefore improving one´s SOC could become an explicit goal of chronic disease management in HC.
Salutogenesis (SOC) in relation to **individuals & 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
    » personal SOC &
    » on comprehensibility, meaningfulness, manageability of events & situations

» **Two intervention** strategies
  » Improve **personal SOC**
  » Improve **systems** especially for people with a limited SOC
Why salutogenesis in settings?

» If we want more salutogenesis for people we have to integrate salutogenesis in settings / systems / organizations to guarantee that people get more salutogenesis, since we are living in a society of organizations.

» Settings / systems / organizations have different ways to do that,

  » either they can be developed into more salutogenic environments for people

  » or they can offer salutogenic learning opportunities to people for improving their extent of salutogenesis (their SOC).

» Thus, whatever we want concerning more salutogenesis, we better use the health promoting settings approach.
What is specific about health care – for salutogenesis

1. Health care is offering services for ill people (patients), therefore it is dominated by a pathogenic orientation focusing on managing diseases.
   » This cannot be changed, but salutogenesis has to demonstrate to health professionals that a salutogenic perspective can be added to/integrated into health care and that this makes a difference.

2. Health care is a growing and expensive sector in late modern society, therefore the dominant focus is on quality, understood as necessity, effectivity and efficiency of services.
   » To be applicable, salutogenesis has to demonstrate to financiers and management that it can contribute to solving these quality issues rather by reducing and not by increasing costs.

3. Health care is dominated by the paradigm of evidence based health care.
   » Therefore salutogenesis has to demonstrate to that its solutions are also evidence based.

4. Health care staff in many countries is scarce, stressed and over-worked.
   » Therefore salutogenesis has to be introduced for staff first and prove its value for improving worklife and later for patients and community.

5. Health care is an integrated complex of practice, training and research
   » Therefore salutogenesis has to be integrated into practice, training and research in HC.
What is specific for implementing salutogenesis in HC settings

HC settings = Expert or professional organizations in which professionals have autonomy doing their work and are oriented rather at universal standards than at local ones

» education & training of professionals is important for reorienting HC organizations

At local organizational level organizations have to be seen as systems, whose structures & cultures determine their processes and outcomes.

» Thus to make organizations more salutogenic, their structures, cultures & processes have to be developed

» By different strategies of change management from organizational development to business re-engineering

» Since HC organizations often have some kind of quality management, QM is a possible entry point for salutogenesis in HC organizations

» Salutogenesis as an add-on or add-in in core processes in health care?
Reorienting Health Services? Why not? How Come?

» Maurice > Jurgen –
» The Ottawa Charter tells us to reorient health services, which has not happened.
» Can salutogenesis help in this regard? If so, where to start?
» With current practitioners, or in the basic training of the future generation of health professionals, managers, and health policy makers?
» Answer to Maurice:
» Successful reorientation is about implementation
» Implementing of reorienting health services has to be a (health) political project
» Health services and education of health professionals are highly regulated by law and directly or indirectly publicly financed
» Therefore changes have to be initiated & supported on the political macro-level (healthy public policy),
  » the settings approach on the meso-level only can offer evidence & experience how to do it,
  » but not guarantee a systematic and comprehensive out roll, which holds true also for health professional education

Challenges for practice and policy of salutogenesis in HC

» Advocate and lobby for regulations and ressources of political bodies for extending the mandat of HC and support the implementation of salutogenesis in health care.

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

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

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

» Educate and train health care staff for practising a salutogenic orientation in its work.

» Convince patients and patient´s representatives to actively demand a salutogenic perspective of treatment in health care.
Challenges for research on salutogenesis in HC

» The concept / definition of (positive) health has to be clarified
» A concept of a salutogenic HC organization has to be developed
» A convincing answer has to be offered how to relate the salutogenic orientation / model with the pathogenic ones
» The difference or communality of salutogenic and health promoting has to be better clarified!
» More longitudinal / panel research to clarify underlying causal hypotheses of salutogenesis has to be undertaken
» The stability or changeability of the SOC has to be clarified theoretically and empirically
» The SOC as a moderator, mediator, determinant of health has to be researched
» The relationship, communality and difference of salutogenesis and health literacy respectively health literate organizations or organizational health literacy has to be clarified and researched!
» We need more research on salutogenic interventions in health care
Thank you so much for your kind attention!

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