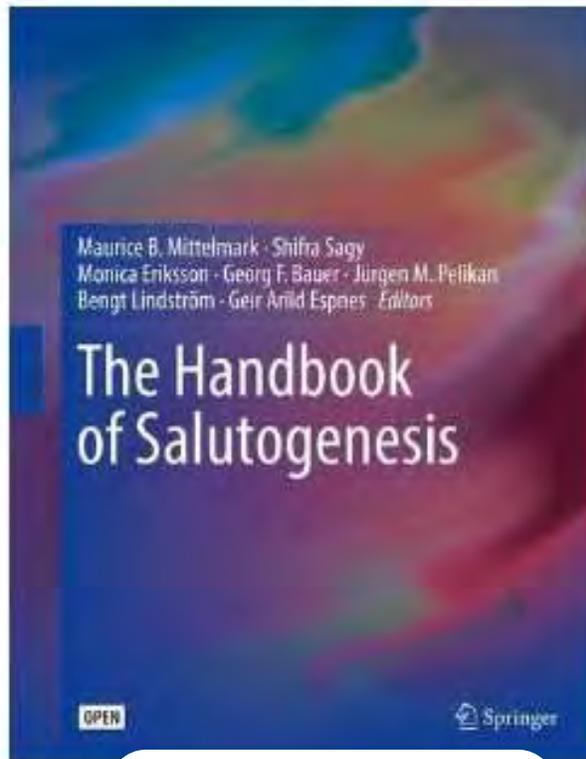# A salutogenic approach towards health infrastructure

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Background to this talk

Available for free as PDF

Content

- What can be understand by health infrastructure?
- Some considerations on salutogenesis
- Why should healthcare and health infrastructure pay attention to salutogenesis?
- How can healthcare and health infrastructure adapt to salutogenesis?
- Summary & Conclusions

What can be understood by health infrastructure?

Health infrastructure can relate to …

Built environments and things for providing health & medical services

Technologies & materials to provide services & to support health

Standard procedures that shape people's experiences of, and navigation through, public health & levels of healthcare

Some considerations on salutogenesis

Aaron Antonovsky (1923-1994)

Antonovsky's understanding of the "basic human condition" – A permanent exposure to stressors

- Exposure to stressors and conflicts, as well as disease, illness, and entropy (decline into disorder) are the norm

- Humans have to constantly and actively adapt to these triggers

- Inability to adapt leads to physical or mental 'breakdown'

- Antonovsky's main interest: **What causes successful active adaptation to an environment in which stressors are omnipresent and inevitable**?

→ **What shapes one's ability to „swim well" [in the river of life]? (1987)**

Antonovsky's salutogenic model of health (1979)
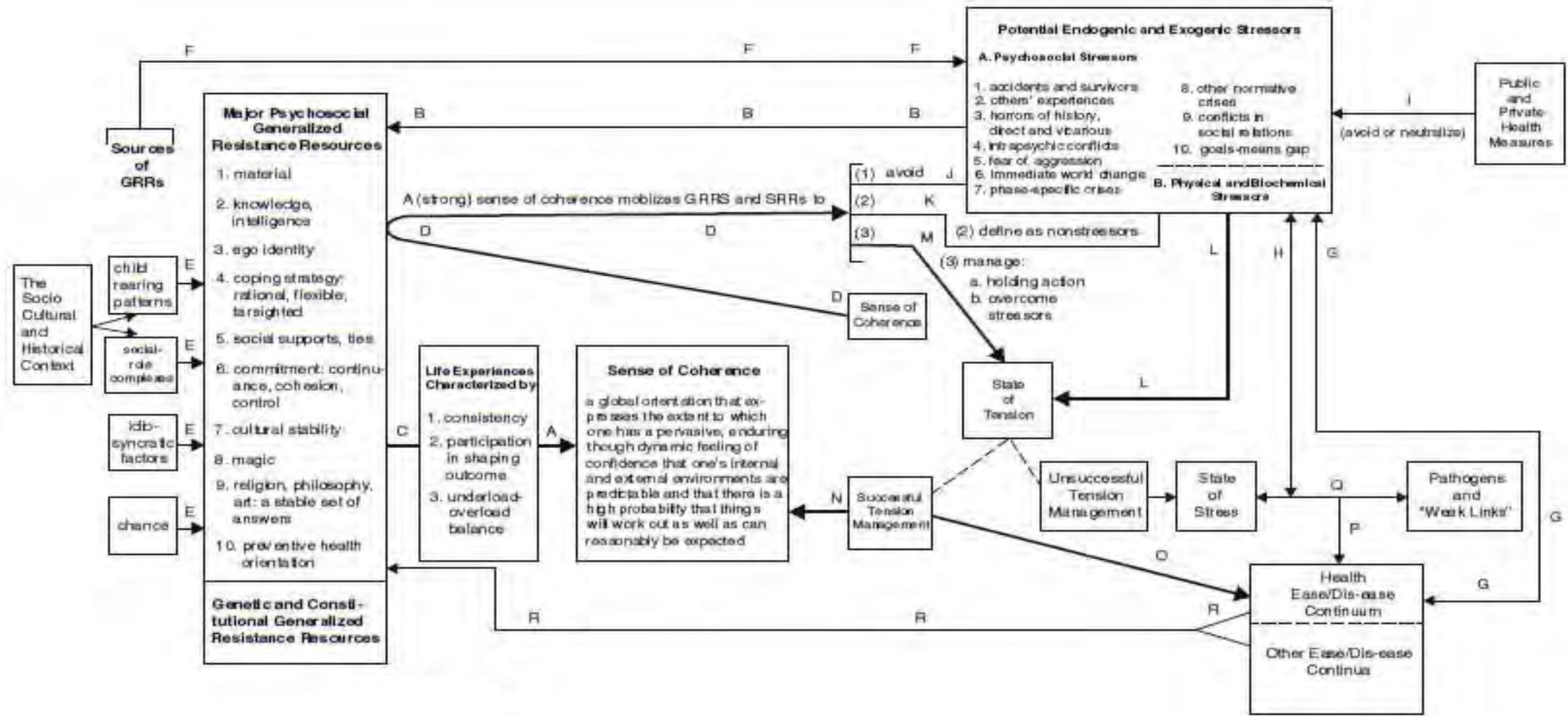
Generalized and Specific Resistance Resources (GRRs & SRRs) – protectors against stress and tensions

- People vary with regard to
  - Exposure to stress
  - Being affected by stress
  - Disposing of, and being able to use, resources

- GRRs – characteristic of persons, groups, or the environment that can facilitate effective tension management. Examples for categories of GRRs include:
  - Intelligence, knowledge, problem-solving skills
  - A health-conscious lifestyle (avoidance of stressors, physical activity, …)
  - Biochemical resources (such as the immune system)
  - Material resources – money, housing, etc.
  - Social support structures & a well-functioning society

- SRRs: the specific resource used to deal with a particular situation of tension, such as
  - a certain drug
  - an understanding look in the eyes of an audience
  - One's next of kin who provides support in a specific situation

"The origins of health are to be found in a sense of coherence"

- **Comprehensibility** – perceiving life as structured, predictable, and explicable

- **Manageability** – confidence that resources to meet the demands of life are at one's hand

- **Meaningfulness** – life is worthy of investment and engagement – it „makes sense"

Stress causes harm only if it violates a person's SOC

Why should healthcare & health infrastructure pay attention to salutogenesis?

Healthcare has to deal with – and produces! – stress in many ways

Potential stressors for staff:
- Confrontation with suffering and dying
- High load of responsibility
- High workload
- Inter-hierarchy, inter-professional, inter-unit work
- Changing work rota, shift and night work
- Strenuous work positions
- Exposure to nuclear, chemical and biological hazards
- …

Potential stressors for patients:
- Anxieties about illness /disease
- Waiting for results of tests
- Harmful side effects
- Separation from loved ones and personal routines
- Lack of privacy
- Exposure to noise, artificial light around the clock, and to odors
- Incomprehensible environments
- …

Potential stressors for the community:
- Traffic
- Noise
- Toxic waste
- …

Stress is contradictory to health and healing → for maintaining the health of staff, and for better patient outcomes, there is a need to reduce stress production in healthcare!

Healthcare is oriented towards deficits, not resources

- Healthcare deals with illness as a deficit per se

- Resources – for example, the patient's family members, or personal habits – are often considered as hindrances in the healthcare process

Healthcare is potentially SOC-violating

- **Comprehensibility** – many patients do not understand what their doctor tells them
- **Manageability** – healthcare is potentially disempowering on the one hand and overwhelming on the other
- **Meaningfulness** – problems with comprehensibility and manageability also undermine meaningfulness

Empirical findings suggest that

- Serious diseases are often related to a reduction in SOC!
- Low SOC is a risk factor for mental stress and for inadequate self-care
- Persons with low SOC may need extra support to cope with their condition!

How can healthcare and health infrastructure support salutogenesis?

Reducing the experience of stress in healthcare for …

Staff:
- Psychological support for staff
- Occupational health & safety management
- workplace health promotion
- Identify stressors through health circles
- Organizational & personnel development
- **Ergonomic and generally supporting design & infrastructure**
- …

Patients:
- Comprehensive support of somato-psycho-social health needs
- No unnecessary treatment ("Choosing Wisely")
- **Privacy-supportive design**
- **Light & noise management**
- **Friendly environments**
- **Comprehensible signage**
- **Rooms for visitors**
- …

Community:
- Traffic planning including public transfer
- Energy and waste management
  → **green hospitals**
- …

Orienting services and structures towards resources

- Comprehensive patient assessment – including SOC measurement, assessments of personal preferences and resources – to support recovery or delay progress of disease

- Considering resources in the planning and delivery of care, especially in complex care situations

- Patient education for better self-management

- Encouraging peer support and self-help, supporting caring relatives

- Encouraging patient activities during in-patient stays

- …

- **Built environments and infrastructures that provide and support resources – such as walking paths & activity-encouraging design, patient libraries & (new) media, areas that can accommodate family members, …**

Addressing the SOC dimension of <u>comprehensibility</u> – some examples

- Finding one's way around: **Signage**

- Paying attention to high-quality communication and supporting it with **adequate rooms**

- Providing understandable written or audio-visual information

- → **Health-literate organizations!**

Addressing the SOC dimension of <u>manageability</u> – some examples

- Involving patients in managing their day during in-patient stays
- Empowering and encouraging patients for adequate self-care after discharge
- Supporting the involvement of relevant others in patient management

Supporting <u>manageability</u> by design & infrastructure – some examples

- Patient canteens for those who can walk (instead of meals in bed)
- Adequate rooms and structures for patient information & education
- Facilities to accommodate relevant others
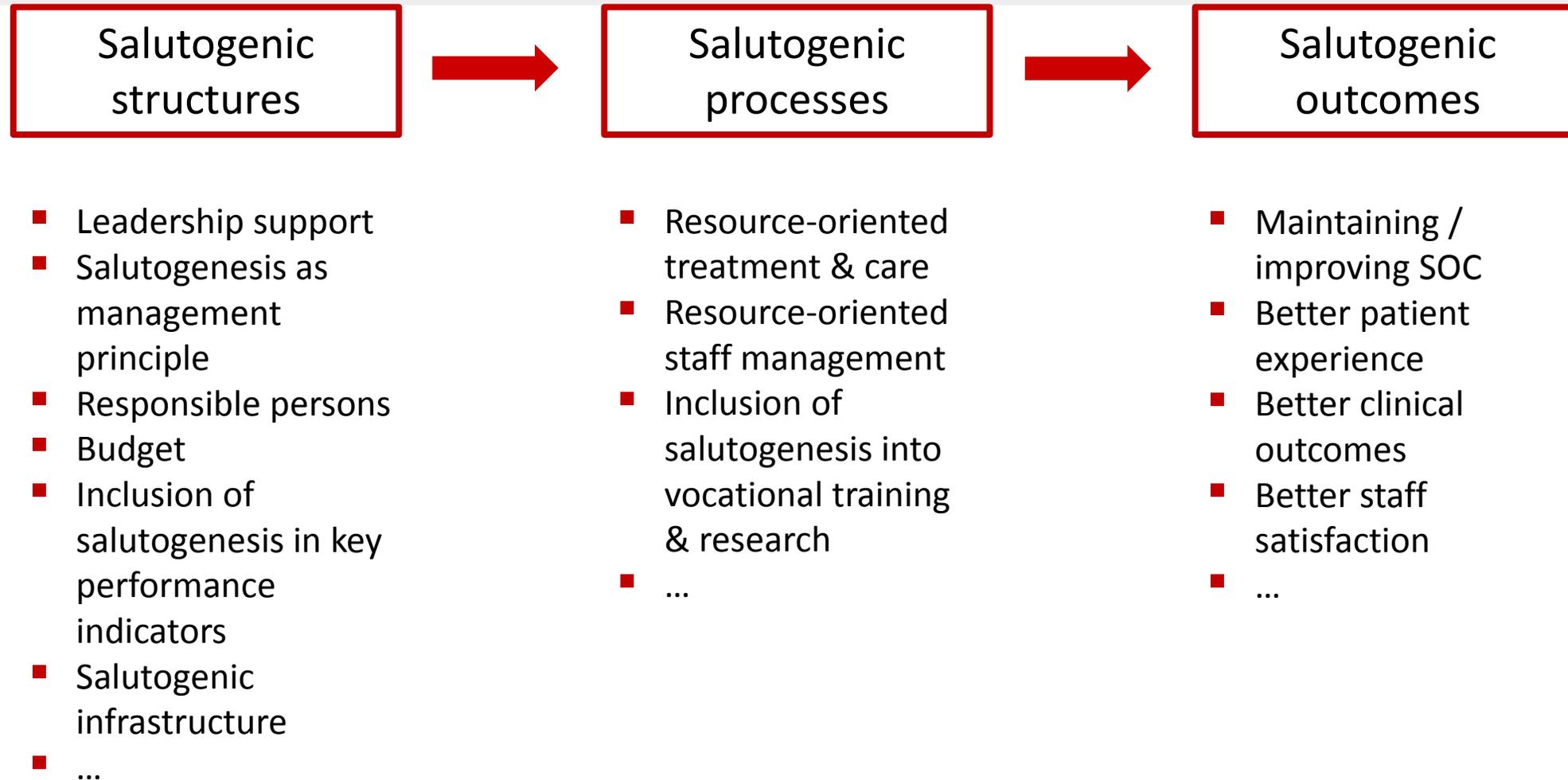
Addressing the SOC dimension of <u>meaningfulness</u> – some examples

- Encouraging reflection of the personal situation
- Exchange with peers
- Psychotherapeutic or pastoral care

Supporting <u>meaningfulness</u> by design & infrastructure – some examples

- Supportive and stimulating environments
- Providing prayer / meditation rooms
- Gardens / green areas / walking areas

Health Promoting Hospitals & Health Care – a healthcare reform movement compatible to salutogenesis

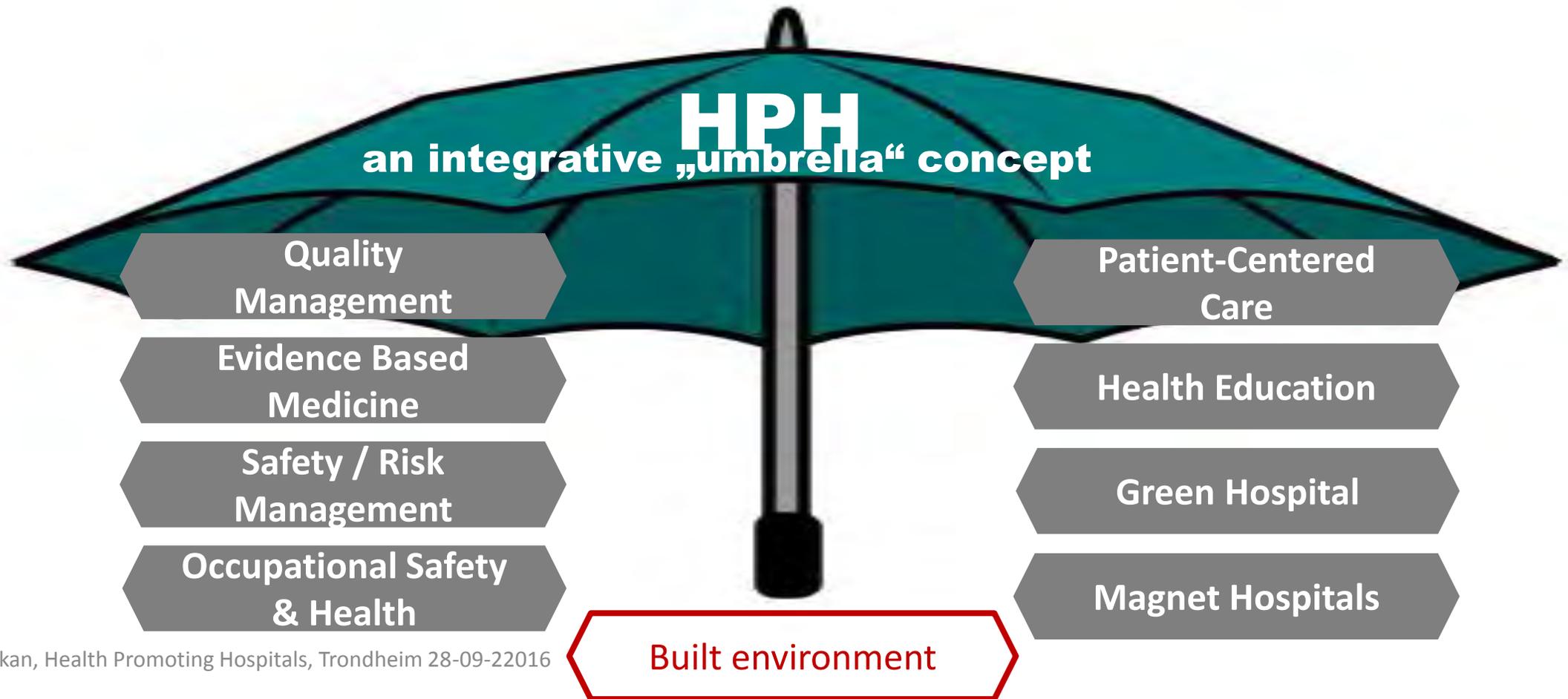|	
1988	WHO Consultation on the Role of Health Promoting Hospitals (Milz & Vang)
1989-1986	Model project "Health and Hospital" in Vienna, Austria
1990-	Foundation of HPH Network by WHO-Euro
1991	Budapest Declaration on Health Promoting Hospitals
1993-1997	European Pilot Hospital Project "Health Promoting Hospitals" (20 hospitals in 11 countries)
1993-	Annual international Conferences, Newsletter, Website
1995-	WHO starts to promote national / regional HPH networks
1997	Vienna Recommendations on Health Promoting Hospitals
1998-	Thematic HPH task forces (psychiatric services; children & adolescents in hospital; Migrant Friendly Hospitals; alcohol; environment; age-friendly)
2005-	Going global
2006	Launch of 18 HPH core strategies, 7 implementation strategies and 5 standards for health promotion in hospitals as tools for quality management
2008-	Foundation of the International Association "Health Promoting Hospitals and Health Services" (HPH)
2010-	Memorandum of Understanding with WHO
2011-	Journal: Clinical Health Promotion - Research and Best practice for Patients, Staff and Community
2012	First International HPH Conference outside Europe

International Network of Health Promoting Hospitals & Health Services (HPH) about 30 national / regional HPH networks & about 800 hospital and health service members in more than 40 countries

Source: http://www.hphnet.org/ (retrieved: September 20, 2016)

18 core strategies for HPH as a comprehensive whole systems framework for HP activities (Pelikan et al. 2005)

Strategies for	Patients	Staff	Community
1) Empowerment for health promoting **self reproduction**	**Improving the health promotion quality of existing services & structures**		
2) Empowerment for health promoting **coproduction**			
3) Developing a health promoting **hospital setting**			
4) Empowerment for **illness management**	**Development of additional health promoting services**		
5) Empowerment for **lifestyle development**			
6) (Co-)Developing health promoting **living condit-ions in the community**			

HPH – a comprehensive approach

HPH

an integrative „umbrella" concept

Quality Management

Patient-Centered Care

Evidence Based Medicine

Health Education

Safety / Risk Management

Green Hospital

Occupational Safety & Health

Magnet Hospitals

Built environment

Summary & Conclusions

Salutogenesis is important for healthcare!

- Research suggests that patients' SOC is related to
  - Mental well-being
  - Abilities for self-care and adaptation to one's condition
  - [physical health / via stress but also via coping]
- Current healthcare is in parts contradictory to salutogenesis
- A stronger orientation towards salutogenesis / SOC could improve
  - Patient experiences
  - Clinical outcomes
  - Workabiltiy and satisfaction oft staff
  - …

Health infrastructure & the built environment can support salutogenesis in many ways!

- Through its influence on the brain and the body, architecture can directly influence health (Golembiewski 2016).
- Supportive element of infrastructure & design include
  - Signage
  - Light, noise & odor management
  - Gardens / green areas
  - Rooms that support healthcare communication
  - Rooms for meeting with visitors
  - Feeling homely
  - Patient libraries
  - Ergonomics
  - …

Many thanks for your attention!

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