
Health Promotion in Health Care – Vital Theories and Research

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Editors

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 Springer

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Introduction to This Book

High Ages: A Success That Signifies Health Challenges

As we all are aware of, there is a demographic shift toward an older population worldwide. The segment of people aged 80 years and more is growing rapidly and those aged 100+ are growing fastest [1]. This is a sign that we have succeeded in some ways. This shift started in high-income countries. However, for the first time in history, people can expect to live until their 60s and beyond globally [2]. During the period from 2015 and 2050, the proportion of those 60 years and more will nearly double from 12 to 22%; by 2050 individuals aged 60 years and older is expected to total two billion, up from 900 million in 2015 [2]. Currently, low- and middle-income countries are experiencing the greatest demographic change; hence, all countries are now facing major challenges to ensure that their health and social systems are ready to make the most of this demographic shift [2, 3]. Age is an aim in life and not a disease. Still, with high ages, several diseases appear; now our task is to ensure that the extra years are worth living. Hence, with a steadily growing older population, the world faces a growing need of health care. In the years to come, health promotive initiatives enhancing well-being and coping in the population will become ever more important. Accordingly, this book provides novel knowledge in the field of health promotion in the health care services from various parts of the world; Africa, America, Asia, Australia, and Europe are represented.

Today, the medical perspective and treatment approaches are highly developed giving emphasis to save lives from severe illnesses and injuries. This is good. However, a great number of patients, both in hospitals and in the municipality health care, suffer from a lack of holistic oriented health care and support. Their illness is treated, but they feel scared, helpless, and lonely, experiencing meaninglessness and low quality of life. Several patients with chronic or long-term conditions (heart and lung diseases, cancer, rheumatologic diseases, dementia, diabetes, long-term intensive care patients, palliative patients, mental disorders, etc.) fight and must cope with a heavy symptom burden and life challenges on their own at home. These people are asking for social support, empowerment, patient education (salus education), guidance, hope, meaning, dignity, and coping strategies in order to manage their life situation. Human beings are whole persons consisting of different dimensions; individuals comprise of a wholeness of body-mind-spirit which cannot be

separated in a body, a mind, and a spirit; these three parts are totally integrated performing in close interaction. Thus, a holistic physical-psychological-social-spiritual model of health care is required to provide high-quality and effective health care. Health promotion and the salutogenic perspective on health are holistic. In the years to come, health promotive initiatives will become ever more important. Accordingly, learning how to reorient the health care sector in a health promotion direction is highly needed.

Health promoting approaches are resource-oriented focusing on the origin of health along with people's abilities and capacities for well-functioning and well-being. The health promotion field is based in the salutogenic health theory representing an area of knowledge and learning, a way of relating to others, and a way of working in a health promoting manner. In the salutogenic perspective, health is a movement on a continuum between ease and disease. In this approach, no one is categorized as healthy or diseased; we are all somewhere between the imaginary poles of total wellness and total illness. Every person, even if severely diseased, has health, and health promotion is about strengthening the health. Either by changing the ways we work or by changing the environment or educate the person in question how he or she can work to strengthen his/her health. The salutogenic approach seems useful for reorienting the health care systems around the globe. Therefore, this book entailing three parts comprehends the salutogenic health theory as a model of health and a life orientation, representing a vital theoretical basis for the health promotion field, along with the salutogenic theoretical framework.

Health Promotion in the Health Care Services (Part I)

First, in Part I, we provide the historical and theoretical basis for health promotion in the health care (Chap. 1), followed by a presentation of the salutogenic health theory and its potential in reorienting the health care services in a health promotion direction (Chap. 2) as well as ethical perspectives on health promotion (Chap. 3). Hence, Part I elaborates on the need for reorienting the health services in a health promotion direction. Both hospitals and the municipality health care services should be based on the health promotion perspective and an integrated understanding of pathogenesis-salutogenesis. This goes for acute as well as chronic illness and conditions. The arguments include efficiency, effectiveness of the health care services, along with beneficial outcomes for the patients, their families and the societies. Health care is expensive and challenging; all the efforts put into it should pay off as much as possible. A health care which along with the medical treatment and care, also aims at supporting/promoting patients' health by means of identifying and supporting their health resources, will result in better patient outcomes; shorter stays in hospitals, less re-hospitalization, better coping at home, more well-being indicating increased public health and smaller health care budgets. Hence, re-orienting the health services to provide health promoting health care, will not merely remove a disease, but provide more health, well-being, and coping. A more abundant outcome!

Moreover, health services are first and foremost about health. Thus, this overarching aim—and not only diseases—should be leading principles and visible in the organizational structures, leadership and management philosophy, the working culture, and in the health care of individuals and the families. The health care sector should be led toward the aim of treating illness accompanied by actively promotion of people’s health. Moreover, the health care services should not only be responsible for the development of health-promoting working environments but be in the forefront of such developments in the societies. Hospitals, nursing homes, homecare, etc. should represent health-promoting work places, facilitating well-being and peoples’ experiences of their work situation as comprehensible, manageable, and meaningful. Still, all countries have much left on their “to-do-list” toward such a reorientation of the health services. Hence, knowledge about development and the implementation of health promotion strategies in the health care is highly welcome and much needed in the years to come.

Vital Salutogenic Resources for the Health Services (Part II)

The second part of this book gives the reader an updated overview on significant salutogenic concepts representing resources for health promotion and well-being. The selected salutogenic concepts are relevant for the health services, globally. *Sense of coherence* (Chap. 4) kicks off Part II, representing a corner stone in the salutogenic health concept. A growing body of evidence has shown that sense of coherence—that is, an individual’s perception of one’s life situation as comprehensible, manageable, and meaningful—is strongly related to health, wellbeing and coping in all segments of the human population; young as well as old people, healthy, as well as individuals having diseases. Thus, this book suggests that the dimensions of comprehensibility, manageability, and meaningfulness should be generally addressed in the health services. If people are going to be *flourishing* individuals (Chap. 5), meaning that they lead flourishing lives going well, coping well, and thriving well, sense of coherence is a vital basis. The salutogenic concept of flourishing represents a living goal and an understanding that people, despite physical or mental illnesses, can lead happy and well-functioning lives. Such ideas provide us *hope* (Chap. 6)—which also represents a salutogenic concept and resource for health, well-being, and coping. Hope entails positive energy, vitality, and power to strive for whatever one wants in life and is therefore a significant sign of health.

Human beings are not only a physical body and a mind, but physical-emotional-social-spiritual/existential entities, or an integrated wholeness of body-mind-soul. Thus, human beings need to experience *dignity* (Chap. 7); suffering results from not attending to an individual’s dignity. Thus, dignity is a vital aspect of patients’ health and should therefore be addressed in health care. If dignity is overseen, most often the individual loses her sense of *meaning-in-life* (Chap. 8). Without dignity and meaningfulness, life does not seem worth living, and the *inner strength* and *willpower* to fight for health, recovery, etc. will be drained and deprived (Chaps. 8 and 18). The salutogenic

concept of *self-transcendence* (Chap. 9) represents a vital resource for well-being and coping, specifically among vulnerable populations such as the seriously ill, palliative patients, mentally ill, nursing home residents, and terminal patients. However, self-transcendence is also seen to be fundamental to healthy people's well-being and coping such as nursing students and home-dwelling older people. Thus, the dimensions of inter-personal and intra-personal self-transcendence along with the sense of coherence dimensions might be useful as a map to assess which health promoting resources are present in an individual's life. The core of self-transcendence is connectedness, outwardly, inwardly, upwardly, and backwardly (one's past). *Connectedness* is also a salutogenic resource, facilitating health, well-being, as well as meaningfulness, hope, and joy-of-life, and is a vital aspect of the nurse–patient relationship and the interaction between these two.

While assessing the patient's situation, both bodily, emotionally, socially, functionally, and spiritually/existentially, the *nurse–patient interaction* (Chap. 10) is a necessary tool. However, the nurse–patient interaction is not only a tool for valid and reliable assessment, but a salutogenic resource for well-being and health by itself. By means of attentional and influencing competences, health care personnel can positively impact on long-term nursing home patients' anxiety and depression, as well as joy-of-life, hope, meaning-in-life, self-transcendence, and *social support* (Chap. 11). Indeed, social support is seen to be related with loneliness and mortality among older people in nursing homes, representing a vital salutogenic resource. Social support (Chap. 11), *efficacy* (Chap. 12), and *empowerment* (Chap. 13) are all interrelated salutogenic resources embedded in the nurse–patient interaction.

Health Promotion in Different Contexts (Part III)

Based on the health promotion perspective and these vital salutogenic resources, Part III in this book presents different health promotion approaches to several patient groups. Part III sets out with focusing on families having a newborn baby (Chap. 14), which represents an important and existential experience in parents' lives having huge impact on the family health and the baby's health. A healthy population starts with a healthy and well-functioning family raising healthy children. An individual's health is highly dependent on childhood conditions, both physically and mentally. In all countries, the aim is to facilitate a flourishing population (Chap. 15), despite chronic illnesses (Chap. 16), cancer (Chap. 17), long-term intensive care treatment (Chap. 18), and heart failure (Chap. 19).

The segment of older people is increasing, resulting in many people 80 years and older being treated for various diseases in hospitals. Being 80+ and treated in a hospital setting represents a specific vulnerable state (Chap. 20). While treating older people medically in hospitals, their specific vulnerability must be considered in every aspect; if overseen, the health services

will fail and create more illness and suffering than they relieve or solve, which of course is a great pity!

In an international perspective, part three focuses on palliative care in an African context of Uganda (Chap. 21) as well as on age care in a middle-income context of Turkey (Chap. 22). Health promotion as a central idea in palliative care as well as elderly care should be further developed along with efficient symptom management and pain relief. In Turkey, the care of old people is mainly handled by the families. As the Turkish society develops toward a modern organization of both genders partaking in the work life, health promoting strategies caring for the elders, as well as the female caretakers will be important. In Singapore, researchers have operationalized the salutogenic health theory into diverse health promotion programs; the SHAPE study (Chap. 23) and the intergenerational e-health literacy program (Chap. 24) interestingly demonstrate ideas about how to promote people's health as part of the municipality public health services. Finally, the number of individuals having dementia is heavily increasing worldwide, representing a huge challenge in all countries. Hence, health promotion initiatives are strongly needed in the care for people having dementia (Chap. 25) as well as their families.

The last chapter (Chap. 26) sums it all up, pointing forwards to the future challenges. With the aim of reorienting the health services in a health promoting direction, still much work remains worldwide. This book intends to serve these coming reorienting processes. This edited scientific anthology represents a vital contribution to university educations in the health sciences. Currently, a collection in between two binders of the central salutogenic theoretical framework and empirical research on health promoting assets in the health system is missing. This edited scientific anthology meets the need for a substantial overview of vital salutogenic theories/concepts in health care, along with knowledge on health promotion research related to different patient populations.

This book represents a vital contribution to university education globally; the target group is bachelor students in nursing as well as other health professions (occupational therapists, physiotherapists, radiotherapists, social care workers, etc.) and master students in nursing and health sciences. This book also provides an overview for PhD students, clinicians, and researchers in the field of health science and health promotion. The fact that all authors are in the forefront and widely published in their specific field, work as professors (educators and researchers) in health/social care, representing different parts of the world (Africa, America, Australia, Asia, Europe), and different countries (Australia, Belgium, China, Norway, Uganda, USA, Singapore, Sweden, Turkey) gives this book a broad audience and thus a broad influence.

We as the editors of this scientific anthology providing ideas and perspectives on how to reorient the health care system, wish and hope for this book to be extensively used. Therefore, we afford this anthology as an open access easily reached for everyone.

We are grateful and want to thank all the contributors for their interesting and important manuscripts included here. Also, we are thankful to the NTNU Publiseringfondet, and NTNU Department of Public Health Nursing for supporting the open access of this book.

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About the Editors

Gørill Haugan graduated as a registered nurse (RN) in 1984 and holds a PhD in health science. Haugan has worked as an academician since 1989 and thus educated a great number of nursing and health care students at all levels. Currently, she works as a professor in health and nursing science at NTNU Department of Public Health and Nursing, Faculty of Medicine and Health in Norway, and professor II at Nord University, Faculty of Nursing and Health science. Professor Haugan is supervising bachelor theses in nursing care, along with PhD and master's projects focusing on different aspects of nursing and global health, collecting data in Norway as well as in Nepal and Uganda. Furthermore, she is supervising assistant professors in achieving competence as associate professor at NTNU and Nord University. Haugan is widely published internationally, with more than 140 scientific publications in the field of health promotion among different populations such as older people, long-term intensive care patients, adolescents and postnatal women, as well as nursing students and health care workers. She is the main editor of three different scientific anthologies (including this one) focusing on health promotion in health care. In particular, she has investigated the influence of nurse–patient interaction, self-transcendence, hope, meaning-in-life, sense of coherence, joy-of-life and spirituality on individual's well-being and quality of life, as well as developed and validated several measurement models central to nursing and health care. Haugan leads several research projects in various fields including various populations and evaluates research proposals for funding in Norway. She collaborates with researchers at different universities in Norway, Belgium, the Netherlands, Poland, Turkey, Sweden, Finland, Singapore, Uganda, Nepal, Malta, and the USA.

Monica Eriksson is associate professor in social policy (health promotion) at Åbo Akademi University Vasa, Finland. Current position as Senior Professor in public health and health promotion in the Department of Health Sciences, University West, Trollhättan, Sweden. Former Head of the Center on Salutogenesis, University West. Member of the Global Working Group on Salutogenesis 2007–2018. Defended a doctoral thesis in 2007, a systematic research synthesis, based on more than 450 scientific papers on studies using Antonovsky's sense of coherence scale, titled "Unravelling the Mystery of Salutogenesis" (Eriksson 2007). Now continuing the analysis and following salutogenic research up to date. Main research focuses on salutogenesis in public health and health promotion research and practice where peoples'

abilities and resources are essential for health and well-being. The most recent research is on salutogenic factors for sustainable working life for nurses. Previously worked as a hospital-based social worker, operative director of an umbrella organization for people with disabilities, later as the Nordic investigator of mobility of people with disabilities. “My clinical experience and practice has convinced me the resource perspective of public health and health promotion is the way forward for both research and effective interventions.”