

8.E. Workshop: Advancing salutogenesis for health promotion and public health

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Organised by: EUPHA (HP), IUHPE Global Working Group of Salutogenesis

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Objectives

Since the original development of salutogenesis (Aaron Antonovsky 1979, 1986), this concept of the origin of health has attracted a lot of attention in research & practice (Mittelmark et al. 2016). Salutogenesis has been taken up in three ways: the salutogenic orientation, the sense of coherence (SoC) as the core concept, and the overall salutogenic model. Particularly health promotion practitioners broadly adopted the salutogenic orientation characterized by addressing social, up-stream determinants of health, by shifting from risk factors to health resources, and by looking at positive health beyond absence of disease.

Early on, Antonovsky identified the SoC as a key personal health resource. He defined SoC as global orientation of life characterized by comprehensibility, manageability and meaningfulness of life (1979). Since then, health researchers applied

the related SoC scale in hundreds of empirical studies (Erikson 2016). Nevertheless children and adolescents are rarely addressed in these studies. The need to expand the understanding of the creation process of the General Resistance Resources (GRR) at the basis of the SoC development, needs to expand research to earlier ages, overcoming one of the limitations of the model.

Moreover, the overall model of salutogenesis found very limited adoption - probably due to its complexity and related difficulty of empirical testing. Also, the model is limited to coping with stressful life events through the presence of high general resistance resources and a strong SoC. It lacks a path of positive health development leading from resources directly to positive health outcomes such as joy and thriving. The last point also shows that Antonovskys original definition of health as a ease-/dis-ease continuum needs to be advanced by a clear conceptualization of positive health beyond Antonovskys terms of being at ease or having negative entropy.

Considering this background, the workshop has the following three objectives:

1. Show how the salutogenic model can be both simplified and completed to become a true theory of salutogenesis for health promotion and public health
2. Show how positive health can be conceptualized as clearly complementary to the absence of disease – supporting the development of a complete theory of salutogenesis
3. Show how the measurement of SoC in youth is a foundational step to establish theoretically salutogenesis and therefore salutogenic health promotion endeavors

Format

The moderators will introduce the overall background, objectives and agenda of the workshop. The three presenters will provide a 15-minute input on one of the three objectives each. They will engage the audience in an in depth 30-minute discussion of their proposals – how they could be improved and applied in their own research and practice. Finally, conclusions will be drawn regarding further developments.

Key messages:

- A completed theory of salutogenesis and of positive health will capture the full human health experience in research and practice.
- This science base is further strengthened by an improved measurement of SoC in youth.

Towards a theory of salutogenesis

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Background

Aaron Antonovsky presented his model of salutogenesis as a model of coping with stressors. However, in contrast to the core concept of sense of coherence, the overall model of salutogenesis found very limited adoption - probably because it is highly complex and thus difficult to test empirically. Also, the scope of the model is limited to coping with stressful life events through the presence of high general resistance resources and a strong SoC. It lacks a path of positive health development leading directly from resources to positive health.

Methods

In context of the work environment, the authors have been developing the job-demands-resource health model by combining the health development model (Bauer et al. 2006) and the job-demands resource model (Demerouti et al. 2001). This model has been empirically tested in diverse working environments. Based on these developments in working life, a generic theory of salutogenesis has been derived.

Results

The advanced theory of salutogenesis shows two related paths of health development: the pathogenic path leading from life demands to disease outcomes as well as the salutogenic path leading from life resources to positive health outcomes. Cross-cutting paths show how high demands can impede the salutogenic path, and how high resources can buffer the pathogenic path. Further, the theory shows how all these paths are partially mediated by the sense of coherence at the center.

Conclusions

The theory of salutogenesis shows that life resources do not only help to buffer negative health outcomes of life demands, but simultaneously enhance positive health outcomes. Although the sense of coherence remains at the core of the theory, it shows that strengthening life resources will help both to prevent disease and to promote health.

Key message:

- A completed theory of salutogenesis allows health promotion researchers and practitioners to capture the full human health experience.

Further developing Aaron Antonovský's concept of health – a systems theory based proposal

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Background

Aaron Antonovský's model of salutogenesis contains a specific concept of health. Instead of a dichotomy of disease and health he offered a one-dimensional ease - disease continuum. His measurement of Sense of coherence primarily covers mental health. Meanwhile his proposals have been criticized and more complex concepts of health (e.g. Keyes, Pelikan) have been offered for the context of health promotion and public health.

Methods

Antonovský's publications on a concept and definition of health have been scrutinized, as well as relevant publications of his followers and critics and publications by other researchers on competing concepts and definitions of health. Sociological systems theory based on Maturana and Luhmann has been used to develop a more complex concept and definition of health and disease and their specific relationship.

Results

A model, concept and definition of reproduction of positive health and disease are offered, that understand life as the result of dynamic reproductive processes, which can result in a mixture of positive health and disease outcomes. Positive health and disease are understood as multi-dimensional concerning physical, mental and social health, which can be observed concerning three functional aspects of health, objective functioning, subjective well-feeling and social attractiveness, which all are important for reproducing one's health in the context of society.

Conclusions

This model of health makes use of newer forms of systems theory. It allows for a dynamic, multidimensional, complex understanding of health and disease and specifies which dimensions and aspects have to be observed to grasp health and disease empirically for health promoting interventions within public health.

Key messages:

- Positive health and disease best are understood as related, but different dynamic concepts.
- Both have to be observed at least in three distinct dimensions concerning three different functional aspects.

Children & adolescents' Sense of Coherence and methodological related measurement issues

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Background

Evidence sustains the Sense of Coherence (SoC) influence on health. Self-rated health (SRH) is considered a proxy variable to health. The aim is to explore the potential and validity of the SoC measurement in ChildRen and ADolescents (CrAd LiSa Project) from the SRH perspective, while addressing methodological related issues of SoC measurement for this age group.

Methods

Data is selected from the CrAd LiSa Project a quantitative survey in Portugal. Therein we have used Antonovský's Orientation for Life Questionnaire (OLQ-PT[®], short version) (n=783) with 9th-12th grade students in the school setting during 2015, with both urban and rural schools. Indicators were added to construct the SES index and SRH measures. CAWI and SASI were the methods used to gather data.

Results

The SoC (OLQ-PT, Cronbach's alpha $\alpha = .81$; 13 items) range from 19 to 87 (mean 54; SD 10,4). There are statistically significant associations between SoC and SRH. Multiple regression analysis was used to test if the SoC significantly predicted participants' ratings of SHR. The results of the regression indicated that the SoC explained 34.9% of the variance ($R^2 = .12, 2 F(1,781) = 108,31, p < .001$).

Conclusions

The use of the validated OLQ-PT instrument (that is highly reliable) is feasible with such an age group. However, there is a gap in evidence based intervention studies with respect to salutogenesis and SoC in adolescent populations. The knowledge about the relationship between the effects of SoC on

adolescents' health is scarce but worthy investigating. More research will be necessary to refine and further elaborate our findings both in terms of common theory development and concept validation.

Key messages:

- Using the salutogenic framework is feasible for research within the adolescents' age group.
- The relation between the sense of coherence and Self-rated health help establish convergent validity criteria to the discussion regarding SoC methodological related measurement issues