EDITORIAL

Embracing Salutogenesis in Public Health

Pradeep R Deshmukh, Ranjan Solanki, Yogesh Bahurupi
Department of Community Medicine, All India Institute of Medical Science, Nagpur, Maharashtra, India

CORRESPONDING AUTHOR
Dr. Ranjan Solanki, Additional Professor, Department of Community Medicine, All India Institute of Medical Science, Nagpur, Maharashtra, India 441108
Email: drranjansolanki@gmail.com
CITATION
Deshmukh PR, Solanki R, Bahurupi Y. Embracing Salutogenesis in Public Health. Indian J Comm Health. 2024;36(6):755-757. https://doi.org/10.47203/IJCH.2024.v36i06.001
ARTICLE CYCLE
Received: 25/11/2024; Accepted: 05/12/2024; Published: 31/12/2024

The conventional approach to health has long been anchored in the reductionist biomedical model, which primarily focuses on diagnosing and treating diseases. The need for a paradigm change towards a holistic viewpoint that defines health as a dynamic condition of well-being is becoming increasingly apparent as the intricacies of human health continue to surface.

This is where salutogenesis comes into play—a framework that shifts the focus from pathology to health promotion, from risk factors to health assets. Aaron Antonovsky introduced the idea of salutogenesis in the late 1970s. (1,2) Around the same time, the biopsychosocial model was first conceptualised by George Engel, suggesting that it is not simply the biological factors but also the psychosocial aspects that render a sense of wholeness to the medical understanding of health conditions.

Salutogenesis is increasingly relevant to public health systems, which aim to enhance resilience and holistic well-being across populations. A recent systematic review has emphasised salutogenic interventions' significant impact on physical and psychosocial health. (3) Meta-analysis findings indicated that a weak feeling of coherence was linked to a higher risk of dying in the adult population. (4) Several studies show the benefit of a salutogenic approach to health across all age groups. (5,6) In resource-limited settings, curative care increases the economic burden on the patients, caregivers and the health system. A recent study highlighted that integrating Salutogenesis can enhance patient experience and staff productivity and reduce costs. (7)

Theoretical Framework

The salutogenic model underpins the "sense of coherence (SOC)" concept, which Antonovsky described as a broader orientation that perceives life as comprehensible, manageable, and meaningful. SOC comprises these three crucial components, which constitute the cognitive resources of the community. Generalised Resistance Resources (GRR) determines the SOC, which includes social support, financial security, and cognitive resources. The SOC helps explain why some individuals remain healthy despite stressors and other risk factors while others succumb to them. (8)

Salutogenesis vs. Pathogenesis

The health care models are centred around pathogenesis, discussing risk factors leading to disease, and have negative connotations. The most significant strength of the salutogenic model is its emphasis on health assets, including self-esteem, resilience, self-care, and self-management, which lead to better health practices, management of symptoms, compliance, and disease outcome. This complementarity between the two concepts broadens the scope of public health by recognising that the state of health is not merely the absence of illness.

Incorporation of salutogenic concept in the health care model:

Primary, secondary, and tertiary prevention are the three tiers of public health prevention. Each level focuses on preventing the onset, progression, or consequences of health conditions. Salutogenesis fits this framework primarily at the primary prevention level but has secondary and tertiary

prevention implications. A few of the examples are listed below

Primary Prevention:

Health Promotion and Disease Prevention

Salutogenesis aligns most closely with primary prevention, emphasising promoting health and well-being from the outset. The focus on building resilience, empowerment, and a SOC aligns with creating conditions that prevent disease by enhancing the ability of individuals to handle stressors and maintain good health.

SOC Components were highly interconnected and substantially linked to various health behaviours. The children with somatic complaints reported more negative emotions on the anger, sadness and fear scale, and their SOC was low. (9)

Research has shown that a stronger SOC is associated with healthy ageing and better physical and mental health. (10)

In a prospective cohort study, medical students' high sense of coherence was found to have a stress-buffering impact. (11)

Teachers and other professionals reported protection against job stress and burnout due to strong SOC. (12)

There is evidence that emotional intelligence is essential to the emergence and preservation of health (13)

This goal could be achieved through **Resilience Training Programs**, health-promoting schools and **Workplace Wellness Programs.**

Secondary Prevention: The emphasis on SOC means that individuals with risk factors or early signs of a health condition can utilise their internal and external resources for managing and mitigating progression. For example, community programs that strengthen coping mechanisms or social support networks can enhance the ability to deal with a diagnosis and prevent further decline.

Supportive Community Networks for Chronic Illness Management: These programs build supportive networks for individuals with chronic illnesses, such as diabetes support groups or cancer survivor networks, as well as coherence and empowerment. These interventions provide resources, peer support, and education, helping individuals manage their conditions more effectively.

It has been observed that the salutogenic strategy slows the development of metabolic syndrome in the population. (14)

Tertiary Prevention: Salutogenesis contributes to tertiary prevention by fostering **SOC and adaptive resources** for people with chronic conditions. Programs that build resilience foster social connections and encourage positive lifestyle changes to help individuals manage their conditions effectively.

Training in self-regulation, mindfulness and breath work, relaxation training and coping strategies serve to symptom management and improve disease outcomes. It helps them utilise cognitive resources needed for the treatment regimen among breast cancer survivors. (15) A strong positive correlation has been found between SOC and fate among transplant patients. (16) Overall, **salutogenesis** enriches prevention efforts by promoting health and well-being, integrating seamlessly into preventive health strategies at all levels.

Public health research:

1. Robust research on measuring a SOC with diverse methods emphasising qualitative research tools has to be prioritised. It is necessary to determine in various contexts if the link between health and SOC is linear.
2. More evidence through cohort studies is needed to estimate the long-term effect of salutogenic interventions on health outcomes.
3. A more interdisciplinary approach spanning economics, anthropology, psychology and health sciences is needed for better comprehension of the topic
4. Research focusing on the pathogenic outcome variable includes depression, anxiety, and pain rather than the salutogenic outcome variables, which include happiness and sense of satisfaction. The publication of negative states exceeds by a ratio of 16:1 as per research done. (16)

Training of health care professionals. Salutogenic training of professionals by integrating all the stages of medical training to deliver salutogenic treatment. The professionals need to acquire the salutogenic capacity for themselves; they should be able to use their cognitive and social resources to find happiness and meaning in their work.

Application of salutogenesis in the Healthcare setting: The healthcare setting is a sick care setting fraught with challenges for integrating salutogenesis principles. The potential for health care to be more protective, promote positive health, and be more preventative of disease is unrealised.

Application of salutogenesis to hospital and tertiary care settings could be rolled out through “self-care, self-management, supporting caring relatives, improving the impact of hospital functioning,

salutogenesis for health care" (17) teams affirming the burnouts and improving doctor-patient communication.

CHALLENGES AND LIMITATIONS

Efforts to integrate salutogenesis into healthcare have grown globally. In 2018, India launched Ayushman Bharat, upgrading subcentres into Health and Wellness Centres (HWCs) to deliver comprehensive primary care with wellness as a core focus.

Despite its proven benefits, there are political and economic challenges in adopting a salutogenic approach within conventional public health frameworks.

WAY FORWARD

The future of public health lies in a more balanced approach that integrates salutogenic and pathogenic perspectives. Research should continue to explore how SOC develops over the life course and which interventions are most effective in different population groups. Integration of salutogenesis in the training of healthcare professionals needs to be prioritised so that they can deliver salutogenic services.

Innovative approaches, such as digital health platforms, could be leveraged to promote salutogenic strategies. These platforms can offer virtual support networks, access to health resources, and personalised wellness programs SOC. Adopting a salutogenic approach provides a holistic perspective that prioritises health promotion and the creation of environments conducive to well-being. Policymakers, practitioners, and researchers must collaborate to integrate salutogenic principles into practice, ensuring that public health is about thriving and not just surviving.

REFERENCES

1. Antonovsky A. Health, Stress, and Coping. 1st ed. San Francisco: Jossey-Bass; 1979.
2. Lindström B, Eriksson M. Contextualizing salutogenesis and Antonovsky in public health development. Health Promot Int. 2006;21(3):238-44.
3. Polhuis CMM, Bouwman LI, Vaandrager L, Soedamah-Muthu SS, Koelen MA. Systematic review of salutogenic-oriented lifestyle randomised controlled trials for adults with type 2 diabetes mellitus. Patient Educ Couns. 2020;103(4):764-776.
4. Piiroinen I, Tuomainen TP, Tolmunen T, Kauhanen J, Kurl S, Nilsen C, et al. Sense of Coherence and Mortality: A Systematic Review and Meta-Analysis. Psychosom Med. 2020 Jul/Aug;82(6):561-567.
5. Schäfer SK, Sopp MR, Fuchs A, Kotzur M, Maahs L, Michael T. The relationship between sense of coherence and mental health problems from childhood to young adulthood: A meta-analysis. J Affect Disord. 2023;325:804-816.
6. da-Silva-Domingues H, Del-Pino-Casado R, Palomino-Moral PÁ, López Martínez C, Moreno-Cámara S, Frías-Osuna A. Relationship between sense of coherence and health-related behaviours in adolescents and young adults: a systematic review. BMC Public Health. 2022;22(1):477.
7. Ferhati K, Gottschald M. Enhancing Fiscal Outcomes through Human-Centered Design: The Economic Benefits of Salutogenic Architecture in Public Health Care Facilities. Journal of Salutogenic Architecture. 2023;2(1):1-8.
8. Eriksson M. The sense of coherence in the Saltogenic model of health. In: Mittelmark MB, Sagy S, Eriksson M, Bauer GF, Pelikan JM, Lindström B, et al., editors. The Handbook of Salutogenesis. Cham: Springer International Publishing AG; 2017: 91–6.
9. Jellesma FC, Rieffe C, Terwogt MM, Westenberg PM. Do parents reinforce somatic complaints in their children? Health Psychol. 2008;27(2):280-5.
10. Gustafson Y, Nogueira V, O'Dwyer S, Roller RE, Egger T, Firmino H, et al. Depression in old age in Austria, Ireland, Portugal and Sweden. European Geriatric Medicine. 2013;4(3):202-8.
11. Buddeberg-Fischer B, Stamm M, Buddeberg C, Klaghofer R. Chronic stress experience in young physicians: impact of person- and workplace-related factors. Int Arch Occup Environ Health. 2010 Apr;83(4):373-9.
12. Shirom A. Feeling vigorous at work? The construct of vigor and the study of positive affect in organizations. InEmotional and physiological processes and positive intervention strategies 2003 : 135-164. Emerald Group Publishing Limited.
13. Shapiro SL, Oman D, Thoresen CE, Plante TG, Flinders T. Cultivating mindfulness: effects on well-being. J Clin Psychol. 2008 Jul;64(7):840-62.
14. Miettola J, Viljanen AM. A salutogenic approach to prevention of metabolic syndrome: a mixed methods population study. Scand J Prim Health Care. 2014;32(4):217-25.
15. Cimprich B. Pretreatment symptom distress in women newly diagnosed with breast cancer. Cancer Nurs. 1999;22(3):185-94;
16. Goetzmann L, Ruegg L, Stamm M, Ambühl P, Boehler A, Halter J, et al. Psychosocial profiles after transplantation: a 24-month follow-up of heart, lung, liver, kidney and allogeneic bone-marrow patients. Transplantation. 2008 Sep 15;86(5):662-8.
17. Dietscher C, Winter U, Pelikan JM. The Application of Salutogenesis in Hospitals. 2016 Sep 3. In: Mittelmark MB, Sagy S, Eriksson M, Bauer GF, Pelikan JM, Lindström B, Espnes GA, editors. The Handbook of Salutogenesis [Internet]. Cham (CH): Springer; 2017. Chapter 27.