Towards an operationalization of the new dynamic concept of health ‘Health as the ability to adapt and to self manage’ into ‘Positive health’

Introduction
In 2011 Machteld Huber et al. introduced a new concept of health with a cover publication in the BMJ: “Health as the ability to adapt and to self manage, in the face of mental, social and physical challenges”. This new concept describes health not as a stable endpoint, as in the traditional WHO definition, but highlights function, resilience and self-direction. The Netherlands Organization for Health Research and Development asked Huber to elaborate this general concept towards operationalization, focusing on the questions: What does this concept mean for different stakeholders in healthcare and how can it be developed into a tool for measurements?

Study design
The study involved seven stakeholder domains in health care: healthcare providers, patients with a chronic condition, policy makers, insurers, public health actors, citizens and researchers from different areas of life. The study comprised A. a qualitative and B. a quantitative phase.
A. In 50 qualitative (semi-structured) interviews, focus groups and working groups, being a total of 140 persons, all stakeholder domains have been interviewed about three central questions:
1. What do you consider positive and negative aspects about the new concept? Is any specification needed and if so, in which respect?
2. What are for you relevant indicators of health?
3. Do these indicators and the new concept match, in your opinion?
The answers have been evaluated qualitatively and clustered. The question about health indicators yielded 556 observations, categorized in a consensus process with research institute NIVEL.
B. The results of this phase have been quantitatively tested in a survey questionnaire, containing questions based on the results of the qualitative study. The survey questionnaire was distributed among the stakeholder groups, partly through panels, partly through relevant networks. Response after one month: 1938 respondents.
The answers have been statistically tested with non-parametric tests on the sum scores of the different dimensions of health. Figure 1. shows the size of the participating stakeholder groups.

Results
1. According to many respondents, the fact that someone is more than his/her illness is a positive issue. Furthermore, it stresses the power of people instead of their weakness. Respondents consider negative the fact that the concept requires a lot of personal input from a person and they wonder whether everyone is capable of that. Moreover, the description seems to ignore current disease or might underestimate its importance. These opinions have been confirmed in the quantitative survey.
2. The question about health indicators included 556 observations. In a consensus process with NIVEL these were categorized into six main dimensions and 32 underlying aspects of health.

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In the quantitative survey people have been asked to evaluate the importance of different aspects related to health, score 1-totally unimportant vs. score 9-very important.
All stakeholder groups assessed the bodily dimension as equally important. The evaluation of the other five dimensions shows significantly different valuations. Patients evaluate all six dimensions as almost equally important, which means that they think in a broad concept of health, while other stakeholder groups often scored significantly different grades for various dimensions. The spiritual dimension and the dimension social-societal participation show the most important variations.

Figure 1. Mean scores per stakeholder group, indicating the importance connected to a dimension as being part of ‘health’.

Healthcare providers significantly differ from patients. However, when the group is divided into doctors, physiotherapists and nurses, the nurses appear to assess almost identical as the patients. Also ‘healthy’ citizens differ from patients. Influencing factors for higher scores and more equivalent values for the six dimensions are: female versus male, advanced age and a relatively lower education level. The fact that respondents have a chronic disease themselves strongly correlates with higher scores. Nearly all differences are significant.

3. In the qualitative study the question whether the indicators match the new concept, was positively answered by 78% of the respondents, 12% said ‘no’ and 10% did not know. This question was not included in the survey, as posing it outside the context of an interview was not considered to be fruitful.

Towards operationalization

By operationalizing the concept ‘Health as the ability to adapt and to self manage’ towards indicators of health, we propose to consider health as a ‘broad’ concept, at least for patients with a chronic disease. It seems wise to launch a discussion among various stakeholder groups about the differences related to the content of ‘health’.

To avoid confusion with ‘health as the absence of disease’ we propose to use the concept of ‘Positive Health’.

We propose a visualization as shown in Figure 2. In follow-up research this needs to be improved and elaborated for practical use.

Figure 2. The six main dimensions visualised for practical use as ‘Pillars of Positive Health’.

The colours represent a fictive situation.

Report

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