



A new concept of health & the research towards a ‘patient-centred’ operationalisation

NURSING CONGRESS – October 5 2016

Machteld Huber MD PhD

The content of this session

- 1. The first phase towards a new concept of health**
- 2. The elaboration of this concept towards operationalisation**

1. The first phase towards a new concept of health

‘HEALTH’ IS STILL DEFINED BY THE WHO-DEFINITION OF 1948:

‘A state of complete physical, mental, and social well-being and not merely the absence of disease, or infirmity.’

Since then often criticized, but never changed.



Pearlfilm

PROPOSED AS ‘GENERAL CONCEPT’:

**‘Health as the ability to adapt and to self manage,
in the face of social, physical and emotional challenges’**

Huber M, Knottnerus JA, Green L, et al. How should we define health? [BMJ](#) 2011;343:d4163.



2. The elaboration of this concept towards operationalisation



ZonMw

THE FOLLOW-UP STUDY:

The Netherlands Organization for Health Research & Development (ZonMw) asked to evaluate the support for this concept:

**‘Health as the ability to adapt and to self manage,
in the face of social, physical and emotional challenges’**

and work towards operationalisation.



7 STAKEHOLDER GROUPS WERE APPROACHED:

1. Patients
2. Healthcare professionals
3. Policymakers
4. Health Insurances
5. Public Health professionals
6. Citizens
7. Researchers

In a qualitative and a quantitative study.



THE QUALITATIVE PART OF THE STUDY:

In **50 semi-structured** interviews and focus groups 3 questions were posed:

1. What do you consider **positive** and **negative** about this new concept of health?
2. What are to you **indicators** for health?
3. Do your indicators and the concept **match**?

RESULTS OF THE QUALITATIVE PART:

Question 1: Your opinion about the new concept?

Positive:

- *The focus is on **the person**, not on the disease.*
- *As a patient, I feel addressed in **my strength** instead of in my weakness.*
- ***Besides** having a diagnosis, I experience a lot of **healthiness** and that is being addressed by this.*
- *It emphasizes the **potential**.*

RESULTS OF THE QUALITATIVE PART:

Question 1: Your opinion about the new concept?

Negative:

- *Is, with this concept, someone with a chronic illness ,**who is well adapted**, now considered healthy?*
- *What does this mean for **compensations** by insurance companies? The better adapted, the less being paid?*
- *What about **disease** with this description?*
- ***Is everybody capable of this?** Large groups do lack the basis health literacy that is needed for this.*
- *How about the **social environment**, or should everyone manage by him/herself?*

ADVISE:

*Take health, not as an aim in itself, but as **a means to**
..... a meaningful life!*



RESULTS OF THE QUALITATIVE PART:

Question 2: Indicators of health

- In total **556 indicators of health** from seven stakeholder domains were collected.
- These were concentrated and **categorized** in a **consensus process** in cooperation with two independent researchers of Research Institute NIVEL.
- This resulted in **six main dimensions** of health, differentiated into **32 aspects**.

RESULTS OF THE QUALITITATIVE PART

The six main dimensions of health:



Bodily functions



Mental functions & perception



Spiritual-existential dimension



Quality of Life



Social & societal participation



Daily functioning

Main dimensions of health and connected aspects:



Bodily functions

- Medical facts
- Medical observations
- Physical functioning
- Complaints and pain
- Energy



Mental functions & perception

- Cognitive functioning
- Emotional state
- Esteem/self respect
- In control/ manageability
- Self-management
- Resilience & 'sense of coherence'



Spiritual-existential dimension

- Meaning/purpose
meaningfulness
- Striving for
aims/ideals
- Future prospects
- Acceptation

Main dimensions of health and connected aspects:



Quality of life

- Quality of life/well being
- Happiness
- Enjoyment
- Perceived health
- Flourishing
- Zest for life
- Balance



Social & societal participation

- Social and communicative skills
- Social contacts
- Meaningful relationships
- Being accepted
- Community involvement
- Meaningful work



Daily functioning

- Basis ADL (Activities of Daily Living)
- Instrumental ADL
- Ability to work
- Health literacy

Note: The question was about **indicators**, collected **bottom-up**, but many **patients** mentioned that these factors made them healthy, so identified them also as **determinants**.

RESULTS OF THE QUANTITATIVE PART:

Based on the qualitative results a **survey questionnaire** was established, evaluating the outcomes of the qualitative part.

The response counted 1938 reactions:

- 643 Healthcare professionals (doctors, physiotherapeuts, nurses) (panels)
- 575 Patients (panel)
- 430 Citizens (panel)
- 106 Researchers
- 89 Public health actors
- 80 Policymakers
- 15 Insurers

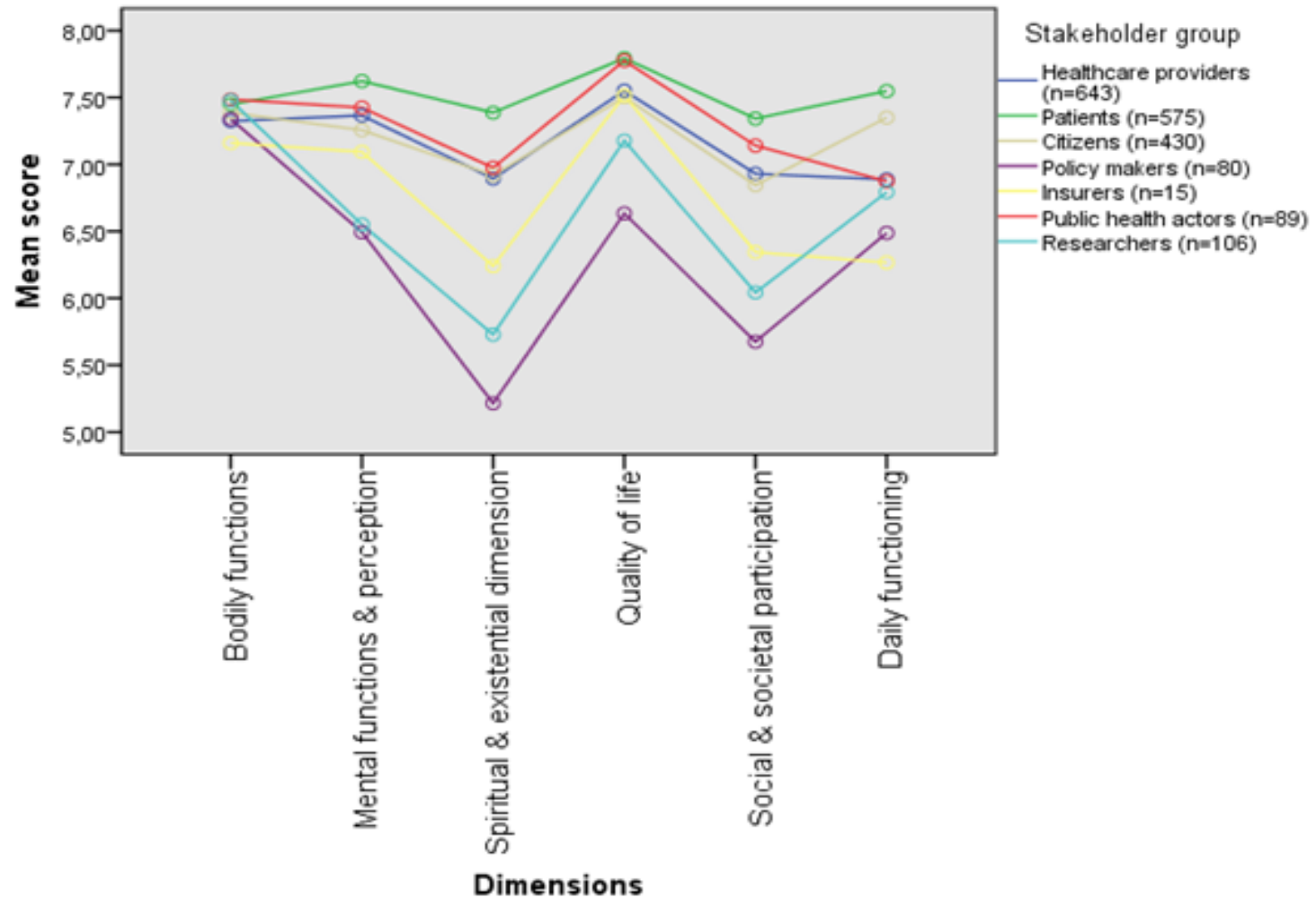


RESULTS OF THE QUANTITATIVE PART:

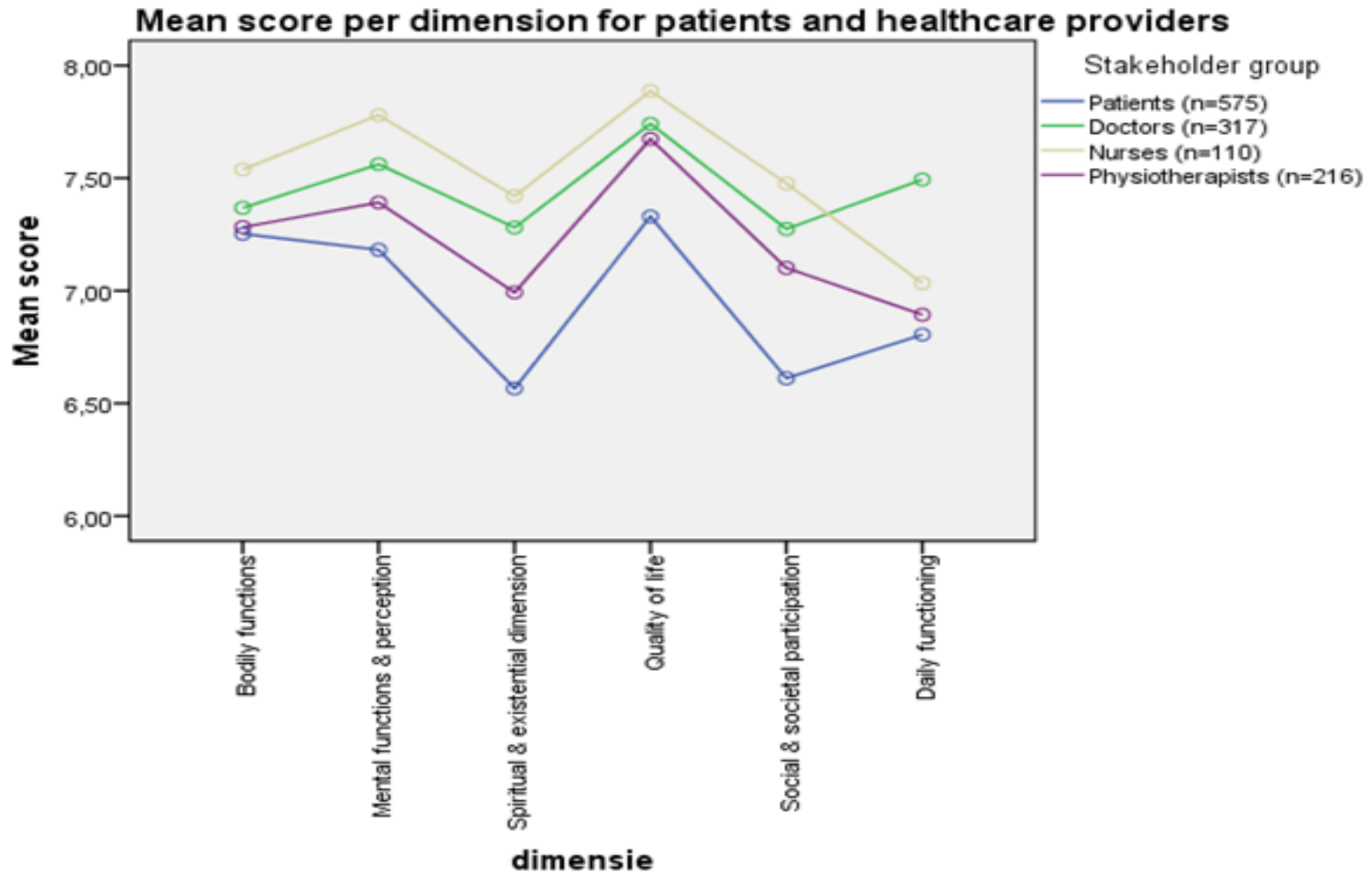
- Generally the positive and negative opinions were confirmed.
- Concerning the question how important the 32 aspects are as being contained in 'health':

RESULTS OF THE QUANTITATIVE PART

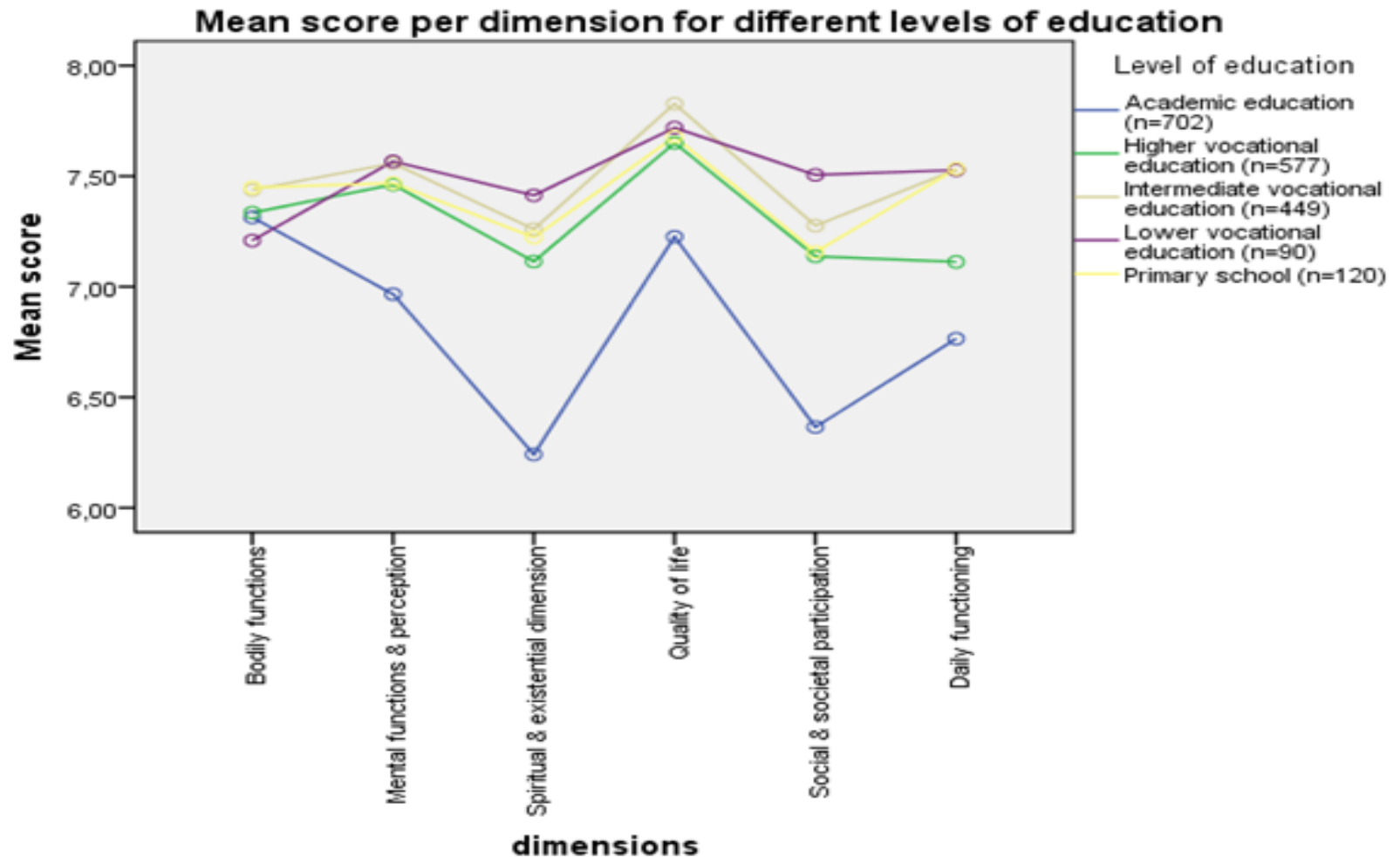
Mean score per dimension for different stakeholder groups



RESULTS OF THE QUANTITATIVE PART

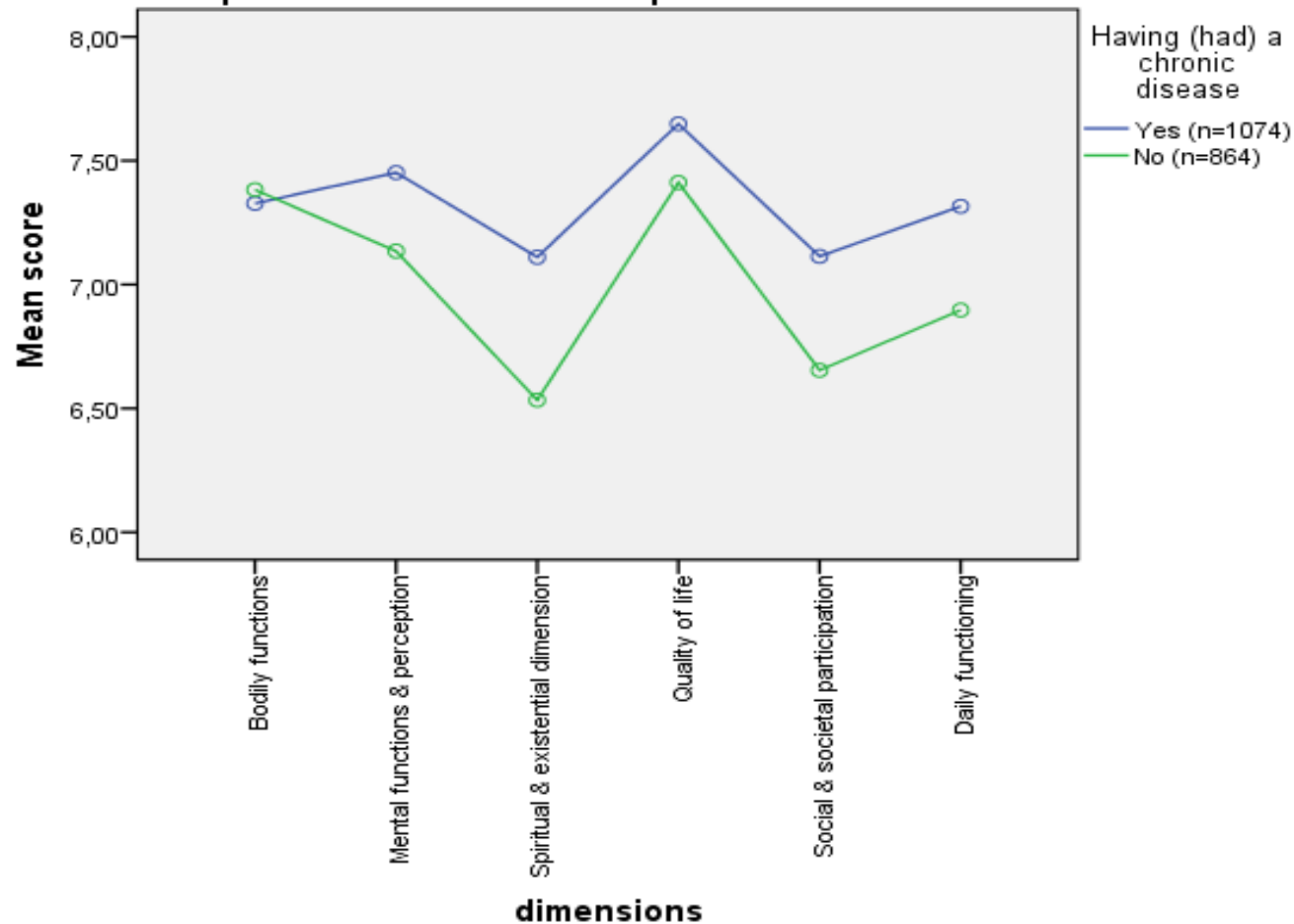


RESULTS OF THE QUANTITATIVE PART



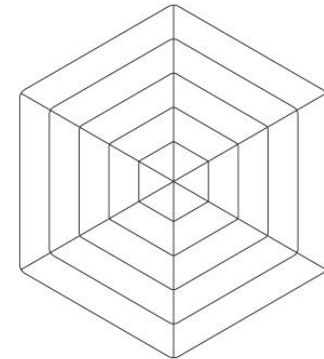
RESULTS OF THE QUANTITATIVE PART

Mean score per dimension for all respondents with or without a chronic disease

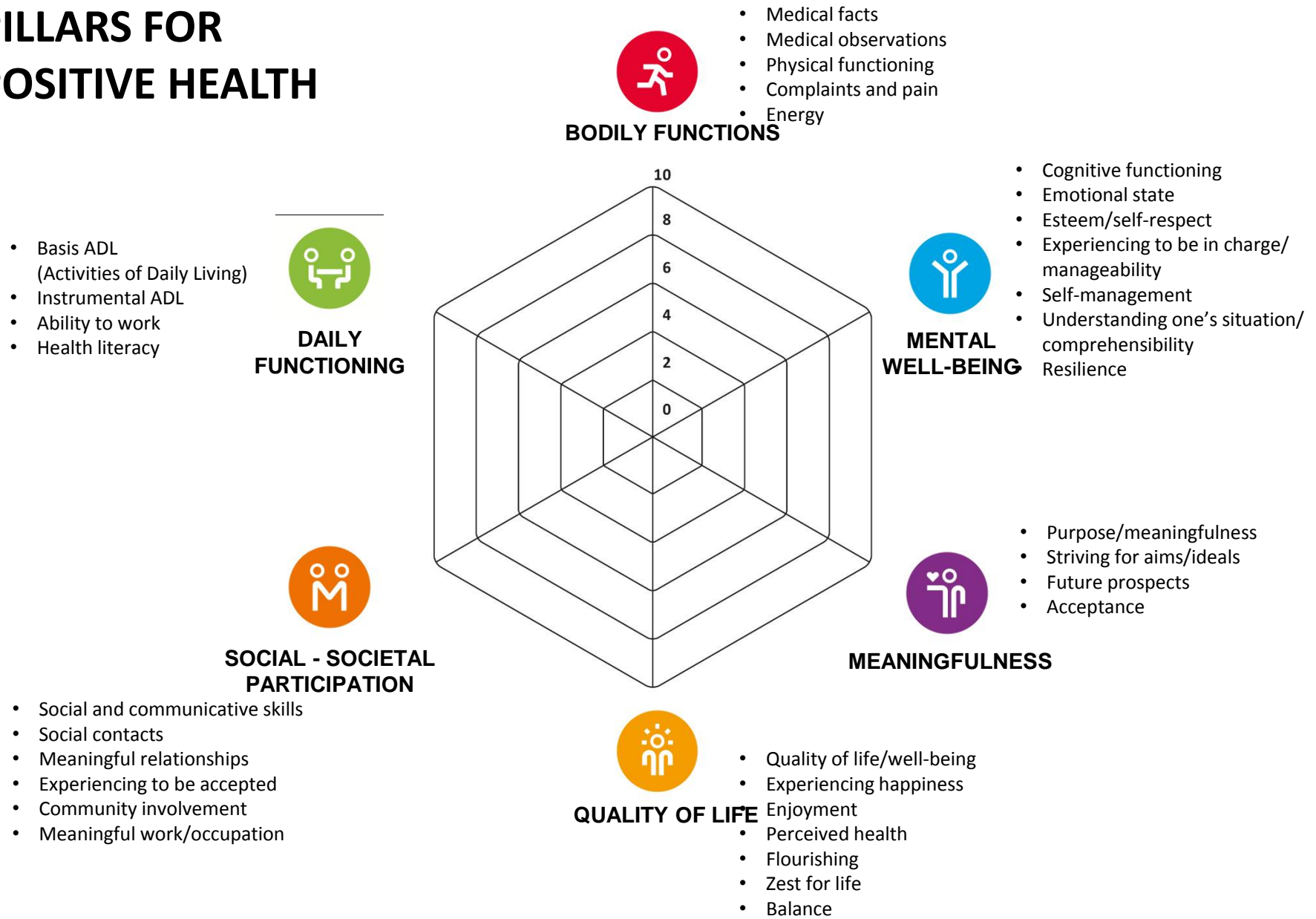


CONCLUSIONS

- **Discrimination** is needed between the '**narrow**' interpretation of '**health as absence from disease**' and the '**broad**' interpretation **with six dimensions**.
- For the **broad interpretation** we did choose the concept of **Positive health!**
- **And visualised** the six main dimensions into a **spiderweb-diagram**



PILLARS FOR POSITIVE HEALTH



ESSENTIE:

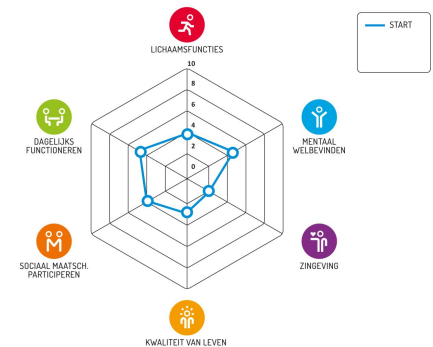
- NO external norm! **Personal evaluation of the situation.**

A 'health surface' becomes visible.

- Question: **What would you like to change?**

Future: connection with **E-health** advises.

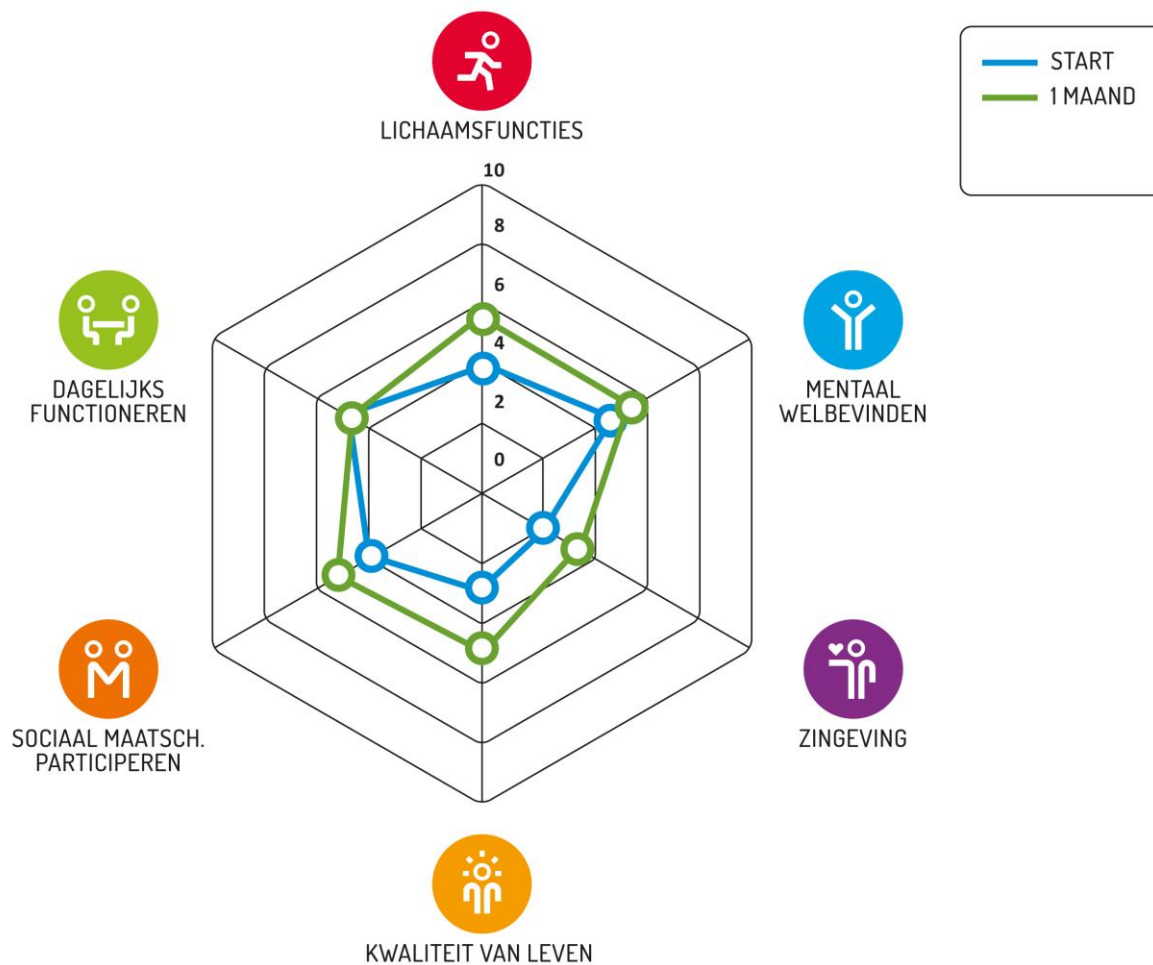
- The score, the 'health surface', could change in the following way:



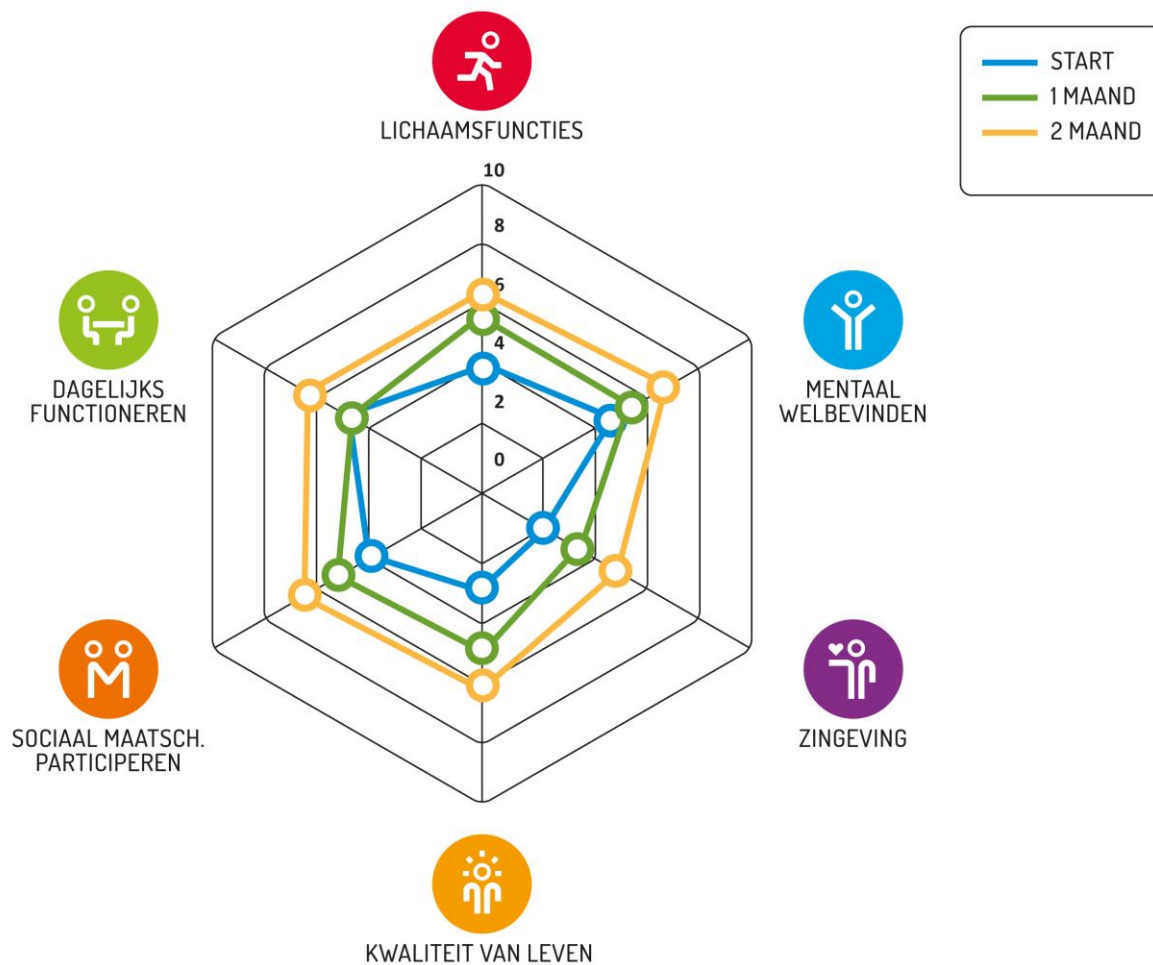
PILLARS FOR POSITIVE HEALTH



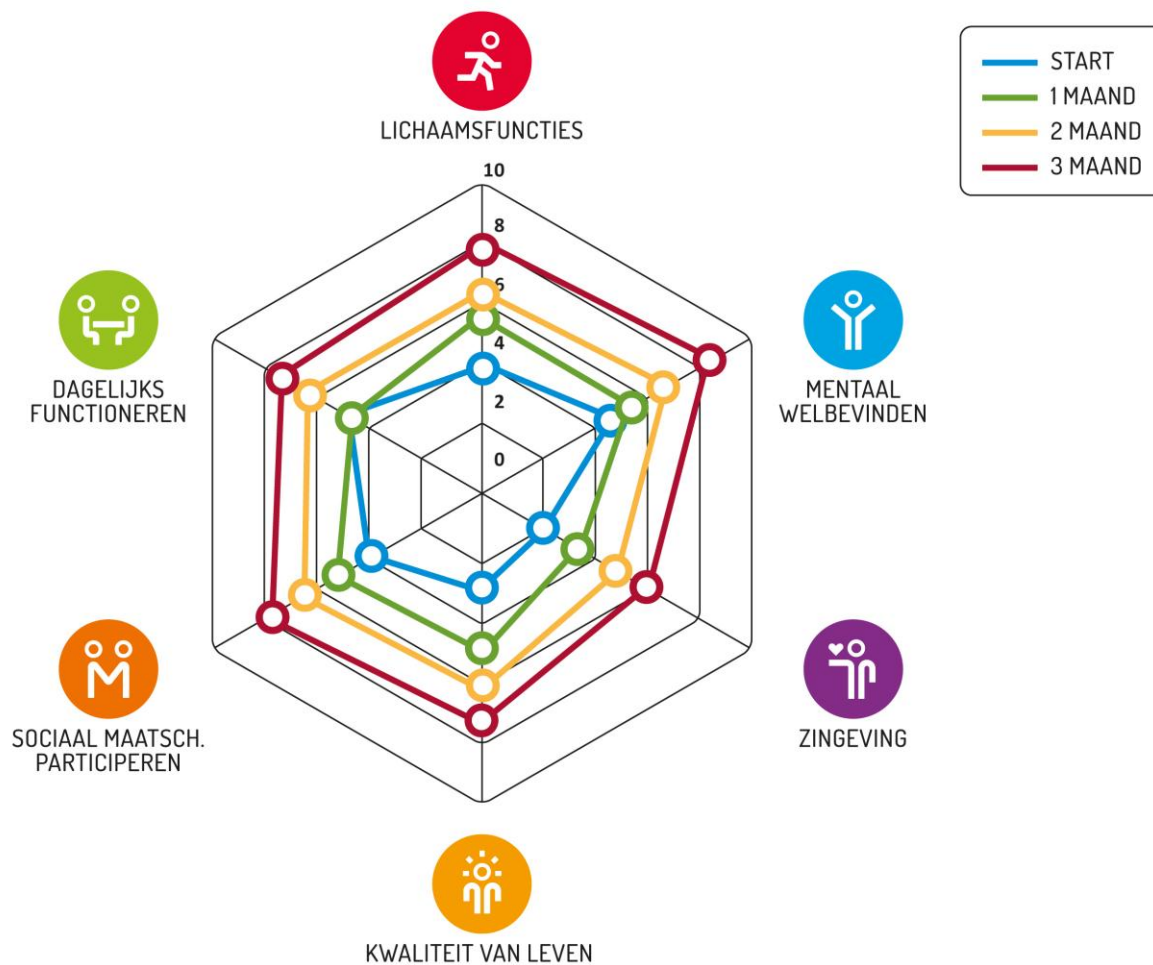
PILLARS FOR POSITIVE HEALTH



PILLARS FOR POSITIVE HEALTH



PILLARS FOR POSITIVE HEALTH



THIS RESEARCH WAS PUBLISHED AS:

Huber M, van Vliet M, Giezenberg M, et al. Towards a 'patient-centred' operationalisation of the new dynamic concept of health: a mixed methods study.

BMJ Open 2016;5:e010091. doi:10.1136/bmjopen-2015-010091

Positive health:

Enhancing resilient and meaningful living

.... in a supportive environment!



Challenges:

- 1. Are nurses trained broad enough to work with Positive Health or would it be good to train specialised Positive Health-nurse practitioners (POH-ers)?**
- 2. If so, what should be their extended competences?**



Thank you for your attention!

www.ipositivehealth.com

http://youtu.be/qoJ_zywh9uM