



The use of salutogenesis theory in empirical studies of maternity care for healthy mothers and babies



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ABSTRACT

Background: Health care outcomes used in service evaluation and research tend to measure morbidity and mortality. This is the case even in maternity care, where most women and babies are healthy. Salutogenesis theory recognises that health is a continuum, with explicit inclusion of well-being as well as illness and pathology. This offers the potential to reframe the outcomes and therefore, the focus of, maternity care research and provision.

Aim: The aim of this study was to identify how salutogenesis has been defined and used in maternity care research undertaken with healthy women.

Method: A scoping review was undertaken, using a formal pre-defined search strategy. Inclusion criteria encompassed research papers relating to the maternity episode up to 1 year after birth, using salutogenesis or any of its associated concepts, focused on healthy women, and written in a language which any of the members of the group could understand. The search was undertaken in two phases (database inception – April 2011 and May 2011–February 2013). Included studies were subject to narrative analysis.

Findings: Eight papers met the inclusion criteria. They covered seven topics, spanning the antenatal, intrapartum and postnatal periods. Only two papers employed both positive health orientation and explicit use of Antonovsky's theory. The remaining studies used discrete aspects of the theory.

Conclusion: Salutogenic framing is rarely used in maternity care research with healthy participants. An increase in research that measures salutogenically orientated outcomes could, eventually, provide a balance to the current over-emphasis on pathology in maternity care design and provision worldwide.

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Introduction

Outcomes that are used to assess the effects of health care provision and interventions tend to be measures of pathology, such as death, morbidity or disability [1]. This is despite the emphasis in the WHO Alma Alta declaration [2] and the Ottawa Charter [3] on the need to preserve and maximise health as a state of positive well-being (rather than one of mere absence of illness). The focus on adverse events to the exclusion of measures of health and well-being is occurring in parallel with an increasing tendency to classify

some normal life events as potential sources of ill-health [4]. This is part of a process in which the term “medicalisation” is increasingly used pejoratively to denote the overuse of routine technical and pharmacological interventions without scientific evidence of their benefits [4]. In some cases, these interventions increase the occurrence of unwanted outcomes. One such intervention is the use of admission cardiotocography for women in labour with no risk factors which has been proved to increase the risk of caesarean section [5].

The salutogenic approach to health care provision offers an alternative philosophy. Salutogenesis theory was introduced by the medical sociologist Aaron Antonovsky in the late 1970s and is concerned with understanding what generates and maintains a healthy outlook, even for those who are objectively exposed to illness or disability [6]. Salutogenesis interprets the state of health as a continuum, with complete (positive) health at one extreme and total

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absence of health at the other. Under the theory, the health state of individuals oscillates along this continuum throughout their lives. Antonovsky also described “Generalized Resistance Resources” (GRR) that can support well-being, even in the context of apparently adverse life events [6]. These include both internal resources (such as knowledge and attitudes) as well as external ones (such as social support and ease of access to services). The capacity to use these resources to maintain and improve health is termed the Sense of Coherence (SOC). Those with a strong SOC tend to feel that life is manageable, meaningful and comprehensible (no matter what the objective state of affairs is), and to perceive that they are healthy.

Antonovsky describes the key concepts of the Sense of Coherence as follows:

“[SoC is] a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one’s internal and external environments in the course of living are structured, predictable and explicable; [comprehensible], (2) the resources are available to one to meet the demands posed by these stimuli; [manageable], and (3) these demands are challenges, worthy of investment and engagement; [meaningful].” [7]

Salutogenesis theory has been widely used, in a range of languages, contexts, and cultures, in at least 49 countries [8]. However, there are some critics of the theory, who claim that the conceptualisation and interaction of the three central dimensions of comprehensibility, manageability and meaningfulness have not been fully explained. Research has not been conclusive in this regard but according to a seminal global systematic review on salutogenic research, all components should be treated as an entity [9]. Despite these limitations, the SOC has been proved to be a predictive indicator of health [10].

The application of salutogenesis theory to maternity care could help refocus the current paradigmatic norm of surveillance and risk aversion. Since the majority of women and babies are healthy at the outset of pregnancy, and throughout the maternity episode, the key task of maternity care should be to maintain or enhance this healthy state. Despite this, outcomes used for maternity care evaluation tend to be pathogenic, i.e. focusing on risk and adverse outcomes, similar to those used in states of illness [5]. It is therefore important to find a new way of understanding how to maintain health and well-being in the maternity care population, through the provision of care that minimises medicalisation and iatrogenic intervention, and that promotes and enhances positive states of health [11–15]. Given the potential for salutogenesis theory to achieve this aim, it is a relevant area to investigate. This study was undertaken as part of an EU-funded COST Action [16] designed to find out and to disseminate *what works, for whom and in what context* [17] in maternity care. As part of the work of the Action, the aim of this review was to identify how salutogenesis has been defined and used in maternity care research undertaken with healthy women.

Material and methods

Design

To achieve the research aim, a scoping review of the published literature was carried out using an iterative approach [18,19]. Scoping reviews aim to obtain an overall picture of the available evidence on a particular field to guide future systematic reviews and further research. Scoping reviews focus on broad research questions where various different research designs have been applied [20]. The search was performed in two phases, first in January 2011, and then, due to the duration of the analysis process, in February 2013 to identify new research in the area, and to test the emerging synthesis.

Search strategy and identification of articles

The search was performed in Medline, Embase, HMIC, Maternity and Infant Care (via OVID), and CINAHL, AMED, PsychInfo, Medline with full text, Social Sciences Index (via EBSCO) and via www.salutogenesis.hv.se, a research database that integrates salutogenesis theory with health promotion research and practice. All databases were searched from inception to April 2011 (search 1), and reproduced in February 2013, adding a limit for results from April 2011 until February 2013 (search 2). Keywords associated with salutogenesis were used (including Sense of Coherence, meaningfulness, manageability, comprehensibility and General Resistance Resources) combined with text words associated with the maternity episode (including maternity, midwife, obstetrician, neonate, paediatrician, pregnancy and labour). Back chaining techniques were employed by searching the reference lists of all the included papers and identifying those titles of articles that were potentially relevant to the review [21]. Abstracts and/or full texts of potentially relevant titles were obtained and appraised. World experts on salutogenesis in the Global Working Group on Salutogenesis (part of the International Union for Health Promotion and Education [IUHPE]) were consulted to identify any relevant unpublished or ongoing studies. Full details of the search strategy are available from the authors.

Papers were included if they reported on research studies on healthy women (not described as diagnosed with a specific illness, disease or health problem) within the maternity episode, where the salutogenesis theory or any of its central concepts (such as SOC or GRR) were mentioned [6]. Papers written in a language which any of the members of the group could understand (English, Swedish, Norwegian, Finnish, German, French, Italian, Spanish and Portuguese) were also included. If a paper was written in a language in which only one or some members of the group were fluent, they translated the key elements of the paper for the rest of the group. The maternity episode was considered any event or circumstance occurring from conception, during the pregnancy, intrapartum or postnatal period up to 1 year following the birth of the baby. Papers were also excluded if they did not include care provision or events within the maternity episode, or if they were theoretical publications with no empirical data.

The first author read the titles of all the papers generated by both searches (2011 and 2013), and the abstracts for titles that appeared to meet the inclusion criteria. After exclusion of papers with non-eligible abstracts, all the authors read the remaining papers in full text, working in two independent groups (1: MPB and MB, 2: SD, BL and CM). Findings were then cross-checked for agreement. Final inclusion was then discussed among all the authors, and agreed by consensus. See Fig. 1 for an overview of the selection process and Table 1 for exclusion reasons for each paper.

Data elicitation forms and quality check

Characteristics of all included papers were tabulated (see Table 2). As the review was focused on the use of salutogenic theory in research, and not on the findings of each research study per se, quality appraisal was focused on the way in which salutogenic theory was defined and used in each study. For this purpose, a quality criterion was devised. This comprised three elements: level of exploration of the salutogenesis theory, extent of explanation of the main concepts, and depth of exploration of benefits of applying the theory or its components to the maternity episode. Each criterion scored either 1 (fully), 2 (somewhat limited) or 3 (very limited). Each paper was then classified accordingly into “full use”, “somewhat limited use” or “very limited use” of the salutogenesis theory (see Table 3).

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