Healthy workplaces – from a perspective of Health Promoting Hospitals (HPH)

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Lecture, Health Promotion in action - Best practice to salutogenic societies
1st Health Promotion Research – An International Forum: State of the art – Directions for the future
Trondheim/ Norway 9. 8.2012
Overview

1. The EUPHID Health Development Model
2. Salutogenesis & Health Promotion
3. Specification of Health Promoting Hospitals
4. Empirical findings from the “Project on a retrospective internationally comparative evaluation study on HPH” (PRICES-HPH)
5. What organizational HP capacities / structures support the implementation of health promotion activities in HPH hospitals?
6. What network strategies support the implementation of HP capacities in their member hospitals?
7. Summary of results
8. Conclusions
1. The EUPHID Health Development Model
EUHPID Health Development Model

4.1 Positive versus negative health: disease/illness as a parasite of positive health

- Loss of health by emerging illness
- Loss of health by "shrinking" positive health
- Re-gain of health by "fighting" illness
- Health gain by developing positive health
3.3 The **individual** as a structural coupling of 3 different autopoietic systems
2. Salutogenesis & Health Promotion
From salutogenic society to salutogenic workplace

- Health promotion in action – Best practice to salutogenic societies (= Theme of today)
- What characteristics of a society have to be salutogenic?
- Two of many paradigms for society:
  1. Modern society is a society of differentiated *function systems or sectors*.
     - > All or some function systems or sectors of society should be salutogenic!
  2. Modern society is a society of *organizations*.
     - > All or the majority of organization of society (including *hospitals*) should be salutogenic!
     - > All *workplaces* should be salutogenic!
Differences of Salutogenesis & Health Promotion
Salutogenic = health promoting?

Salutogenesis
- *Explanation* of differences in disease/positive health of living systems:
  - by generic process(es)
  - by personal Sense of coherence (SOC) (measured by Orientation to life Questionnaire)
  - by Generalized Resistance Resources (GRRs)
  - by Ease/Dis-ease Continuum

Health Promotion
- *Interventions*, to improve health of individuals & populations
  - aimed at changing people, social systems & their relevant environments
  - to increase their salutogenic & decrease their pathogenic qualities
  - based on values, principles & action areas (OC etc.)
Paradigms for systems

- System = ordered *parts* of a *whole*; *elements* and their selected *relations*
- System = something which has a certain *identity* within one or in different *environments*
- System = something that keeps its identity in time by *self-organization*
- System = something that reproduces its elements, processes & structures by *autopoiesis*
  - Proposed for *living systems* (organisms & organs) (Varela, Maturana)
  - & for *mental systems* and *social systems* (Luhmann)
Specific Systems

- General theory of social systems (interaction systems, organizations, society)
- Organizations as specific social systems
  - How do organization reproduce/ function?

1. Communication of decisions as elementary operation
2. Delimiting itself by exclusive membership in different forms
3. Conditioning its decision-making by three kinds of premises:
   1. decision programs
   2. pathways of communication
   3. & regulations for deployment

- How to intervene in organizations?
A simple model of organizational functioning & its relevance for health of affected people (1)

Material environment

Social environment

Organisations

Decision making

Structural premises

Results monitoring

Operative performance

Pathogenic / salutogenic impact

Individual Health & Wellbeing
A simple model of hospital functioning & its relevance for health of stakeholders > Capacity Building + HP Interventions

Material environment

Social environment

Hospitals

Decision making

Structural premises

Results monitoring

Operative performance

Patient

Staff

Community

Health & Wellbeing

Pathogenic / salutogenic impact
3.

Specification of Health Promoting Hospitals
“A Health Promoting Hospital and Health Service (HPH) is understood as an organisation that aims to improve health gain for its stakeholders by developing structures, cultures, decisions and processes. HPH is focused primarily on patients and their relatives, with a specific focus on the needs of vulnerable groups, hospital staff, the community population and – last but not least – the environment.”

(The International Network of Health Promoting Hospitals and Health Services: Integrating health promotion into hospitals and health services, WHO 2007)
How do hospitals react on this challenges?

HPH
an integrative „umbrella“ concept

- Quality Management
- Evidence Based Medicine
- Safety / Risk Management
- Occupational Safety & Health
- Patient-Centered Care
- Health Education
- Green Hospital
- Magnet Hospitals
### Milestones of the International HPH network

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1986</td>
<td>Ottawa Charter</td>
</tr>
<tr>
<td>1988</td>
<td>WHO Consultation on the Role of Health Promoting Hospitals (Milz &amp; Vang)</td>
</tr>
<tr>
<td>1989-1986</td>
<td>Model project “Health and Hospital” in Vienna, Austria</td>
</tr>
<tr>
<td>1990-</td>
<td>Foundation of HPH Network by WHO-Euro</td>
</tr>
<tr>
<td>1991</td>
<td>Budapest Declaration on Health Promoting Hospitals</td>
</tr>
<tr>
<td>1993-1997</td>
<td>European Pilot Hospital Project “Health Promoting Hospitals” (20 hospitals in 11 countries)</td>
</tr>
<tr>
<td>1993-</td>
<td>Annual international Conferences, Newsletter, Website</td>
</tr>
<tr>
<td>1995-</td>
<td>WHO starts to promote national / regional HPH networks</td>
</tr>
<tr>
<td>1997</td>
<td>Vienna Recommendations on Health Promoting Hospitals</td>
</tr>
<tr>
<td>1998-</td>
<td>Thematic HPH task forces (psychiatric services + children &amp; adolescents in hospital, MFH, alcohol, environment)</td>
</tr>
<tr>
<td>2006</td>
<td>Launch of 18 HPH core strategies, 7 implementation strategies and 5 standards for health promotion in hospitals</td>
</tr>
<tr>
<td>2007-</td>
<td>Foundation of the International Association “Health Promoting Hospitals and Health Services” (HPH)</td>
</tr>
<tr>
<td>2010-</td>
<td>Memorandum of Understanding with WHO</td>
</tr>
<tr>
<td>2011-</td>
<td>Journal: Clinical Health Promotion - Research and Best practice for patients, staff and community</td>
</tr>
</tbody>
</table>
International HPH Network (June 2012)
20 national/21 regional Networks with more than 850 members worldwide
Hospitals as a specific type of organization under specific pressures

- Professional bureaucracy / expert organizations (Mintzberg)
  - Bureaucracy > standardization & control
  - Professional > invest in education & training

- People-processing services (Hasenfeld)
  - > co-production (empowerment & participation of clients)

- Risky services
  - > risk control & safety is a primary issue

- Knowledge based services
  - > Evidence base & quality management

- Costly services
  - > cost-effectiveness, financial cost containment
To improve health gain, hospitals have to develop their types of services and quality criteria.
To improve health gain, hospitals have to develop their types of services and quality criteria.

### Types of services

- **Core** (Clinical Treatment)
  - Individual Clinical Outcomes
  - Other Outcomes
    - Health Gain
    - Quality of Life
    - Health Literacy
    - Satisfaction
    - Staff & Population Health
    - Sustainability

### Quality criteria

- **Core**
  - Effectiveness
- **Additional**
  - Efficiency
### 18 core strategies for HPH as a comprehensive framework for HP activities

<table>
<thead>
<tr>
<th>Strategies for</th>
<th>Patients</th>
<th>Staff</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Empowerment for health promoting self reproduction</td>
<td>Health promoting living conditions in the hospital</td>
<td>Health promoting working conditions in the hospital</td>
<td>Access to the hospital for citizens</td>
</tr>
<tr>
<td>2) Empowerment for health promoting coproduction</td>
<td>Participation and co-production in treatment and care</td>
<td>Participation and coproduction in work processes</td>
<td>Cooperation’s with services in the region (continuity of care)</td>
</tr>
<tr>
<td>3) Developing a health promoting hospital setting</td>
<td>Safe and health promoting hospital environment</td>
<td>Safe and health promoting workplace environment</td>
<td>Safe and health promoting environment for community</td>
</tr>
<tr>
<td>4) Empowerment for illness management</td>
<td>Prevention and self-management of specific diseases</td>
<td>Prevention and self-management of specific diseases</td>
<td>Prevention and self-management of specific diseases</td>
</tr>
<tr>
<td>5) Empowerment for lifestyle development</td>
<td>Health promoting lifestyle development</td>
<td>Health promoting lifestyle development</td>
<td>Health promoting lifestyle development</td>
</tr>
<tr>
<td>6) (Co-)Developing health promoting living conditions in the community</td>
<td>Development of health promoting living conditions</td>
<td>Development of health promoting living condition</td>
<td>Development of health promoting living conditions</td>
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### 18 core strategies for HPH as a comprehensive framework for HP activities

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<td>2) Empowerment for health promoting coproduction</td>
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<tr>
<td>3) Developing a health promoting hospital setting</td>
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<td></td>
</tr>
<tr>
<td>4) Empowerment for illness management</td>
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<td></td>
<td></td>
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<tr>
<td>5) Empowerment for lifestyle development</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6) (Co-)Developing health promoting living conditions in the community</td>
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<td></td>
</tr>
</tbody>
</table>

**Improving the health promotion quality of existing services**

**Development of additional health promoting services**
7 implementation strategies for health promotion in health care organizations (based on Donabedian)

<table>
<thead>
<tr>
<th>Quality of ...</th>
<th>Structures of services (&amp; settings)</th>
<th>Processes of services (&amp; settings)</th>
<th>Outcomes/ impacts of services (&amp; settings)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Functions</td>
<td>S1 Define criteria &amp; standards for structures</td>
<td>P1 Define guidelines &amp; Standards for processes</td>
<td>O1 Define targets for outcomes &amp; impacts</td>
</tr>
<tr>
<td>1. Definition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assessment, monitoring, evaluation</td>
<td>S2 Assess for of structures</td>
<td>P2 Assess for of processes</td>
<td>O2 Assess for of outcomes &amp; impacts</td>
</tr>
<tr>
<td>3. Assurance, development, improvement</td>
<td>S3 Develop of structures by OD, PD, TD</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
“The elements of health promoting capacity”

Figure from:
Standards for Health Promoting Hospitals

An international working group “Standards for Health Promotion in Hospitals” developed from 2001-2005 five standards:

1: Management Policy
2: Patient Assessment
3: Patient Information and Intervention
4: Promoting a Healthy Workplace
5: Continuity and Cooperation

with 24 sub-standards & indicator sets.
Guide to promoting healthy workplaces in healthcare institutions

- The Guide to Promoting Healthy Workplaces in Healthcare Institutions is a publication of the Montreal Health and Social Services Agency.
- This Guide arises out of the work of the International HPH Health Promotion for Staff/Health Workplace Working Group in collaboration with the Montreal Network of Health Promoting Hospitals and CSSSs.
- It constitutes a reference tool designed to support healthcare institutions in their efforts to plan for and implement Standard 4 of the International Network of Health Promoting Hospitals and Health Services, initiated by the World Health Organization (WHO).

Coordination: Françoise Alarie
Editor: Louis Côté
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4. Empirical findings from “Project on a retrospective internationally comparative evaluation study on HPH” (PRICES-HPH)
Survey on HPH national / regional network level

Survey on HPH hospital level

PRICES-HPH evaluation model

1. HPH network structures
   - Building capacities for supporting activities for development of HP hospitals

2. HPH network processes / activities:
   - Implementing strategies for HP capacity building in HP hospitals & in their relevant environments

3. HPH network intermediate outcomes I:
   - HP hospital HP structures: Building capacities for HP activities

4. HPH network intermediate outcomes II:
   - HP hospital HP processes / activities: Implementing HP strategies & standards

5. HPH network ultimate outcomes:
   - HP hospital HP outcomes: Improved health gain of ...

Survey on HPH national / regional network level

Survey on HPH hospital level

HPH member Hospital

Institutions & Organizations

Populations & Citizens

Patients

Staff

Community

Relevant local, regional, national environments

NW-STRAT 1
Supporting organizational development of HP hospitals by offering tools and consultations

NW-STRAT 2
Supporting personnel development in HP hospitals by offering training & mentoring

NW-STRAT 3
Supporting HP capacity building through funding & alliance-building

NW-STRAT 4
Supporting HP (public) awareness by campaigning

HOS-STRAT 1
Empowerment for health promoting self-reproduction

HOS-STRAT 2
Empowerment for health promoting coproduction

HOS-STRAT 3
Empowerment for health promoting hospital setting

HOS-STRAT 4
Empowerment by illness management

HOS-STRAT 5
Empowerment by lifestyle development

HOS-STRAT 6
Participation in health promoting community development
# Key characteristics of the PRICES-HPH study

<table>
<thead>
<tr>
<th>PRICES-HPH study</th>
<th>Network survey</th>
<th>Hospital survey</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Survey period</strong></td>
<td>02-06, 2009</td>
<td>10, 2009 – 03, 2010</td>
</tr>
<tr>
<td><strong>Method</strong></td>
<td>questionnaire, interviews (132 questions)</td>
<td>online -questionnaire (110 questions)</td>
</tr>
<tr>
<td><strong>Total population</strong> (the time the survey was conducted)</td>
<td>35 Networks</td>
<td>35 Networks (768 Hospitals)</td>
</tr>
<tr>
<td><strong>Participanting</strong></td>
<td>28 Networks</td>
<td>29 Networks with 529 member hospitals</td>
</tr>
<tr>
<td><strong>Response rate</strong></td>
<td>80% (180 hospitals)</td>
<td>34%</td>
</tr>
<tr>
<td><strong>Presented data</strong></td>
<td>28 Networks</td>
<td>159 “Acute” hospitals (from 25 NW)</td>
</tr>
</tbody>
</table>
5. What organizational HP capacities / structures support the implementation of health promotion activities in HPH hospitals?
Variables used for testing the research question

**Independent variables**

**HP structures of hospitals**

- 17 report-questions in 7 fields*:
  1. HPH hospital coordinator
  2. HP personnel & structures
  3. HP policies / standards
  4. HP financial resources
  5. HP quality assessment
  6. HP outcome monitoring
  7. Cooperation's for HP

*Categories for structures are: “yes / no” respectively “few / many”

**Dependent variables**

**HP activities of hospitals**

1. Indices **patient-orientated** strategies  
   (27 items, 8 dimensions*)
2. Indices **staff-orientated** strategies  
   (20 items, 6 dimension*)
3. Indices **community-orientated** strategies  
   (20 items, 6 dimension*)

* Items (per strategies) were tested for reliability (Cronbach's Alpha ≥0.7)  
> building of dimensions (include 67 selected items of original 105 items)
Degree of implementation of HP activities in HPH member hospitals

<table>
<thead>
<tr>
<th>Index</th>
<th>Mean*-Total (SD) (n=159 hospitals)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient-orientated</strong> strategies</td>
<td>6.87 (± 1.50)</td>
</tr>
<tr>
<td><strong>Staff-orientated</strong> strategies</td>
<td>5.93 (± 1.88)</td>
</tr>
<tr>
<td><strong>Community-orientated</strong> strategies</td>
<td>6.06 (± 1.74)</td>
</tr>
</tbody>
</table>

* Indices: Likert-scaled **from 0-10 (not at all - fully)**
  Single items: five-point-scale (not at all, hardly, partly, widely, fully)
Empirically relevant HP capacities for the implementation of patient-oriented strategies in HPH member hospitals

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Percentage of hospitals with this capacity</th>
<th>Difference of means (capacity: yes – no)</th>
<th>Sign. (p-value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) HPH coordinators’ functions (responsible for planning &amp; coordinating &amp; evaluating of HP)</td>
<td>61.6%</td>
<td>0.62</td>
<td>0.010</td>
</tr>
<tr>
<td>2) HP personnel and structures (non / 1-4 e.g. HP unit, steering committee)</td>
<td>86.8%</td>
<td>1.10</td>
<td>0.002</td>
</tr>
<tr>
<td>3) Written HP policies / strategies (few = 0-5 policies / many = 6-12 policies)</td>
<td>52.8%</td>
<td>1.69</td>
<td>0.000</td>
</tr>
<tr>
<td>4) Specific financial source for HP (non / 1-4, e.g. HP budget, re-fundation, support by NW)</td>
<td>35.2%</td>
<td>1.13</td>
<td>0.000</td>
</tr>
<tr>
<td>5) HP quality assessment (no / yes, e.g. 5 HPH Standards)</td>
<td>62.3%</td>
<td>0.90</td>
<td>0.000</td>
</tr>
<tr>
<td>6) Monitoring of HP-Indicators (no / patients’s needs for HP or HP-outcomes)</td>
<td>62.3%</td>
<td>1.15</td>
<td>0.000</td>
</tr>
<tr>
<td>7) Strategic cooperation's for HP (no / patient organisations or research centres)</td>
<td>52.2%</td>
<td>0.98</td>
<td>0.000</td>
</tr>
<tr>
<td>Average value for capacities 1-7</td>
<td>59.0%</td>
<td>1.08</td>
<td>-</td>
</tr>
</tbody>
</table>
### Empirically relevant HP capacities for the implementation of staff-oriented strategies in HPH member hospitals

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Percentage of hospitals with this capacity</th>
<th>Difference of means (capacity: yes – no)</th>
<th>Sign. (p-value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) HPH coordinators’ functions</td>
<td>61.6%</td>
<td>0.87</td>
<td>0.004</td>
</tr>
<tr>
<td>(responsible for planning &amp; coordinating &amp; evaluating of HP)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) HP personnel and structures</td>
<td>86.8%</td>
<td>1.32</td>
<td>0.003</td>
</tr>
<tr>
<td>(non / 1-4 e.g. HP unit, steering committee)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Written HP policies / strategies</td>
<td>54.1%</td>
<td>2.16</td>
<td>0.000</td>
</tr>
<tr>
<td>(few = 0-4 policies / many = 5-9 policies)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Specific financial source for HP</td>
<td>30.8%</td>
<td>0.69</td>
<td>0.029</td>
</tr>
<tr>
<td>(non / 1-4, e.g. HP budget, funding, support by NW)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) HP quality assessment</td>
<td>62.3%</td>
<td>1.39</td>
<td>0.000</td>
</tr>
<tr>
<td>(no / yes, e.g. 5 HPH Standards)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Monitoring of HP-Indicators</td>
<td>67.9%</td>
<td>1.60</td>
<td>0.000</td>
</tr>
<tr>
<td>(no / participation rates or occupational HP outcomes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Strategic cooperation's for HP</td>
<td>33.3%</td>
<td>1.13</td>
<td>0.000</td>
</tr>
<tr>
<td>(no / staff union or research centres)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Average value for capacities 1-7</strong></td>
<td><strong>56.7%</strong></td>
<td><strong>1.31</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>
Empirically relevant HP capacities for the implementation of community-oriented strategies in HPH member hospitals

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Percentage of hospitals with this capacity</th>
<th>Difference of means (capacity: yes – no)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) HPH coordinators’ functions</td>
<td>61.6%</td>
<td>0.73</td>
</tr>
<tr>
<td>(responsible for planning &amp; coordinating &amp; evaluating of HP)</td>
<td></td>
<td>0.013</td>
</tr>
<tr>
<td>2) HP personnel and structures</td>
<td>86.8%</td>
<td>1.34</td>
</tr>
<tr>
<td>(non / 1-4 e.g. HP unit, steering committee)</td>
<td></td>
<td>0.001</td>
</tr>
<tr>
<td>3) Written HP policies / strategies</td>
<td>57.9%</td>
<td>1.61</td>
</tr>
<tr>
<td>(few = 0-1 policies / many = 2-5 policies)</td>
<td></td>
<td>0.000</td>
</tr>
<tr>
<td>4) Specific financial source for HP</td>
<td>34.0%</td>
<td>1.19</td>
</tr>
<tr>
<td>(non / 1-4, e.g. community founding, (re-)funding)</td>
<td></td>
<td>0.000</td>
</tr>
<tr>
<td>5) HP quality assessment</td>
<td>62.3%</td>
<td>1.05</td>
</tr>
<tr>
<td>(no / yes, e.g. 5 HPH Standards)</td>
<td></td>
<td>0.000</td>
</tr>
<tr>
<td>6) Monitoring of HP-Indicators</td>
<td>62.3%</td>
<td>1.41</td>
</tr>
<tr>
<td>(no / patient’s needs for HP or HP-outcomes)</td>
<td></td>
<td>0.000</td>
</tr>
<tr>
<td>7) Strategic cooperation's for HP</td>
<td>48.4%</td>
<td>1.18</td>
</tr>
<tr>
<td>(no / patient organisations or professional association)</td>
<td></td>
<td>0.000</td>
</tr>
<tr>
<td>Average value of capacities 1-7</td>
<td>59.0%</td>
<td>1.22</td>
</tr>
</tbody>
</table>
Correlation between HP capacities and implemented patient-oriented HP strategies in HPH member hospitals

patient-orientated strategies: $R^2 = .328$

= single hospital
(n=159)
Correlation between HP capacities and implemented HP strategies in HPH member hospitals

Patient-orientated strategies: $R^2 = .328$

Community-orientated strategies: $R^2 = .336$

Staff-orientated strategies: $R^2 = .370$

$n=159$
## Characteristics of relevant organizational HP capacity: What makes the difference?

<table>
<thead>
<tr>
<th>Relevant HP capacity</th>
<th>Characteristic of the capacity Patient</th>
<th>Community</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) HPH coordinators’ functions</td>
<td>Responsible for planning, coordinating and evaluating HP activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) HP personnel and structures</td>
<td>Minimum of at least one specific personal structure for HP (HP unit, team, steering committee or working group)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Written HP policies</td>
<td>(Many) written policies for specific HP issues and activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Specific financial source for HP</td>
<td>Minimum of at least one specific financial source for HP (e.g. internal HP budget, funding by government or health insurances)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) HP quality assessment</td>
<td>HP quality assessment is in place (e.g. 5 HPH-Standards, national indicators/standards)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Monitoring of HP-Indicator</td>
<td>Patients need for HP Outcomes of HP activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Strategic cooperation's for HP</td>
<td>Patient organisations Research centers</td>
<td>Patient organisations Professional assoc.</td>
<td>Staff union Research centers</td>
</tr>
</tbody>
</table>
6. What network strategies support the implementation of HP capacities in their member hospitals?
Empirically relevant effects of network strategies on number of implemented HP capacities in member hospitals

<table>
<thead>
<tr>
<th>NW-Strategy 1: Supporting organizational development of hospital</th>
<th>NW with this strategy</th>
<th>Number of hospital in this NW</th>
<th>Difference of hospitals capacity score (0-7) (with – without strategy)</th>
<th>Sign. (p-value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>by offering tools and initiatives</td>
<td>17</td>
<td>129</td>
<td>0.94</td>
<td>0.009</td>
</tr>
<tr>
<td>HP implementation tools (e.g. guidelines)</td>
<td>10</td>
<td>78</td>
<td>1.18</td>
<td>0.000</td>
</tr>
<tr>
<td>Specific task forces</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>by membership criteria</td>
<td>11</td>
<td>100</td>
<td>1.29</td>
<td>0.000</td>
</tr>
<tr>
<td>Written HP policy</td>
<td>8</td>
<td>80</td>
<td>1.38</td>
<td>0.000</td>
</tr>
<tr>
<td>HP assessment (e.g. 5 Standards, national indicators)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NW-Strategy 2: Supporting personnel development of hospital</td>
<td>19</td>
<td>130</td>
<td>1.10</td>
<td>0.002</td>
</tr>
<tr>
<td>Regular network conferences</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Correlation between network strategies and HP capacities in HPH member hospitals (n=159)

$R^2 = .202$

- = single hospital

= mean of network

Effective network strategies (score)

HP capacities of hospital (score)
7. Summary of Results
Summary of Results (I)

Level of Hospitals

- 7 different HP capacities (written HP policies/strategies; monitoring of HP-indicators; HP personnel & structures; strategic cooperation’s for HP; specific financial source for HP; HP quality assessment; HP coordinator’s function), when institutionalized, have different but significant effects on extent of implementation of HP strategies/activities.

- Effects are somewhat stronger on staff-oriented than patient-oriented than community-oriented strategies.

- Effects are additive, the more capacities, the more implemented strategies on average.
Summary of Results (II)

- **HPH Networks strategies on HPH hospitals structures/capacities**
  - 5 measures related to 2 strategies (regular network conference; offering HP implementation tools; written HP policy; HP assessment, specific task forces) have different but significant effects
  - The more effective measures offered by NWs, the more HP capacities are institutionalized in HPH hospitals

- **Regional/national environments on HPH hospital structures/capacities**
  - Two characteristics (legal regulations for HP in HC; funding options for HP in HC) have significant effects
8. Conclusions
Conclusions

- There is empirical evidence for the effectiveness of HP capacity building to support implementation of HPH strategies, respectively there is a proven return on investment (ROI) for HP capacity building in HPH.

Therefore, it can be recommended
- to HPH hospitals, to invest in these effective measures of HP capacity building,
- and to regional/ national networks and the international network to support capacity building by using effective direct or indirect strategies.

By that HPH will better fulfill its mission - to improve health gain for its stakeholders patients, staff, community and environment!
Invitation to the next International Conference of HPH

21st International Conference of Health Promoting Hospitals and Health Services

“Towards a more health oriented health service”

Gothenburg / Sweden
May 22-24 2013
Thank you for your attention!

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juergen.pelikan@lbihpr.lbg.ac.at

http://www.hph-hc.cc