




## REFLEXION

# Health promotion and nursing: a contribution from the salutogenic perspective

## HIGHLIGHTS

1. Salutogenic Theory: a new approach to health promotion.
2. The historical understanding of the health-disease process.
3. The importance of sociological perspectives for nursing.

Carolina Neves Dias de Andrade<sup>1</sup>   
Magda Guimarães de Araújo Faria<sup>1</sup>   
Tatiana Cabral da Silva Ramos<sup>1</sup> 

## ABSTRACT

**Objective:** To establish a sociological reflection on the health-disease process and the emergence of the salutogenic proposal as a new approach to health promotion. **Method:** This is a reflective theoretical essay based on Aaron Antonovsky's theoretical proposal of salutogenesis, conducted in 2024 in the state of Rio de Janeiro, Brazil. The data analysis was organized into three lines of reflection: "The historical understanding of the health-disease process," "Health Promotion Policy and Salutogenic Theory: a new approach," and "The importance of sociological perspectives for nursing". **Results:** Salutogenesis can be considered a new approach to operationalizing health promotion, highlighting its importance in the social sciences and nursing practice. **Conclusion:** Salutogenesis has been little studied, despite its potential contribution to the creation of public policies that use it as a strategic tool for health promotion, improving nursing care practices.

**KEYWORDS:** Health Promotion; Sense of Coherence; Nursing; Health-Disease Process; Social Theory.

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## INTRODUCTION

Throughout history, the health-disease process has been based on notions of pathogenesis. Mainly in the biomedical, positivist model, whose concept of health is determined by genetic and biological conditions<sup>1</sup>. Subsequently, according to the World Health Organization (WHO), health in its broadest sense would be defined as “complete physical, mental, and social well-being,”<sup>2</sup> still reflecting the need to deepen protective aspects of health itself through relationships between historical contexts, modes of production, and social classes. This scenario reflects a crisis in the biomedical model and gives the emerging model a more interdisciplinary and complex perspective, which needs to overcome the distinction between the natural sciences and the social sciences, making room for the emergence of salutogenesis<sup>3</sup>.

Sociologist Aaron Antonovsky introduced Salutogenesis in 1979 as a resource for promoting health that improves resilience and develops a positive state of physical and mental health, as well as quality of life. This is a new approach to health promotion, whose central idea is the Sense of Coherence (SOC), which reflects the individual's view of their own life and also their general resources for resilience, reflecting their ability to adapt to stressors, unlike the biomedical model, which focuses on disease<sup>4</sup>.

Nursing is an important field for putting the principles of salutogenesis into practice. Science that interacts with other sciences. The pursuit of knowledge about nature, society, facts, and phenomena requires nurses to be interactive professionals capable of dealing with the various dimensions of human beings. Based on this conjecture, it is clear that nurse training should not be merely technical, but rather grounded in reflective theoretical aspects, within-depth teaching of sociological foundations<sup>5-6</sup>.

For a better understanding of these aspects, this article aims to establish a sociological reflection on the health-disease process and the emergence of the salutogenic proposal as a new approach to health promotion. In addition to the need to view nurses as agents of change in healthcare who require a sociological theoretical foundation to enhance their effectiveness, critical thinking, and reflective practice.

## METHOD

This is a reflective theoretical essay conducted in 2024 in the state of Rio de Janeiro, Brazil, based on Aaron Antonovsky's salutogenic theory, which explores reflections on health promotion, the role of nursing, and sociological perspectives. The analytical framework was created with a view to progression that initially recovers the historical evolution of the health-disease process and then articulates health promotion policies with the principles of salutogenic theory. This articulation seeks to highlight how Antonovsky's view, which shifts the focus from disease to the promotion of health factors, can influence nursing practices. The creation of axes of analysis was based on the categorization of findings through an interpretative analysis convergent with the research objective.

For the axis: “The historical understanding of the health-disease process” is based on a sociological perspective that traces the historical evolution of concepts of health and disease. On the second axis: “Health Promotion Policy and Salutogenic Theory: A New Approach” reflects on the evolution of public policies and explores the potential of salutogenic theory as a tool for developing more integrated and health-centered nursing

practices, using SOC as an instrument for identifying coping resources. The third axis: "The importance of sociological perspectives for nursing" addresses the need for an interdisciplinary perspective in nursing, highlighting the importance of social sciences for the formulation of health policies.

The choice of Antonovsky's Salutogenesis Theory is based on its contribution to a broader understanding of health promotion, focused on identifying resources that reinforce health, rather than focusing on disease. This perspective is relevant to nursing, as it seeks to strengthen the capacity of individuals and communities to cope with stressors and achieve well-being<sup>4</sup>.

This manuscript was based on classic texts on the health promotion paradigm and Salutogenic Theory, whose thematic exploration is still in its infancy in Brazil. To this end, there were no temporal, geographical, or disciplinary limitations, in order to capture a broad understanding of the topic. The texts were identified through brief searches in the literature using the following terms: "Salutogênese" OR "Senso de coerência". These searches were conducted in internationally relevant databases such as SCOPUS, MEDLINE via PubMed, Web of Science, and in repositories of international research groups on the subject.

## DEVELOPMENT

### The historical understanding of the health-disease process

For Comte, considered the founder of the academic discipline of sociology, knowledge of societies would pass through three phases: theological, metaphysical, and positive<sup>7-8</sup>. A dialogue can be established between the theological phase and Arredondo's theoretical models explaining the health-disease process (1992), in which the religious-magical model, whose understanding was focused on spiritual forces and divine punishment, developed in early and primitive societies as a form of social cohesion. Comte's metaphysical state, on the other hand, would be focused on the forces that explain phenomena. And positivism would be the state of seeking order through reason<sup>9</sup>.

Another way of analyzing the health-disease process would be from the perspective of a single causality. Based on the ontological concept, illness is attributed to an entity that attaches itself to the body and causes disease, without any causal contribution from the individual's body to the illness<sup>8</sup>.

However, if there were a single cause for the diseases, then the incidence rates should be the same anywhere in the world and among the same age groups or genders<sup>10</sup>. The nature of the health-disease process cannot be verified in individual clinical cases based solely on biological aspects, but rather in how social groups live, become ill, and die.

Various historical situations have highlighted the need to look at the health-disease process from a more in-depth perspective. The emergence of the first urban societies exposed urbanization and social inequality as contributors to the spread of disease and health disparities among different social groups<sup>11-12</sup>.

Another important milestone would come with the advent of the Industrial Revolution. Unhealthy working conditions, long working hours, poor housing conditions,

and lack of access to adequate medical care reinforced the idea that living conditions, work, education, and income influenced the health-disease process<sup>13</sup>.

Furthermore, the COVID-19 pandemic has demonstrated that socioeconomic inequalities and unequal access to healthcare and public health policies influence the spread of the virus. These factors refer to a process of social and family relationships, income, representations, and culture, which influence their health-disease process<sup>14</sup>.

Debates on the economic and social determinants of health, aimed at overcoming the predominantly disease-control model, intensified around the world in the 1960s, giving rise to historic movements that contributed to the reorientation of health care. Among them, the Lalonde Report, considered the first government report to recognize the ineffectiveness of the biomedical model, and motivated by political, technical, and economic issues to address healthcare costs, was one of the precursors to the reorientation of the approach to health, considering the environment and lifestyle, in addition to emphasizing the responsibility that each individual has for their health by adopting certain behaviors<sup>13-14</sup>.

In short, sociological perspectives play a crucial role in understanding the historical process of health and disease and promoting health. Of particular note are the interactions between social, economic, and political factors that shape perceptions, experiences, and consequences of health over time. It is essential to incorporate these sociological perspectives into nursing education, as a transformative profession, and into the analysis of the National Health Promotion Policy, which highlights the need to develop actions and strategies in the field of health that are capable of solving these problems.

## Health Promotion Policy and Salutogenic Theory: A New Approach

The health policy developed in Brazil following the social movement for redemocratization culminated in the 1988 Constitution. Its structure identifies the essential elements for developing health promotion actions and strategies. Principles such as universality, comprehensiveness, equity, decentralization, and hierarchical organization can and should be enhanced by a health promotion perspective, contributing to the improvement and qualification of the Unified Health System (SUS), thereby improving the quality of life of the population<sup>6</sup>.

In Brazil, health promotion emerged in the 1970s in a movement known as the "third revolution in global public health," to expand existing health models. This refers to a set of social and political actions aimed at strengthening individuals, families, and communities, as well as their health determinants and conditions<sup>1</sup>.

According to the WHO, health determinants are "social conditions in which people live and work"<sup>2</sup>. Determinants and conditioning factors include food, housing, basic sanitation, the environment, work, income, education, transportation, leisure, and access to goods and services essential to health, as exemplified in Article 3 of Law No.8080/90<sup>15</sup>. This concept alone reflects an obscuring of social and historical processes and the nullification of relationships between humans and between humans and nature, facilitating its conception as the free choice of lifestyles. This therefore leads to isolated, disjointed, and ultimately ineffective interventions<sup>13</sup>.

In an attempt to clarify the view of health, the concept of social determination in health emerges, which starts from the contestation of causalism and seeks to bring

to the level of consciousness understandings that establish mediations between fragmented reality and social totality. Determinants and determination in health are not distinct constructs, but dialectical concepts; they are tools that enhance debate and the proposal of effective health promotion strategies<sup>10</sup>.

In 1979, Aaron Antonovsky, an Israeli sociologist and physician, developed the concept of salutogenesis based on the pursuit of resources and capabilities that improve health. This contributed to a reflective critique of the prevailing positivist model but was not considered antagonistic but complementary. This theory is based on concepts that are structured according to individual historical, social, political, and cultural contexts, expressed in the form of SOC, which is consistent with the fundamental principles of the 1986 Ottawa Charter and the WHO definition of health<sup>16</sup>.

SOC reflects people's individual views of their lives and adaptive capacities in adversity. Its main components include comprehensibility, which reflects the ability to understand an event; manageability, which deals with individual powers to resolve a phenomenon; and significance, which is determined by giving meaning to a given situation that is not always pleasant and positive<sup>17</sup>.

People who have a high SOC are seen as able to manage their lives and the places they live in to make things happen. It can be seen as a determinant of well-being, a protective factor against psychological and emotional suffering, and an aspect of receptivity to actions aimed at improving quality of life and maintaining health<sup>16</sup>.

Longitudinal studies have shown that SOC tends to increase with age, develop over time, and be derived from experiences, knowledge, and social influences throughout life<sup>18</sup>. Based on studies that have shown that high SOC levels may reflect greater understanding, management, and reframing of adverse situations in people's daily lives<sup>17</sup>, it can be assumed that increasing SOC could have positive impacts on the development of public health promotion policies, since salutogenic constructs are consistent with the fundamental principles of the 1986 Ottawa Charter and the WHO definition of health<sup>18</sup>.

At the community level, SOC could be a tool used to understand population resilience and its ability to cope with adverse situations. At the individual level, nurses could use it as a tool to analyze health profiles, potential for well-being, and adoption of healthy behaviors to create more effective, individualized care models<sup>19</sup>.

Recent studies have highlighted the importance of maintaining a high sense of coherence for maintaining health and well-being. A high SOC can mitigate suicidal ideation, as well as assist coping and resilience strategies for dealing with stress and conflict<sup>20-21</sup>. Based on these findings, nurses can promote the health of their patients by including SOC assessment and coping strategies in the initial and ongoing assessment of patients. From this, it is possible to develop individualized and collective activities. Nevertheless, external actions can be taken to reduce stress, emphasizing the importance of emotional support, connection, and empowerment, promoting the health and well-being of patients.

Promoting health is synonymous with educating to achieve autonomy and dealing with lifestyles that aim for quality. It means transforming the current healthcare model and combining theories and concepts that are seen as a new and more profound approach to health promotion<sup>22</sup>. This requires a change in care models, seeking to build healthy spaces and acting on the determinants and determination of health, based on Salutogenesis, as tools to promote health.



## The importance of social sciences for nursing

Social sciences have been important in developing innovative health promotion policies. What gradually makes it possible for users and user groups to become active agents of care. This is the recognition of interdisciplinarity as the basis for policy-making, seeking to move beyond the prevailing model of care, which alone cannot reflect health conditions<sup>22</sup>.

From an interdisciplinary and sociological perspective, human beings are socially constructed from birth. There is no way that nurses and other healthcare professionals can focus solely on the biological nature of human beings. It is necessary to be aware of how relationships between historical contexts, modes of production, individual work wear and tear, social classes, and workforce reproduction influence the health-disease process<sup>23-25</sup>.

Interdisciplinarity and the inclusion of sociological perspectives on health have enabled the incorporation of democratization, civil society participation, and social control into state policies. In addition, some research methods incorporated by health social scientists have been modifying institutional contexts through action research with participation and concrete interventions<sup>22</sup>.

This situation can be analyzed from the perspective of the Brazilian Association of Collective Health (ABRASCO) as highlighting the institutionalization of social sciences in the field of health. Social Sciences become Social and Human Sciences in Health, a subarea of Public Health<sup>24</sup>. This is an important milestone for institutional legitimacy in the social sciences and humanities in the health field, especially considering that there has been a considerable increase in publications, activities, and events in this area<sup>4,26-27</sup>.

Social sciences in health play an important role in studying the social, economic, and political contexts surrounding the health field. It also enables a holistic and comprehensive view of communities for the implementation of effective and accessible public health policies and humane and comprehensive nursing care for people. It is therefore important to apply this theory in the Latin American context, which presents significant challenges for the implementation of care and the operationalization of health promotion activities, such as population heterogeneity and social differences and exclusions<sup>28</sup>.

The implementation of salutogenesis in nursing and public health policies faces some limitations. One of the main obstacles is the paradigm shift that this approach requires by challenging the hegemonic biomedical model. This change requires a significant restructuring of practices and approaches within the healthcare system, which hinders the transition to a more health- and wellness-centered practice<sup>29</sup>.

In addition, ongoing training for healthcare professionals would be essential for the theory to be incorporated into nursing practice, which implies the need for curriculum change in healthcare. Nurses must understand and apply concepts such as SOC, which can be challenging within established educational systems<sup>30</sup>.

## FINAL CONSIDERATIONS

The sociological perspectives presented in this reflection focus on the factors that sustain individuals' health and resilience, offering an alternative perspective to the biomedical model, which emphasizes disease control.

This approach can be integrated into nursing by promoting practices that not only treat symptoms but also identify and strengthen individual and collective coping resources, using SOC as a guide to assess and promote these resources.

This can be considered its greatest challenge, since healthcare practices are closely related to pathological processes, whether aimed at disease prevention or recovery of abilities. The implementation of salutogenic practices involves identifying the individual as a whole, in their process of finding meaning in the self and strengthening defense mechanisms that will prevent them from becoming ill.

The application of salutogenesis in nursing involves the development of a more comprehensive care model that considers social determinants of health and promotes integral well-being, which aligns with the principles of the National Health Promotion Policy. Thus, integrating this perspective into nursing education and practice can strengthen healthcare professionals' ability to respond to complex social contexts, promoting transformative and more humanized care.

It is suggested that future research be conducted to explore the applications of Salutogenic Theory in nursing contexts. Although the Salutogenic Theory presents an innovative perspective on health promotion, it is still understudied and, in many contexts, has not been fully established in practice. This limitation may hinder broader application in public policies and everyday nursing practice.

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**Corresponding author:**

Carolina Neves Dias de Andrade

Faculdade de Enfermagem da Universidade do Estado do Rio de Janeiro

Blvd. 28 de Setembro, 157 – Vila Isabel, Rio De Janeiro – RJ, 20551-030

E-mail: [carol.dias.andrade@gmail.com](mailto:carol.dias.andrade@gmail.com)

**Role of Authors:**

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - **de Andrade CND, Faria MGA**. Drafting the work or revising it critically for important intellectual content - **de Andrade CND, Faria MGA, Ramos TCS**. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - **de Andrade CND, Faria MGA**. All authors approved the final version of the text.

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