

# **The Health Promoting Hospital (HPH): Concept and development**

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## **Abstract**

Health Promoting Hospitals (HPH) is a concept for hospital development that builds upon the health promotion concept of the WHO Ottawa-Charter for Health Promotion where the reorientation of health care services is considered as one of five major action areas for an overall health promotion development. The article outlines what such a re-orientation may mean for the main hospital functions. These include: the health promoting hospital setting; health promoting workplaces, the provision of health (related) services, training, education and research; the hospital as an advocate and “change agent” for health promotion in its community / environment; the “healthy” (metaphorically speaking) hospital organisation. Based on the concept, an international network of WHO-Europe has been developing since the late 1980ies. The main projects of the International Network so far were the first model project “health and hospital” (Vienna, 1989-1996), the European Pilot Hospital Project of Health Promoting Hospitals (1993-1996), and the development of national / regional HPH Networks (ongoing since 1995). It is argued that the further development of the HPH Network will have to take into account some major changes that have occurred in the hospital landscape since the start of the network: the quality movement and, as a subset of this, the increasing importance of Evidence Based Medicine.

**Keywords: Health Promoting Hospitals, Health Promotion, Hospital Development**

# 1 Introduction

Health Promoting Hospitals (HPH) is a concept for hospital development that was jointly developed by representatives of hospital professionals (owners, management, clinicians, nursing personnel and other professional groups), health promotion and organisational development experts, as well as national and international European health policy players. Following the WHO definition of health promotion [1], the authors understand “health promoting interventions” as interventions that make a proven contribution to the development of health. In contrast to the more static term “healthy”, “health promoting” refers rather to the process character of interventions.

Since 1990, the HPH development is embedded in the framework of an international (mostly European) network of the World Health Organization – Regional Office for Europe (WHO), since 1995 the network is organised with national and regional sub networks all over Europe.

In the framework of the international network, a visionary concept and concrete strategies for project implementation were developed on the basis of the WHO Ottawa Charter for Health Promotion [1]. These developments have led to several hundred innovation projects which have been conducted in hospitals all over Europe, but also in Australia, Canada, Mongolia, Thailand, and other parts of the world. Within the network, the experiences with these innovation projects are regularly shared and exchanged by means of international and national HPH conferences, Newsletters and web-sites. [2].

Hospitals of different types who are interested in their further development in a complex and dynamic environment and who want to use the potential of the health promotion strategy for this purpose will find open and low level possibilities for participation in the national and regional HPH networks. But the network also offers possibilities for health politicians who want to use the enormous potential of hospitals not only for traditional, medical and nursing interventions but also for health promotion (as was recommended for example in the declaration of the 51<sup>st</sup> world health assembly [3]). Last but not least, the network offers a chance for health scientists and experts to work with innovation processes and to further develop the knowledge base about health promotion in the health care sector.

## 2 Health Promoting Hospitals: re-orienting hospital aims and services

Following the Ottawa Charter for Health Promotion [1], health promotion in a Health Promoting Hospital may firstly be understood as a process that contributes to “enabling people to increase control over, and to improve their health”. In doing so, health promotion interventions may focus on several possible functions of the hospital as a system:

### 2.1 The hospital as a physical and social setting

Patients, personnel, visitors and the population in the hospital environment are affected by the health promoting / disease producing character of the hospital setting in a number of ways – at least the following aspects can be distinguished: **a)** taking into account ecological effects of the hospital functions (e.g. ecological management of dangerous waste and resource consumption) [4] **b)** Health promoting hospital architecture: both functionality and aesthetic

design can affect the health of patients, staff and visitors. **c)** The Smoke-free hospital: an HPH should strive to reduce the smoke pollution for non-smokers and offer assistance for those who want to quit smoking. A general non-smoking policy might be helpful in achieving both aims.

Improving the psychosocial hospital setting includes aspects like **d)** developing individual competencies for health promoting action and health potentials (by means of education, training) and **e)** enlarging possibilities for participation of staff as well as patients by improved information, communication and decision taking.

## **2.2 The HPH as a workplace**

In order to further develop the hospital setting towards a healthy workplace, hospitals should consider at least the following aspects of staff health promotion: **a)** As hospital staff is one of the most endangered working populations [5], the health of hospital staff should be given high priority on the agenda of the hospital organisation. This might include **b)** the re-orientation of work processes by reducing health risks and promoting the health potentials of staff; the systematic consideration of effects of service provision on the health of staff when designing physical and psychosocial work environments (e.g. by conducting health circles); the elimination / avoidance of unnecessary health risks (e.g. anaesthetic gas, ergonomic problems); where necessary, compensatory offers for specific health problems (e.g. back problems). **c)** In order to enable staff to have a healthier working life and to perform better health promotion for patients, the improvement of staff training and education may be necessary. **d)** Finally, in order to create healthy and health promoting work places, an HPH should systematically promote an active and participatory role of its staff (staff empowerment).

## **2.3 Provider of health services**

The hospital as a provider of health (related) services in the health care sector, as setting for training / education and research can systematically integrate principles of health promotion into its routine service provision, teaching and research functions.

For the provision of services, this means in general to focus on empowering patients to become co-producers of their healing and recuperation processes, as well as of maintaining their health status [6], [7]: **a)** Where necessary, new services for health promotion and disease prevention may be implemented in addition to the routine hospital service provision (e.g. training for coping with chronic diseases), and existing services may be re-oriented towards more health gain orientation (e.g. systematic consideration of quality of life and well-being of patients) [8]. **b)** Developing an HPH includes also the quality assurance and improvement of medical, nursing, psycho-social and hotel services, the reduction of risks (e.g. hospital infections, hospital accidents) and a focus of treatment and care not only on crisis interventions but also on the quality of life and overall well-being of patients (especially of patients with chronic diseases). **c)** HPH services should be provided according to principles of holistic, continuous and integrated treatment and care: this includes a systematic focus on aspects of prevention and rehabilitation already during the phase of curative treatment and care, and the improved co-operation of the hospital with other parts of the health care chain (management of interfaces). **d)** Following principles of empowerment, an HPH should also offer more opportunities for participation of hospital patients and relatives for successful

prevention, coping with chronic disease and disability, and the development of positive health by effective communication, counselling and training.

## **2.4 Training, education and research**

The reorientation of the training, education and research function of the hospital may include **a)** the systematic consideration of health promotion issues in the education and training of clinicians, nursing and other hospital personnel (health promotion theory as well as health promoting services provision) and **b)** the inclusion of questions of health development, health indicators etc., in hospital based research.

## **2.5 The hospital as an advocate and "change agent"**

Hospitals can further promote health in their environment / community (in co-operation with other players in the form of „Healthy Alliances“) by: **a)** systematically contributing to health reporting (e.g. frequency and causes of accidents); **b)** organising specific action programs (e.g. information, counselling, training) in co-operation with schools, enterprises, other health care providers, local health policy); **c)** co-operating with supermarkets in the provision of healthy nutrition and nutrition counselling; **d)** systematically co-operating with the neighbouring community / environment in planning services.

## **2.6 Health promotion as a strategy for the development of “healthy hospital organisations”**

So as ISO, TQM, EFQM and other quality approaches, HPH (partly in combination with these techniques) can be used to develop hospitals into organisations that are able to better survive in a complex, dynamic environment. This means **a)** the development of the hospital towards a "healthy“, learning organisation that is able to act strategically in its environment; **b)** the development of the hospital towards an organisation that aims at improving internal integration and co-operation (between hospital departments and wards, professional groups and levels of hierarchy) and, thus, effectiveness and efficiency of services; **c)** the development of a comprehensive health related quality strategy (e.g. by applying principles of the EFQM model).

Ideally, a Health Promoting Hospital is an overall health promoting organisation that integrates the difference “health promoting / disease producing” as an additional criterion into all decision processes of the organisation, and carries out decision processes according to the principles of good management and good change management.

It is self-evident that the health promotion criterion cannot predominate hospital decisions in all cases (as contradictions with legal or economic criteria are most likely to occur) – but it should be optimised with other decision criteria, and health promotion should systematically be put on the agenda of hospital management and of the hospital’s health professionals. The latter is especially important in an expert organisation like the hospital, as many of the decisions being taken (especially in treatment and therapy) are taken by the service providers and can only partly be influenced by the hospital management.

Taking together the possibilities for health promotion interventions in and by hospitals, the Health Promoting Hospital concept can be understood as an "umbrella" or integration concept, that comprises a number of methods which contribute to reaching its goals, and focuses these methods on the health and empowerment of hospital patients, hospital staff and the population in the local hospital environment.

HPH can therefore be linked and combined with other strategies of hospital development (e.g. health education, patients' rights, self help movements, health at work, hospital hygiene, the ecological movement, strategies for personal and organisational development, quality management, project management and other strategies for developing hospital structures, processes and outputs).

### **3 Development of the HPH Network**

A first connection between Hospitals and health promotion appeared at the end of the 1970ies when health promotion and disease prevention came up in the USA as additional professional services provided by the hospital [9]. The development of a new model that is stronger oriented at the Ottawa Charter for Health Promotion [1] began in the late 1980ies in the framework of a WHO-European workshop in Copenhagen [10], and resulted in the implementation of a first model project for health and hospital at the Viennese hospital "Rudolfstiftung" (1989-1996). The experiences of the model project were evaluated and summarised in 10 model documents for the implementation of specific health promotion projects in hospitals [11], [12].

Based on the model project, the International (mostly European) Network of Health Promoting Hospitals was founded in 1990 and was since then jointly co-ordinated by the WHO-Regional Office for Europe and the Ludwig Boltzmann Institute for the Sociology of Health and Medicine as WHO Collaborating Centre for hospitals and health promotion. Parallel to the developments in Europe, projects were also developed in Canada (since 1987) and Australia (since 1991) [13]; these were also discussed in the media of the HPH network. More recent HPH development can be observed in Thailand.

A first common version of vision, concept and strategies of the international network was published in 1991 in the Budapest Declaration on Health Promoting Hospitals [14] by an inter-professional, international task force (all professional groups of the hospital, health system and health promotion experts, organisational development consultants, and representatives of health policy from different European regions).

Based on this concept, the European Pilot Hospital Project of Health Promoting Hospitals (EPHP) was launched in 1993 as the first international HPH project. 20 hospitals from 11 European countries participated in this project which was successfully finished in 1997. A number of publications summarise the many experiences and results from this project that was carried out as a loose benchmarking project [2], [15], [16].

The project proofed on a European scale that HPH is a plausible, acceptable and feasible development concept for a wide variation of hospital types and health care systems. On the level of single hospitals, it was conducted in different forms – oriented at the specific national and local problems and resources. Accordingly, the experiences and results cannot be standardised. Some hospitals initiated big and overall organisational development processes, others focused on innovation projects in specific thematic areas of the HPH concept. The hospitals carried out projects in all HPH areas that have been mentioned above – from developing the hospital into a health promoting setting (e.g. smoke-free hospital, health

promoting architecture, health promoting nutrition) to the development of the hospital into a sustainable organisation. Most projects focused on patient oriented programs, followed by programs for the health of staff and the development of “healthy” hospital organisations. Programs focusing on the health of the population in the hospital environment / community (the hospital as advocate and change agent) were less frequent. The commitment of hospitals in this area was highly dependent from the role of the hospital in its respective national context (e.g. stronger in Great Britain and Germany).

Since 1995, national / regional HPH networks in the participating countries are being developed as an official strategy of the European network. This development has been supported by a project of the European Commission, DGV F3 – action program for health promotion. The national / regional networks – respectively co-ordinated by their own co-ordinating centres – take up vision, concept and strategy of the International Network and adapt them to their specific national/ regional conditions [17]. By May 2001, the international network consists of 29 national / regional networks in 22 European countries, with a total of 542 formal participating member hospitals who are conducting 930 health promotion projects for patients, staff, the hospital community / environment and for the development of “healthy” hospital organisations.

In order to enhance the further transfer of the HPH concept and the further development of the HPH network in national / regional sub networks, a new policy document – the “Vienna Recommendations on Health Promoting Hospitals” – was published in 1997 [18]. Initiatives for a possible further transfer of the HPH concept outside of Europe (Australia, Canada, Far East Asia, South America) were taken since 1997 in co-operation with WHO Geneva [19].

In addition to the national / regional networks, specific HPH task forces put efforts into further developing the HPH concept for specific thematic areas or for specific hospital types (e.g. task force "Tobacco Free Hospitals" 1993-1995; task force "Health Promoting Mental Health Care Services" since 1998; task force "HPH and EFQM" since 1999).

Further important network strategies are the network media: Since 1993, a HPH Newsletter is published twice-annually [20] (since 2000 as an Internet-Newsletter), also since 1993 annual international conferences of the HPH network are being organised (9 conferences so far), and conference proceedings have been published for most of these [8], [19], [20], [21]. Up-to-date information about the overall network, about the national / regional networks and the activities and subprojects of the member hospitals (network project database) can be obtained from the web-site of the WHO-Regional Office for Integrated Health Care Services, Barcelona, [22] and from the web-site of the WHO Collaborating Centre for Hospitals and Health Promotion [20].

## **4 Conclusion**

In the past 12 years of HPH development, the hospital environment has experienced a number of significant changes which also affect the implementation and further development of health promotion in and by hospitals:

Firstly, the development of the quality movements: In times of restricted funds and increased competition, quality and efficiency of services become especially important for innovative approaches like Health Promoting Hospitals. HPH as a rather open developmental concept may best be linked with quality approaches that allow for adaptation to its specific conditions. Work on adapting the European Foundation for Quality Management’s excellence model

(EFQM) to Health Promoting Hospitals has been initiated by the German National HPH Network [23]. Further work in this area may be necessary especially for implementing the overall HPH approach that addresses the whole hospital organisation.

Secondly, the increasing importance of Evidence Based Medicine (EBM): EBM may be considered as one specific aspect of hospital quality and poses specific challenges to health promotion. Unlike the medical sector that can look back on a long tradition of randomised controlled trials, health promotion as a rather young discipline that deals with highly complex interventions (e.g. interventions often addressed at settings, not at single persons) has often to use less standardised sources of "evidence". Still, international review centres (e.g. the NHS Centre for Reviews and Dissemination, York) are increasingly trying to adapt concepts of reviewing medical interventions to the less standardisable health promotion interventions. These efforts have resulted in a number of evidence reports on health promotion interventions in health care (relevant links may be obtained from the homepage of the NHS Centre for Reviews and Dissemination [24]). It will be one of the future challenges of Health Promoting Hospitals to systematically make use of the available knowledge, to make it applicable for hospital professionals, and to encourage further research in areas where no evidence is available so far.

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