

## Research Group Nursing & Healthcare

### Philosophy

Due to rapid social changes and even just as fast changes in the health care system, our philosophy should be flexible and adaptable. After many in-house quality circles, we decided on the consolidation of four models whose statements, in combination with each other, are not only guiding for the demands of care providers and enquirers for health care, but also for our activities. On the one hand, they reflect our corporate culture for our customers, principals and cooperation partners (for example old people's homes, educational facilities, nursing services, management consultants), on the other hand they serve as an inwards orientation for our staff and our advisers and their interaction among each other.

The first Model of Salutogenesis according to Antonovsky (1999) stands for the discovery of health potentials being necessary for our work and the central question: What keeps the human being healthy? In the meantime, this model has gained importance for many facilities of the health care system as well as for the different working fields of prevention and health promotion. Therefore, it can currently be recommended as a comprehensive theoretical frame for a preventively conducted perspective, especially for the cooperation with partners.

Additionally to Antonovsky, the Research Group works with the second comprehensive model of Patricia Benner (1995/1997) an internationally appreciated nursing scientist from the University California, San Francisco. On the one hand, Patricia Benner applies a holistic idea of man for the nursing and treatment of patients and their relatives and centres the autonomy and self-determination in this connection. On the other hand, she has evolved a model for the development of nursing professionals that does not only contribute to professionalisation, but does also help the nursing persons with health promotion and stress management for themselves and their relatives and in dealing with chronic diseases.

The third model of the Learning Organisation (Senge 1998) takes up the problem of inflexible organisations, which can still be found in the health care system partially. We consider and advice our customers, i.e. organisations in the social- and health care system, in the sense of a learning organisation and in this connection we regard ourselves as a "continuously learning" Research and Consultancy Organisation. It is safe to assume that all occupational groups in the health care system have accumulated an enormous potential of experience and a store of knowledge and, in principle, would like to learn with each other and redesign respectively. We are dependent on common learning processes to bring about structural changes. In our opinion, the model of the Learning Organisation especially offers nursing persons as well as members of other occupational groups of the health care system various options in its application. All persons involved in this process arrange their respective organisations together (for example structures in an old people's home, nursing systems, philosophies and others). Every employee obtains the possibility to develop his personal and social competences (for example in the field of nursing management).

The fourth model of Emotional Intelligence (Golemann, 2004) has the claim to promote the "emotional intelligence". Every person as a holistic, emotional human being (i.e. patients, clients as well as employees in a health care facility) has the possibility to exploit his feelings and potentials. However, a learning process relating to the control of ones own feelings is necessary for that. By dealing with its own emotional intelligence, every individual can act specifically in favour of its own health and luck. In the meantime, the model of the emotional intelligence has been introduced in the concepts of business consultancies worldwide and serves, for example, as a trainee programme for executives. Therefore, we would like to point out that this model is not only applicable, but also even absolutely necessary for facilities of the health care system. Emotional competence is very important for the communication within all professions of the nursing- and health care service. The realisation of this approach, together with the above mentioned models, can reach a "win-win situation" for facilities of the health care system and their staff.

All in all, this four models subscribe actively the continually changing social alternations as well as the processes and new demands in nursing- and health care professions to which organisations and individuals are exposed nowadays while not emphasizing the "homo oeconomicus". Considering our point of view, the "really humane" is stressed in a systematic structure of facilities in the social and health care system, in the family- and educational system as well as in the economical and statutory system. Therefore, we deem the combination of the four described models to be the "humanistic and systematic frame" of our research- and development work.