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N.B.: When citing this work, cite the original article

Original publication:

Apers S, Luyckx K, Moons P. How meaningful is sense of coherence to cardiovascular nursing? *European Journal of Cardiovascular Nursing* 2012; 11(4): 375-377.

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Editorial

How meaningful is sense of coherence to cardiovascular nursing?

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The September issue of the *European Journal of Cardiovascular Nursing* was focused entirely on psychosocial topics, with papers addressing depression and anxiety¹⁻⁴; coping⁵; quality of life^{1,6-8}; personality^{7,9}; and psychological adjustment.¹⁰ Since psychosocial consequences of cardiac disease and treatment are so important, this previous issue of the journal formed a timely and much needed collection of articles.

One particularly interesting construct that is also discussed in the previous issue is sense of coherence (SOC) – a concept defined and operationalized by Antonovsky.^{11,12} Antonovsky was intrigued by the observation that some people successfully adapt to major or chronic stressors, whereas others have more difficulty in doing so. Consider, for instance, two patients who have suffered a myocardial infarction (MI). One patient succeeds in picking up his life again after this negative life event, whereas the other patient gets depressed and ends up in a downward spiral. In his search for an explanation of such divergent adaptational processes, Antonovsky came to formulate what he called ‘the salutogenic question’. In doing so, he focused on potential resources for good health instead of concentrating on causes of disease and ill-being (i.e. pathogenic orientation). According to Antonovsky, the answer to his question is to be found in a strong SOC representing the central construct of the salutogenic model. Antonovsky defined SOC as ‘a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (a) the stimuli deriving from one’s internal and external environments in the course of living are structured, predictable, and explicable; (b) the resources are available to one to meet the demands posed by these stimuli; and (c) these demands are challenges worthy of investment and engagement’ (p. 19).¹² Hence, people with a strong SOC perceive the world as (a) comprehensible, (b) manageable, and (c) meaningful.¹² Turning back to our example, the first patient perceived the MI as a challenge worthy of investment and believed that he had the skills to cope with the situation. Conversely, the second patient viewed the MI as an inexplicable burden for

which there were no resources at his disposal to control the situation. In other words, the first patient has a strong SOC and the second a weak SOC, which subsequently affected how they coped with this specific life-threatening stressor.

Over the past six years, five articles have been published in this journal concerning SOC in cardiac patients. These studies testified to the association between SOC and health-related quality of life, mental fatigue, maladaptive coping strategies, negative affectivity and self-management in patients with coronary artery disease and heart failure.¹³⁻¹⁶ One article, in particular, focused on SOC as a way to improve the quality of life in patients who grow up with a chronic disease, and more specifically, congenital heart disease.¹⁷

In addition, two studies on SOC were published in the September issue of the journal.^{18,19} In one study, Bergman and colleagues explored the importance of the individual SOC components on changes in SOC over time. They found that meaningfulness – in contrast with what has been hypothesized before – is not the most important component of SOC for patients with MI. Instead, comprehensibility seemed to be more of impact. Furthermore, baseline factors such as smoking proved to explain changes in SOC over time.¹⁸ In another study, the same research group has described SOC over time in relation to sex, quality of life and treatment satisfaction in patients with MI. They concluded that women had a lower SOC than men, comprehensibility increased over time and total SOC was associated with quality of life and treatment satisfaction.¹⁹

The publication of these two articles in the previous issue of this journal illustrates the increasing attention and interest in SOC as a timely topic in cardiovascular nursing and allied professions. A vast amount of previous research has confirmed the relationship between SOC and health outcomes in diverse community and clinical samples. More specifically, a strong SOC has been found to relate to higher quality of life, less involvement in health-risk behaviours, greater psychological wellbeing and better self-reported physical health.²⁰⁻²² This

makes SOC an important target for nursing interventions. Several avenues can be proposed. First, in order to provide individualized care and to design tailored interventions, nurses could assess levels of SOC in their patients to identify vulnerable patients who may need more support. Second, nurses could strengthen patients' comprehensibility by providing accessible and understandable information and education.¹⁷ Furthermore, to enhance manageability, it is important to encourage patients to be aware and make use of available resources.^{17,23} In addition, supporting patients to take control and to participate in decision-making could enhance their meaningfulness.¹⁷ In sum, nurses could fulfill the role of coach by encouraging, empowering, guiding, assisting and supporting their patients in the recovery or adaptation process.²⁴ Previous research, including randomized controlled trials, revealed that SOC is indeed sensitive to this kind of intervention.

Although the body of empirical evidence with respect to SOC is growing steadily, some fundamental issues concerning the concept remain unanswered and are still a subject of discussion. First, recent evidence concerning the development and stability of SOC is somewhat contradictory to Antonovsky's hypothesis that SOC develops up to the age of 30 and remains relatively stable thereafter.^{11,12} In fact, it appears that SOC continues to increase throughout life.²⁵ There is an urgent need for longitudinal multi-wave studies to investigate how SOC develops²⁵ and to examine the interplay between SOC and outcome measures. A recent study indicated that SOC indeed influenced perceived health over time in adolescents with congenital heart disease.²⁶ Such studies are necessary because most research has a cross-sectional design, which makes it impossible to draw conclusions on the direction of effects. This is, however, essential information that is needed to develop and plan interventions. In addition, concern has been raised that SOC significantly overlaps with other constructs, such as negative affectivity. Hence, research should thoroughly investigate the added value and unique contribution of SOC. Finally, there is some discussion as to whether it is reasonable to

use the different SOC components separately; that is, whether the SOC scale can be used as a multidimensional measure or not. Although several studies investigate the importance of the three individual components, there is upcoming research indicating that such an approach must be done cautiously.²⁷ All these issues require further research.

In conclusion, the current evidence demonstrates the importance of a strong SOC to achieve positive outcomes in (cardiac) patients. Hence, although several questions regarding SOC remain to be investigated, cardiovascular nurses should adopt a salutogenic approach in caring for their patients. Accordingly, designing and implementing tailored, nurse-led interventions to strengthen patients' SOC is an important goal for future nursing research and practice. Although more research is necessary to address important unresolved issues and to investigate the effectiveness of interventions, SOC can be a meaningful concept to cardiovascular nursing.

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