

Chapter 53

Conclusion: Characterising the Field of Health Promotion Research



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With this handbook, our project is to map out health promotion research practices using a bottom-up approach. This is why we invited experts from the different research traditions that coexist in the field to contribute chapters. Throughout the chapters of this volume, individuals and groups who self-identify as health promotion researchers have reflected on their research practices, describing what they actually do, how they work, the activities they put in motion, and with whom they produce, co-produce, and/or share health promotion knowledge. We cannot pretend that this collection is exhaustive, or even representative of all the research practices implemented to create a knowledge base about, and for, health promotion. However, taken together, these practices illustrate the diversity of research objects, approaches, methods, and epistemological and ethical positions that can be found in health promotion research. This diversity closely mirrors that of research articles published in scientific health promotion journals. It involves qualitative and quantitative data collection and analysis, observational and experimental methodologies, integration or not of previous theoretical knowledge, a more or less radical integration of contextual knowledge, and so on. In this conclusion, it is important to look back at the contributions we have received and our way of drawing out principles for structuring the field and to summarise what we have learned throughout this process.

A snapshot of the geographical locations of the contributing research teams shows that the collection in this volume is truly global, with contributions from 27

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countries and territories from five continents (Fig. 53.1). Although the number of contributions differs across countries, both the global North and the global South are represented. Not surprisingly, the underlying conceptions of health promotion and the practices investigated appear to be influenced by the historical, cultural, political, and socio-economic context of the countries in which the research is conducted. In some countries, health promotion is institutionalised, anchored in a well-defined policy framework encompassing a wide range of activities. In other countries, health promotion is more a matter of activism and community dynamics fuelling social transformations. Although these differences in context influence the research activity, it was possible to identify some common features in the research configurations. These were presented as markers of the research’s ethical references (Chap. 50), objects (Chap. 51), and epistemological framework (Chap. 52) of the field of health promotion research.

For this mapping exercise, our ambition was not to define the “right way” to do health promotion research but instead to identify its distinctive features on the basis of the research practices collated in this book. We sought to make the framework explicit rather than to try to achieve consensus about the relevant paradigms, tools, and methods in health promotion research. Each research project is a unique, singular, original activity in a specific context. However, each can be described by a set of characteristics that reflect the different dimensions of the research. At this point

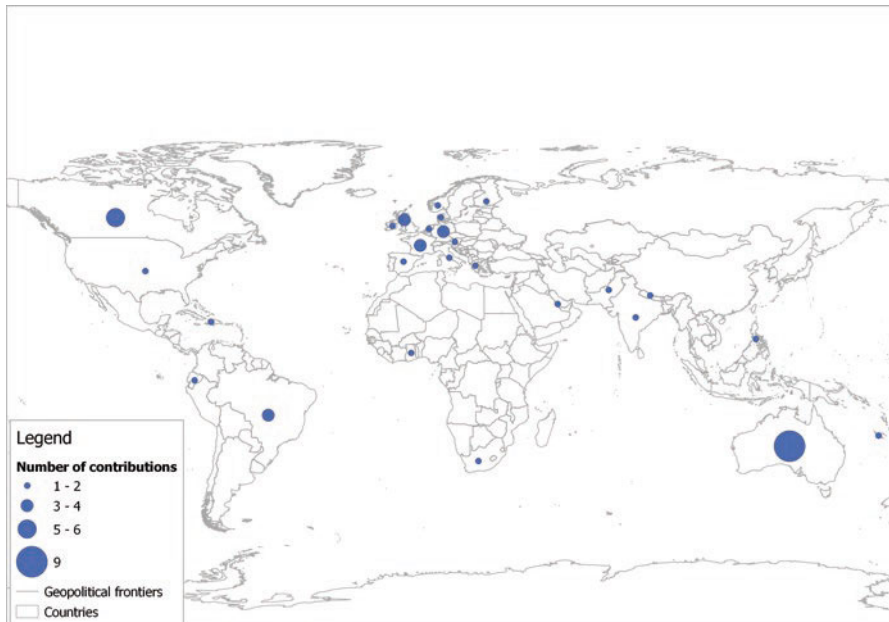


Fig. 53.1 Geographical distribution of the contributions to the handbook (Source: Original creation made with open data furnished by Natural Earth. Free vector and raster map data @ naturalearthdata.com)

in the development of the health promotion research field, identifying possible configurations in the various dimensions of research practice appears more relevant than trying to define typologies of research (Tomamichel & Clerc, 2005). Our approach was to look for markers to characterise the field. In their description of their research practices, authors have discussed, sometimes extensively, how their research addresses some of these different markers; we have identified 39 different descriptors. There exist probably more, but at this point, this collection is sufficiently comprehensive to account for the diversity of the field.

The analysis of the contributions to this handbook (45 complete chapters and 9 short reports grouped in Chaps. 8 and 34) shows a real diversity of research practices. It led us to identify 11 markers that fall under the three structuring dimensions we used to define the field of health promotion research: the ethical references, the objects of enquiry, and the epistemological configurations (Potvin & Jourdan, 2021).

Our analysis led us to identify four markers that describe the way in which the ethical references shape health promotion research. The ethical references relate to the principles and values that justify and guide the research process and how researchers translate these values and principles into their research practices. It allows for the development of a common understanding among the different actors in the research process, by defining meaningful values that guide action. The first marker concerns the ethical horizon and relates to the values and principles mentioned by the authors. These clearly set the ethical scene of their work. The second marker is more specific; it is linked to the way in which researchers justify, legitimise their work: the source of legitimacy of their work. It does not refer to general principles. Instead, it provides concrete references to mechanisms likely to facilitate social transformations in favour of social justice and the empowerment and participation in the research process of people living in conditions of vulnerability. It also highlights the relevance of individuals' and populations' knowledge. The third marker that characterises the ethical references of health promotion research is related to the status of the people involved in the research. In almost every chapter, a mention was made on the role of people and populations as participants, active subjects in the research and not research objects. Finally, these principles lead to a specific ethical position regarding the approaches and methods used. The fourth marker supposes the ethical foundations of research approaches (Jourdan, 2012). These ethical markers are specified by 14 descriptors (see Chap. 50).

We also identified three markers that characterise the objects of health promotion research. These are always social practices. They are either the health-promoting practices of individuals and groups or the health promotion practices of those who intervene to transform them or the systems that shape them. The practices studied (the research objects) differ across projects. They fall into the classical categories of disease prevention, health education, setting approach to health promotion, and community development (community health). Our analysis identified three markers to describe the way in which the objects studied shape health promotion research. The first marker concerns the categories of actors that practices relate to. These are the practices of individuals and populations, of professionals, politicians, an institution's decision-makers, researchers, and innovators. The second marker concerns

the relation between a practice and social change. Some of the practices studied aimed to enable people and groups to make explicit and recognise their ordinary health promotion practices. Others seek to build the capacities of individuals or groups to adapt to existing settings and institutions (first-order change) or to produce changes in the fundamental rules and processes of social systems (second-order change). Finally, the third marker characterises the types of interventions studied. These markers related to health promotion research objects are specified by 11 descriptors (see Chap. 51).

Health promotion researchers come from a broad range of epistemological horizons, creating epistemological tensions. Altogether, the chapters in this book illustrate the diversity of research paradigms, approaches, and methods used by health promotion researchers. Despite this diversity, a number of descriptors of ways of dealing with knowledge emerge that inform four epistemological markers for the field of health promotion research. These markers indicate recurring themes presented in various forms across chapters, and across the various health promotion research practices. The first is the recognition of diverse forms of knowledge relevant for producing new, valid health promotion knowledge. The second marker is linked to the embeddedness of research practices in context. Health promotion practices cannot be isolated from their context. This is true for ordinary practices as well as for policies and programs. Thus, health promotion research appears to be always conducted in a real-life context. The third marker is about the relationship between researchers and stakeholders. Many research practices described in the handbook are about interventions that attempt to change the context that shapes health. Researchers can lead the innovation development model, accompany intervening institutions, or be part of a consortium organised through a collaborative agreement. In all instances, the regulation of those spaces appears as a key feature of the methodological device. The fourth marker relates to the articulation of knowledge production and sharing. Throughout the accounts and analysis of various research projects and programmes presented in this volume, knowledge sharing and its capacity to inform the transformative practices of decision-makers and professionals stands out as a distinct epistemological marker of health promotion research. Over and above the requirement for knowledge co-production, knowledge sharing appears as an integral part of knowledge produced in context (Fig. 53.2). These markers related to the epistemological framework of health promotion research are specified by 14 descriptors (see Chap. 52).

These three dimensions, 11 markers, and 39 descriptors could be considered as a first attempt to characterise the field of health promotion research (Potvin & Jourdan, 2021). This work is mainly descriptive and preliminary, as the database is not exhaustive. Its interest lies in the fact that it is based on a bottom-up analysis. This rich source of data and the analysis we conducted form the basis for further development.

Volume 2 of the handbook, *Framing Health Promotion Research*, proposes a framework for a distinct field of health promotion research. It is composed of short chapters with a didactic aim that describe and discuss what we consider as the fundamental elements for structuring the field and their specific configurations that

Dimensions and markers to navigate the field of health promotion research

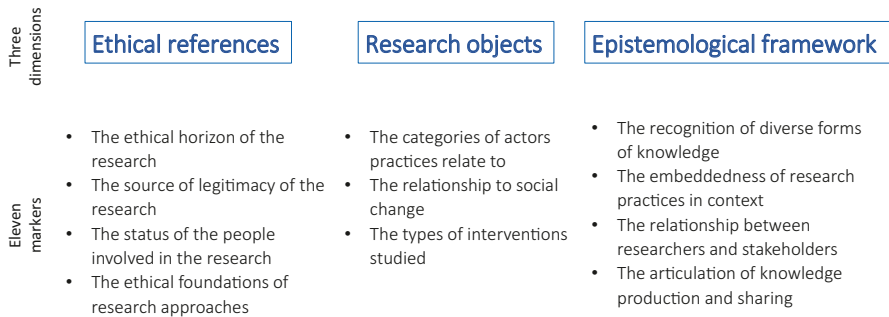


Fig. 53.2 Dimensions and markers to describe the field of health promotion research

make this field of research distinct. The argument is organised into four parts. The first part defines what constitutes a research field and why it is relevant and useful to distinguish health promotion research from other related fields of research. The second part discusses the values and the ethical references underlying health promotion research. The third part examines the range of social practices that comprise the objects of health promotion research. The fourth part proposes a pluralist epistemological framework for health promotion research.

Finally, Volume 3 of the *Global Handbook, Doing Health Promotion Research*, provides introductory-level presentations of paradigms, strategies of inquiry, and methods associated with, and contributing to, health promotion research. It is composed of short chapters written by authors who have developed a recognised expertise with regard to either a paradigm, strategy of inquiry, or method associated with health promotion research. These chapters are written as introductions to these paradigms, approaches, or methods in relation to the specific health promotion research challenge they address. The volume is structured in three parts. Part I addresses the various paradigms as sets of beliefs, worldviews, or epistemologies that guide health promotion research practices. Part II presents strategies of inquiry that are implemented in health promotion research and provides specific directions for designing studies. Part III discusses the various methods that are used in, or adapted to, the conduct of health promotion research. These are related to the collection, analysis, and interpretation of the empirical material used in a study.

Recognising that we cannot pretend to be an exhaustive coverage of all relevant paradigms, strategies of inquiry, and methods for health promotion research, and that the field of health promotion research evolves rapidly, this handbook, especially the third volume, is conceived of as an opening for the future and a steppingstone for an ongoing global initiative. In collaboration with the Editorial Board of *Global Health Promotion*, the official journal of the International Union for Health Promotion and Education (IUHPE), we will create a section in the journal entitled “Doing health promotion”. This section will publish introductory-level

presentations of paradigms, approaches, and methods relevant for health promotion research and written by health promotion researchers.

Characterising the field of health promotion research is a collective endeavour. We hope that this volume will be a milestone on the road to establishing health promotion research as a recognised field. We also invite all people interested in health promotion research to contribute to the framing of the field. Scientific events in the field such as the IUHPE conferences provide opportunities for further interaction on these initial proposals.

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