Sitzung 8: Gesundheitskompetenz als soziale Praxis II

Wie sehen die aktuellen Konzepte der Gesundheitskompetenz das Individuum, laut Samerski (2019)?

- Humans as autonomous rational, informed and self-responsible decision makers: „doctor knows best" < „patients decides best" (Samerski 2019)
- Individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions
- The deficits of health literacy are not only related to the healthcare systems, but are seen as deficits of a general health competence

Welche Punkte kritisieren die New Literacy Studies?

- By adopting a one-size-fits-all approach to literacy, populations are denied skills and portrayed as illiterate
- hides power relations and the rich diversity of knowledge practices as situated in specification social realities

Nennen Sie die sieben Hauptergebnisse der Studie und beschreiben sie diese kurz.

Creating meaning: health knowledge in social networks

- Often searching for health information on the internet for comfort, orientation and social support, not for facts.
- To seek advice, people mostly talk to someone from their immediate social network.
- Meaningful knowledge is passed on and realized in social relations

Making sense of information: the importance of "fittingness"

- People feel like that the advice/knowledge from a trusted person, which is based on their experience, is more personalized and appropriate.
  → Fits more to the individual and their concerns

"Being in good hands": meditating expertise and needs

- Depersonalized treatments seen as a threat to personal identity
- Listening skills of physicians, feeling of being in good hands and a doctor who fits are highly valued

- Co-producing situated expertise
- Health knowledge is not an individual poverty, its local, shared and co-produced in social relations.
- Health literacy as potentiality distributed in social networks and gets actualized in concrete situations.

The local and situational nature of health knowledge

- Health knowledge can be gained in concrete situations and with a clear goal

Health knowledge has heterogeneous sources and is multidimensional

- Different sources for health information: factual, experiential, traditional, religious
- Information acquires meaning through the social context in which it is embedded.

Health information and somatic knowledge

- Body as an important medium of social practice, medium and source of knowledge
- Conflict between disembodies medical expertise and the embodied suffering of the patients.
- Somatic knowledge gets excluded from healthcare and health literacy often

Wie lässt sich der Text von Samerski (2019) im Bezug auf die Texte von Maller (2015) und Hanses (2012) einordnen?

- Samerski confirms the importance of the body already mentioned by Maller and Hansens.
- Samerski further differentiates and defines the two interpretations of the body (subject and social practice) in healthcare, that Hansens addresses. Samerski thus clarifies the problem of ambiguity and presents the conflict in practice.
- Social interaction as a key factor in the acquisition and confirmation of health knowledge has already been tangent to Maller in her text. Samerski extends this claim and defines health literacy as a situational, dynamic and multidimensional practice embedded in social networks.
- Hansens already mentioned that sick people must be seen as users who produce education. Samerski extends this statement and places the informed patient above the decisive physician.