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A scoping review of doctoral dissertations from 2008-2018

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How is Health Promotion Research Undertaken in a Nordic Context?

A Scoping Review of Doctoral Dissertations

from 2008–2018

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This scoping review was commenced as a collaboration within the Nordic Health Promotion Research Network (NHPRN). The overall aim was to explore how research under the label 'health promotion' was undertaken in a Nordic context. The search for dissertations published in Denmark, Finland, Iceland, Norway and Sweden was limited to the years 2008 to 2018. Manual searches of university websites, as well as different databases in the Nordic countries, were required for collecting dissertations from all universities. The collection of dissertations was more difficult than expected. There were 56 published PhD dissertations from 6 universities in Denmark, 51 from 8 universities in Finland, 0 from Iceland, 53 from 7 universities in Norway and 193

from 22 universities in Sweden. Almost half of the analysed dissertations combined qualitative and quantitative methods. About one-third of the dissertations had a settings approach, followed by a societal approach and individual approach. Finland and Sweden presented more intervention studies than the other countries. A majority of the intervention studies included individual lifestyle issues. Based on the analysis of the research approaches, more dissertations embracing societal perspectives and broader determinants of health may be recommended for future Nordic dissertations.

Introduction

The Nordic countries are well known for their extensive welfare regimes, good living conditions and relatively good public health [1]. The Nordic countries also claim to be at the forefront in developing health promotion, in relation to theory, research, policy and practice [2]. There is, however, a lack of an overview of how health promotion research is being undertaken in the Nordic countries. An important approach for advancing health promotion as a research field is to increase knowledge regarding the actual status of the research currently being performed. In this paper, doctoral dissertations are the focus, as these reflect research programmes better than individual papers; furthermore, they also reflect the interest of future researchers in a field. In the Nordic countries, a large proportion of research is performed by doctoral students, and there is a tradition of employing PhD-students for external research funding. National funding for health promotion research depends on the national research strategy, and if there is separate funding for politically prioritised research topics [3]. Moreover, there are also limited PhD-courses on health promotion in the Nordic countries since the closure of the Nordic School of Public Health. These different factors suggest that there is, to some extent, confounding pre-conditions for Nordic doctoral students that wish to contribute to advancing health promotion research. On the other hand, it has also been claimed that it is unclear what actually constitutes health promotion research [4].

There are limited overviews of Nordic health promotion research, including the content of doctoral dissertations performed in a Nordic context. Therefore, the Nordic Health Promotion Research Network (NHPRN) recently established a review group of Nordic doctoral dissertations. This scoping review is a collaborative project within the NHPRN, in order to investigate doctoral dissertations in health promotion from the Nordic countries during the years 2008 to 2018. This network has researchers from public health and health promotion fields representing the Nordic countries of Denmark, Finland, Iceland, Norway and Sweden [5,6,7].

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Following concerns regarding the lack of clarity of what actually constitutes health promotion research, Woodall et al. [4] pointed out action orientation as a critical aspect of health promotion research. This is in line with claims that health promotion research should function as a tool to measure change and innovation, as well as to be a means to facilitate these outcomes [8]. In other words, as highlighted by Nutbeam [9], health promotion ultimately concerns succeeding in promoting health and preventing disease, which often requires holistic and social approaches targeting health determinants [10]. Woodall et al. [4] stress furthermore that health promotion research should reflect the values of health promotion as set out by the WHO Ottawa Charter, including community participation and empowerment. Health promotion has been defined as follows in the Ottawa Charter:

‘...the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector; but goes beyond healthy life-styles to well-being’ [11].

Finally, Woodall et al. [4] argue that health promotion research should not adhere to any specific research paradigm, but rather be flexible and include a variety of methods, depending on the issues in focus. Koelen et al. [8] highlight that research in health promotion means the investigation of different societal issues and using more and different methods than those traditionally used in biomedical research. They also point out that combinations of methods, including perspectives from both qualitative and quantitative research techniques, can provide a rich picture of processes, achievements and conditions for improvement.

Health promotion research is thus, following international scholars [12], an interdisciplinary field and includes several dimensions, perspectives and applications. The NHPRN is an illustration of this, as its members are divided into working groups covering themes like empowerment, equity in health, healthy ageing, health literacy, theory in health promotion and work-related health [13]. Nevertheless, there are indications from previous literature reviews on specific health promotion research fields [14,15] that there is a lack of Nordic research, which include the critical characteristics of health promotion research as outlined by Woodall et al. [4], e.g., targeting health interventions in more holistic and sustainable ways. To our knowledge, there are no broad published reviews on the scope of research performed under the label of ‘health promotion.’ There

are also no comprehensive overviews of what kind of research, as part of doctoral dissertations, has been undertaken with the label 'health promotion' in the Nordic countries. Previous reviews of doctoral dissertations have, for example, been selective in analysing methodological approaches [16], action research [17], specific health issues [18] or reviews published in Nordic languages [19,20]. We have therefore, to our knowledge, conducted the first explorative study of recent Nordic doctoral dissertations that will provide us with possibilities for future in-depth analyses of what methods, theories and concepts are being developed in Nordic health promotion research.

The overall aim of this study was to explore how research under the label 'health promotion' was undertaken in a Nordic context. The more specific aim was to analyse the methods used, the applied approaches and the main content in relation to health promotion, as described in abstracts of identified Nordic PhD dissertations.

Methods

The study design applied for this study was a scoping review. There may be different aims with a scoping review, including making pre-studies for a forthcoming systematic literature review, examining how research has been conducted in a certain field, identify evidence, identifying and analysing knowledge gaps or clarifying and/or examining characteristics of concepts and definitions [21]. The aim of the scoping review presented in this article relates to examining how research has been conducted in a certain field, as the aim was to explore what research approaches have been applied in Nordic health promotion research. In an article on guidance for scoping reviews, Munn states [21]:

'Researchers may conduct scoping reviews instead of systematic reviews where the purpose of the review is to identify knowledge gaps, scope a body of literature, clarify concepts or to investigate research conduct. While useful in their own right, scoping reviews may also be helpful precursors to systematic reviews and can be used to confirm the relevance of inclusion criteria and potential questions.'

A scoping review is commonly characterised by applying an explicit and transparent search strategy and applying standardised data extraction forms [21, 22, 23,24]. The search strategy for this study, as well as the variables applied in the data extraction forms applied in this study, are presented below.

Nordic doctoral dissertations

PhD programmes in the five Nordic countries are relatively similar. The estimated time to take a PhD degree is three to four years (180–240 ECTS) including

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30–60 ECTS of course work. The main work is to conduct a research project and to summarise the results in a dissertation. The dissertations within the field of health promotion may either constitute a monograph, or 3–5 articles/manuscripts and a synopsis. In the latter case, a common requirement is that at least two of the manuscripts are already published in international scientific journals. In all countries, the requirements differ slightly between universities, fields and faculties. The largest difference between the Nordic countries is that the PhD study programmes in Sweden and Finland are four years (240 ECTS) whereas they are three years (180 ECTS) in Norway, Denmark and Iceland.

Search strategy

Searches for dissertations published between 2008 and 2018 were performed in several national databases in Denmark, Finland, Iceland, Norway and Sweden, with the inclusion criteria ‘health promotion’ in the title, abstract or keywords. The searches were performed from the beginning of 2018 to the beginning of 2019. First, a 10-year period (2008 to 2017) was selected to provide an overview of recent health promotion research. As the search process took a longer time than expected, the year 2018 was later included in the search. Identifying and reviewing all doctoral theses that might embrace or be relevant for health promotion in some way would be an enormous task, and thus, we aimed to review only studies situated within a health promotion context. Furthermore, it was seen as an interest to analyse what kind of doctoral theses were performed under the label of ‘health promotion’.

In Denmark, the national research database was used in order to identify PhD dissertations. With the search words ‘sundhedsfremme*’ or ‘health promotion’ in the abstract or title, we found a total of 56 examples in Denmark. The National Database for Research is not totally comprehensive, as it only contains dissertations that the various universities provide information on. Therefore, using the same keywords, another search was done on the national database for libraries (bibliotek.dk) resulting in two more PhD-dissertations, i.e., a total of 56 dissertations.

In Finland, two databases were used in the search, Finna and Medic. Finna includes most of the libraries from different organisations in Finland, and Medic includes medicine, health sciences and related sciences. In the search procedure, the search word ‘doctoral thesis’ was used together with ‘health promotion’ (in English). In Finna, ‘health promotion’ was set to be found in the title, table of contents or topic. In Medic, ‘health promotion’ was searched in the abstract, title or keywords. Based on the dissertations found in Finna, a manual comparison was made in order to see how many additional dissertations were

found in Medic. Duplicates were removed, as well as dissertations not written within a Finnish university (14 from Sweden and 1 from Estonia). After reading the abstracts, 39 dissertations were removed as they did not meet the inclusion criteria (i.e., 'health promotion' in the title, abstract or keywords). Thus, 51 dissertations were included in this study.

In Iceland, the national university library assisted in doing the searches for Icelandic dissertations based on the search terms 'health promotion' and 'heil-suefling' in the title, keywords or abstract. No PhD dissertations were identified.

In Norway, searches were performed in the database NORA and in the institutional archives BRAGE, BORA, DUO, ORIA, Munin and ODA. The search words were 'health promotion' or 'helsefrem* arbeid.' The search provided us with a total of 93 dissertations: 30 from NORA, 35 from BRAGE, 9 from BORA, 13 from DUO, 6 from ORIA, and 0 from ODA and Munin. After reading the titles, abstracts, and keywords, 40 dissertations were removed, as they did not meet the inclusion criterion (i.e., 'health promotion'). Thus, a total of 53 PhD dissertations were included.

In Sweden, three different databases were used, Swepub, Libris and Diva. In the search procedure, the search word doctoral thesis 'doktorsavhandling' was used, together with 'health promotion' (in English). The search was repeated for each single year for the databases Swepub and Libris. In Swepub, we found 167 dissertations; Libris provided additional 32 dissertations. The procedure for Diva was implemented as an advanced search for 'health promotion' and in addition, a check for monography and a comprehensive summary thesis. In total, the searches resulted in 220 dissertations. After reading the abstracts, 27 theses were removed as they did not meet the inclusion criteria (i.e., 'health promotion' in the title, abstract or keywords). Thus, we ended up with 193 dissertations for the analyses.

Variables

In this first analysis of data collected from the Nordic PhD dissertations on health promotion, we included the following five variables:

1. University: The university where the doctoral dissertation was defended was noted. The four most represented universities/university colleges in each country were presented.
2. Research methods: It was analysed if the dissertation was based on only quantitative methods, only qualitative methods or mixed methods (a combination of qualitative and quantitative methods). If the abstract did not give enough information on the methods, the full-text document of the dissertation was checked for more information on methods.

3. Approach: The approach of each dissertation was analysed, including 'individual approach', 'settings approach' and 'societal approach'. An individual approach meant that aspects of health promotion were addressed from an individual perspective. It included, for example, research on how to promote health behaviour (e.g., physical activity, healthy eating or non-smoking among individuals) or how factors impact on an individuals' health behaviour. Dissertations including a 'settings approach' meant research including studies of how factors/determinants within a specific setting (e.g., the workplace, school or health care) interplayed and impacted on health. A societal approach meant research that included social determinants for health (e.g., the impact of demographic and socio-economic factors on health or health behaviour, including, for example, domestic violence). Dissertations including an analysis of population health were included in this category, for example, levels of health within certain population groups within a country. In some cases, the approach was labelled as 'other', which meant for example that the dissertation had more of a medical approach, mixed different approaches, or where the approach was hard to identify by the content of the abstract.
4. Setting: The setting in which the research had taken place was analysed (e.g., school, workplace or health care). If the study did not include the three predefined settings, included several settings, or did not describe a setting at all, the study was classified as 'other'.
5. Main content: Finally, the content of the thesis was analysed into the categories: lifestyle, safety promotion, mental and psychosocial health, critical health promotion, empowerment, and health education and intervention studies. The categories for content were not exclusive to each other, which meant that one dissertation could belong to several categories (for example, both lifestyle and intervention studies).

Analysis

The content of all included abstracts was deductively analysed based on categories decided within the research group, based on previous review studies on Nordic health promotion research [15] and coded in accordance with a template organising style as described by Miller and Crabtree [25]. This meant that the content of the abstracts was summarised into excel matrixes, i.e., standardised data extraction forms following the predefined categories. Although we present the results of this study in quantitative terms, such a review is partly based on qualitative analysis based on the researchers' previous understanding of the topic.

HA and NT performed the searches and analysis of the Danish dissertations, NS of the Finnish, AJ, ST and AT of the Norwegian and AE and BJAH of the

Swedish. All authors contributed to and participated in the review of the final draft of the article.

Results

A total of 353 PhD dissertations were published between 2008 to 2018 in the five Nordic countries (Table 1). No dissertations were published in Iceland, whereas 56 were published from 6 of the 8 universities in Denmark, 51 from 8 of the 10 multidisciplinary universities in Finland, 53 from 7 universities of the 10 universities in Norway, and 193 from 22 of the 25 universities/university colleges in Sweden. The majority of universities or university colleges in the Nordic countries had published a doctoral dissertation with a health promotion topic (79%). The health promotion research was concentrated in relatively few universities. Table 1 shows the four universities in each country with the most health promotion dissertations. In Norway, 94% of the dissertations came from these four universities. The figures for the other countries were 84% in Denmark, 78% in Finland and 67% in Sweden.

Table 2 presents the research methods used for the dissertations, i.e., mixed methods (a combination of qualitative and quantitative methods), quantitative methods or qualitative methods after country. Almost half of the dissertations used a combination of quantitative and qualitative methods. In Sweden, 58% of dissertations combined quantitative and qualitative methods compared to approximately one-third of the dissertations in other countries. Approaches within the dissertations varied slightly between the Nordic countries (Table 3). About one-third of the dissertations had a settings approach, followed by a societal approach (28%) and individual approach (26%). The settings approach was most common in Finland and Norway. The individual approach was most common in Sweden (31%), and the societal approach was most common in Sweden (31%) and Finland (29%).

Table 4 presents the kind of setting where the research was performed. Among the specified settings, the health care setting was most common (28%), followed by the school setting (14%) and workplace setting (10%). Most of the studies performed in the health care setting targeted health care professionals' patient work, including the promotion of individual patients' health. Some studies within the health care setting also concerned issues related to occupational health services. The health care setting was less common in Denmark compared to the other Nordic countries. Studies in the school setting were more common in Norway compared to the other countries. However, nearly half of the dissertations did not belong to any of the predefined settings; most of these 'other' settings were diverse categories of community settings such as recreation areas, neighborhoods, municipalities and sports clubs. In other cases, the

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dissertation did not take place in a certain setting but rather targeted a specific population group in general, for example, elderly immigrants.

Table 5 displays an overview of the main study contents. Studies on lifestyle were most common in Finland and least common in Denmark. Studies on mental health and psychosocial factors, as well as empowerment, were most common in Norway. Denmark stands out regarding critical public health, i.e., studies of, for example, discourse analyses of health interventions. About one in twenty dissertations were on refugees and migrants. Finland and Sweden presented more intervention studies than the other countries. A majority of the intervention studies included individual lifestyle issues.

Table 1. The number of dissertations in Nordic countries, and in the four most represented universities/university colleges in each country.

Country	University *	Number of dissertations	Total
Denmark	University of Copenhagen	21	56
	Southern University of Denmark	12	
	Roskilde University	7	
	Århus University	7	
	Other	9	
Finland	University of Eastern Finland	16	51
	University of Helsinki	10	
	Tampere University	9	
	University of Jyväskylä	5	
	Other	11	
Iceland	No theses from Icelandic universities	0	0
Norway	University of Oslo	23	53
	University of Bergen	15	
	Norwegian university of Science and Technology	7	
	Norwegian University of Life Sciences	5	
	Other	3	
Sweden	Karolinska Institutet	60	193
	Gothenburg university	28	
	Lund university	23	
	Umeå university	18	
	Other	54	

* There are in total 8 universities in Denmark, 10 in Finland, 10 in Norway and 25 in Sweden.

Table 2. The research methods used in the PhD studies, % (*n*).

Methods	Denmark (56)	Finland (51)	Norway (53)	Sweden (193)	Total (353)
Mixed methods	29 (16)	27 (14)	34 (18)	58 (111)	45 (159)
Quantitative methods	36 (20)	49 (25)	30 (16)	27 (52)	32 (113)
Qualitative methods	36 (20)	24 (12)	36 (19)	20 (30)	23 (81)

Table 3. The approaches of the PhD studies, % (*n*).

Approach	Denmark (56)	Finland (51)	Norway (53)	Sweden (193)	Total (353)
Individual approach	23 (13)	16 (8)	21 (11)	31 (59)	26 (91)
Settings approach	32 (18)	37 (19)	38 (20)	28 (54)	31 (111)
Societal approach	18 (10)	29 (15)	23 (12)	31 (60)	28 (97)
Other	27 (15)	18 (9)	43 (10)	10 (20)	15 (54)

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Table 4. The settings in which the PhD studies were carried out, % (*n*).

Setting	Denmark (56)	Finland (51)	Norway (53)	Sweden (193)	Total (353)
School setting	14 (8)	18 (9)	21 (11)	12 (23)	14 (51)
Workplace setting	7 (4)	4 (2)	13 (7)	11 (21)	10 (34)
Health care setting	12 (7)	27 (14)	28 (15)	31 (61)	28 (97)
Other settings	66 (37)	51 (26)	38 (20)	46 (88)	48 (171)

Table 5. The main contents of the studies presented in the dissertations % (*n*).

Content	Denmark (56)	Finland (51)	Norway (53)	Sweden (193)	Total (353)
Lifestyle	20 (11)	35 (18)	23 (12)	31 (60)	28 (100)
Safety promotion	0 (0)	4 (2)	4 (2)	7 (13)	4 (15)
Mental and psychosocial health	4 (2)	22 (11)	30 (16)	14 (27)	14 (50)
Critical health Promotion	21 (12)	10 (5)	0 (0)	5 (9)	8 (28)
Refugees and immigrants	4 (2)	2 (1)	4 (2)	6 (11)	5 (16)
Empowerment	5 (3)	6 (3)	24 (11)	5 (9)	7 (23)

Discussion

The overall aim of this study was to explore how research under the label 'health promotion' was undertaken in a Nordic context. This scoping review identified 353 dissertations where 'health promotion' was included in the title, abstract and/or keywords. Almost half of the analysed dissertations combined qualitative and quantitative methods. Health promotion research includes investigation of different issues using a number of methods [8]. Many research questions in dissertations on health promotion demand a mixed-method approach, which means that both qualitative and quantitative studies are included in the dissertation plans. Approaches within the dissertations varied between the Nordic countries, which indicates that, to some extent, different research targets within health promotion have been developed within the countries. It would be interesting to compare the results with approaches applied in other non-Nordic national contexts.

The procedure for collecting dissertations was much more complicated than expected. There was no international or national bibliographic database that could easily retrieve these publications. Therefore, strategies for collection of the dissertations had to be adjusted to the situation in the different countries. It was possible to find doctoral dissertations from most universities and university colleges in four of the five Nordic countries. There was no dissertation from an Icelandic university, but to our knowledge, persons from Iceland have presented dissertations in other Nordic countries.

We did not exclude any dissertations that were categorised with the term 'health promotion' since the objective was to explore how health promotion under the label 'health promotion' is undertaken. The results indicate that the term 'health promotion' is used across a broad range of disciplines, covering natural sciences, social sciences and humanities including research within the fields of sociology, psychology, nursing, physiotherapy, medicine and anthropology.

The limited analysis of the abstracts of the dissertations has left us with some questions we wish to explore in our future collaborative work. As mentioned previously in this paper, health promotion is, in the international literature, believed to address different societal issues regarding health and is thus portrayed as a multidisciplinary field where various methods are applied. Our first exploration has identified that half of the analysed dissertations combined qualitative and quantitative methods. This finding leads us to be curious about how these methods are combined, and also if new methods are being developed and proposed. Although health promotion is characterised as a broad field where social and individual aspects of health are targeted, we found that approximately a fourth of the dissertations were targeting the question of individual lifestyle;

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these dissertations do not address how to tackle the broader social determinants of health. Our Nordic collaboration within NHPRN will further explore how these dissertations contribute with new theoretical insights in promoting health in society. Finally, we found that diverse research targets within health promotion have been developed within the Nordic countries. A future exploration would be to analyse these differences in more depth, in order to identify the scope of current research in a Nordic context. An interesting study would also be to compare these differences in a broader non-Nordic context.

Strengths and limitations

The strength of this study is that the research team included individuals representing the different Nordic countries, without which this study would not have been possible. Moreover, the research team also included researchers with different disciplinary backgrounds and with many years of health promotion research in different Nordic countries.

In this study, the standardised data extraction forms for analysing the results were based on previous review studies on Nordic health promotion research [15]. A weakness with our study was that we did not apply more recent detailed scoping review protocols and methodologies (22,23,24,). On the other hand, we only analysed the dissertation abstracts, hindering a more in-depth analysis.

A limitation is that the results were based only on a reading of the title, abstracts and keywords, which may have limited our interpretations of scope and foci of the dissertations. In this study, the concept of 'health promotion' was used. It seems not to be an established routine to use this concept for dissertations which could result in selection bias and missing a number of presented dissertations. The difficulty in finding an overview of the dissertations in each country made it impossible to give a whole view of the dissertations written. Another approach could have been to use some additional concepts important for health promotion e.g., salutogenesis, empowerment, participation/ involvement or health literacy. In this study, however, it was a choice to be more explorative and to analyse only dissertations situating themselves in a health promotion context.

Another limitation was that the identification of the approaches and contents of the dissertations were made subjectively by multiple researchers. What could be characterised as an 'empowerment approach' may have been characterised as a 'critical HP approach' in another cultural setting. Despite the Nordic similarities, there are historically and culturally embedded differences research-wise, which might have resulted in some differences in the categorisation of dissertations.

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