

## Sharing Experiences: What Does the "Case" Mean in Health-Related Activities?

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#### Short Article

Regardless of the field, exchanging experiences is an important motive for participating in quality improvement activities and, simultaneously, the medium for reflecting on daily work.

Case-based group discussions are a good way of doing this by

- Enabling the presenter to share his/her experience and allowing other participants to activate their acquired knowledge, thus acting as a role model to reflect on their behaviour.
- Providing a basis for the participants to give the facilitator feedback on his or her approach, including in the light of their own experiences.

For the feedback to be helpful, the participants must relate to the presenter's actions and situation. They need to meet the presenter where he or she is struggling. The more concrete the presentation, the

more comprehensible the problem situation can be for the participants, and the more the case discussion can contribute to promoting quality from which all participants benefit. Case discussions then enable exemplary learning and, thus, the presentation of a body of knowledge that applies to other contexts. However, what is a "case" in health promotion?

For doctors, psychologists, lawyers, social pedagogues, and others working in health promotion, dealing with "cases" has become a matter of course in their professional socialisation. However, the same term can have different meanings depending on the context.

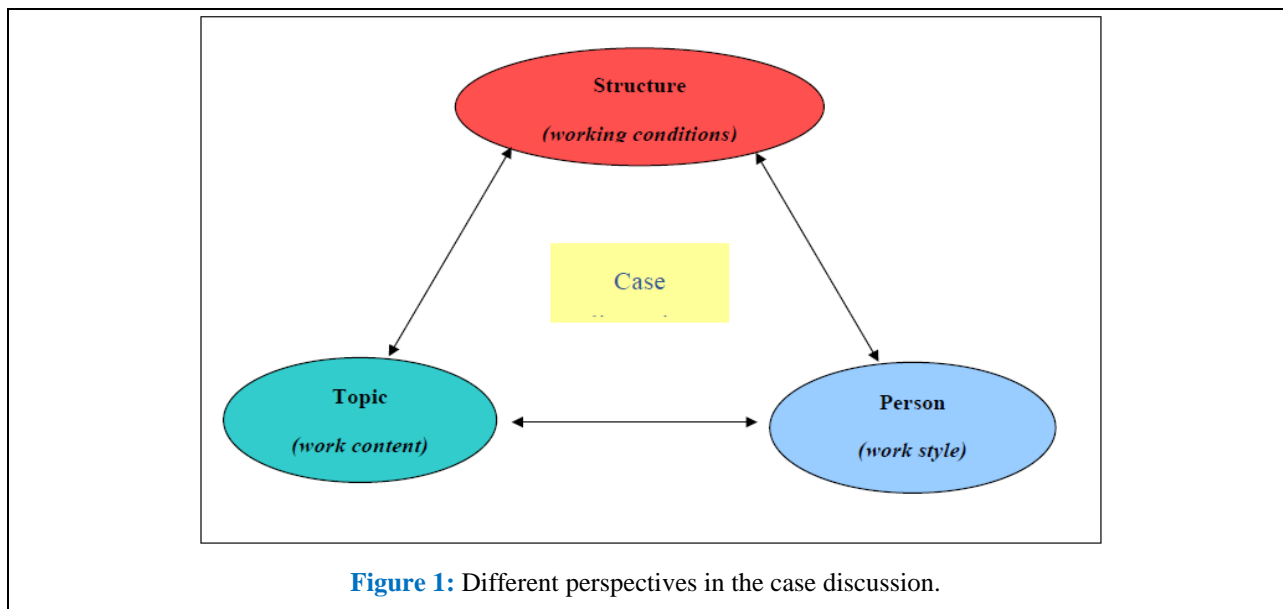
Peter K.'s case may appear to the case worker in an administration as just another example of a known type of case for which there are already instructions on how to proceed. Accordingly, Peter K.'s case is processed according to the rules and becomes part of the statistics. For the social worker, on the other hand, Peter K. may become a case precisely because

he is out of the ordinary and still needs to align with the rules. Peter K.'s case is, therefore, an invitation to draw up a specific action programme, the implementation of which will make Peter K.'s case history. The common denominator of the situations described is that cases serve as occasions for action. Whether a regular or an exceptional case, the professional concept of a case ultimately refers to a client or a group of clients.

How Peter K. becomes a case also depends on the previous experience of those who deal with him. For example, Peter K. may become a case for caseworker Thomas B., who has just started his job or had to adapt after introducing a new IT programme. In contrast, social worker Manfred S. routinely handles Peter K.'s case using practices already proven successful in his career. The activity is a case from the perspective chosen here - regardless of the subject matter.

Furthermore, the attempt to establish casework to develop professionalism in health promotion encounters a serious problem: Health promotion is not a profession but an overarching perspective realised in different activities. Understanding casework about health promotion cannot be taken for granted, even if the actors have already gained through professional socialisation. Therefore, it is essential to clarify the goal perspective of health promotion, as casework can become a central element of quality improvement activities in health promotion.

I propose to define a "case" as a recognisable sequence of activities of one (or more) person(s) aimed at health promotion. This sequence results from the intersection of the health promotion "object", the health promoter's personality, the professional rules of action and the respective (e.g. institutional) contextual conditions.



**Figure 1:** Different perspectives in the case discussion.

### **Citation of this Article**

Bahrs O. Sharing Experiences: What Does the "Case" Mean in Health-Related Activities? Mega J Case Rep. 2025;8(3):2001-2002.

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