The dynamics of social capital and health

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Abstract. In the wake of Robert Putnam's arrival in Italy to study regionalization, this review of the literature on social capital aimed to establish whether current knowledge, social or socio-anthropological research have yielded new findings on how social capital is built and maintained or developed in a community and to what extent this influences social well-being. This is particularly important for those working in the health sector to make sure that health-related decision-making and behaviour foster rather than destroy the development of social capital. Our literature search was based on specific articles published in scientific journals in the humanist, managerial and medical fields, book titles or subtitles containing references to "social capital or social cooperation or reciprocity". Our findings led us to the conclusion that a complex series of coordinated actions are required for social capital to develop and that, once developed, social capital has a positive impact on social relations, economic results and social stability. In addition, we understood why it is useful to retain three stages, conditioning, development and capitalization, in modelling the development of social capital. Conditioning requires transparency, pragmatism and long-term vision. Development and capitalization require the predominant variables to be chosen. The development of social capital is part of a good strategy for health promotion and prevention.

Key words: social capital, social stability, social influence on health

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Social capital

In recent decades, scholars and policy makers have expressed convergent views that social capital is linked to social networks and civic norms (66). However, the different definitions of social capital have made its meaning ambiguous (13, 14, 56), to the point of being considered a *quasi-concept* (2, 5). Bernard claims that *quasi-concepts* are hybrid constructs: on the one hand, they are based on data analysis and thereby benefit from the aura of legitimacy conferred by the scientific method; on the other, they are vague enough to be adapted to myriad situations and political needs.

Some scholars claim that the underlying ambiguity in the concept of social capital makes it difficult to detach from similar concepts like social cohesion, sense of community, and competent community. This raises problems of clarity and consensus with respect to the operative definition of social capital, its measurement and the identification of causal links (81, 100). Instead, others find the ambiguity is due to the concomitance of several theoretical approaches whose choice inevitably weighs on the definition and measurement of social capital (2, 13). In the 1970s, social capital was frequently associated with intellectual capital (8). Nonetheless, if social capital is construed as the viewpoint of the organizations concerned with an analysis of its internal relations with professionals and

its external relations first and foremost with the beneficiaries of activities, then many references and links emerge between the two. In particular, social capital can be traced in two of the three main categories used in the literature to represent intellectual capital (32, 33, 72, 88): human capital and relational capital.

The topic of social capital is particularly important in health and social organizations in view of their special role (3, 16, 35, 42, 43, 47, 55, 61) and the very nature of the goods produced, defined as "relational goods" (12).

Theories on economic development have defined social capital in different ways (trust, civic sense, level of formal and informal associative behaviour), assigning different contributions to social capital in improving the economy, politics and the state (cause, effect or both). Robert Putnam, one of the foremost scholars of social capital and its dynamics, addressed political institutions among the Italian Regions. In the conclusions to his study (69), he claimed that the differences in administrative efficiency encountered between Regions in the Centre-North and those in the South were correlated to different levels of social capital, a decisive factor also for economic development: "strong society = strong economy and strong society = strong state". Putnam's thesis also seems to have inspired a recent article (86) seeking to explain the ongoing differences in health effects and financial balance of the health and social services between Italy's Centre-North and the South.

Putnam's study served to spur the interest of scholars and politicians in the role and impact of social capital even though the ensuing scientific and political debate has generated controversial outcomes (91).

Some scientists claim that Putnam's thesis is not sufficiently robust, deeming the very concept of social capital a still under-theorized topic (81). Criticism focuses on the fact that the association among variables emerging from Putnam's study (69) does not shed light on the bonds, and hence the role and impact of social capital, whereas it would in the case of causality (13, 45, 56, 91).

Generally speaking, Putnam's work has been well-received in the political arena as it highlights the interdependence of economy, society and the state and hence need an integrated approach in policy-making (2, 82). However, restricting our analysis to public policies safeguarding public health, social capital serves to support different views. Polarization is apparent in two directions. At one end of the spectrum, there are policies fostering social capital to safeguard health by recourse to participation by citizens and the community in the decision-making process and the importance of so-called health literacy (20, 21). At the other, there are policies designed to reduce public liability in safeguarding health, avoiding complaint by recourse to the responsibility of the individual and civil society (60).

Instead, the core topics of the debate on social capital's effects are linked on the one hand to the beneficiaries (individual, community, organization, region, nation) and on the other to the type of impact (positive or negative). Social capital is often deemed "good" or "bad" in line with Putnam's (70) distinction between *bonding* and *bridging*. *Bonding* is the type of social capital generally construed as negative and refers to groups with strong identities which are cohesive, exclusive and excluding (28): it focuses on local benefits and survival (15). *Bridging* is the type of social capital generally construed as positive and refers to distant ties among individuals of different ages or social class (28): it serves for development (15). However, positive or negative judgements on social capital cannot be formulated a priori on the basis of a definition, but must address the specific context in which the analysis is undertaken.

Putnam and other authors have been criticized for having simplified the explanation of differences in the functioning and outcomes of institutions and in the development of the Italian Regions towards a sort of cultural determinism leaving no room for change (14, 91). Critics accuse Putnam of assuming the existence of a primitive endowment of social capital to be put to good use and failing to address the problem of how to implement building and development processes and how to preserve this community resource (13).

An in-depth study on the dynamics and hence the modality of social capital growth in a community was undertaken by Robert H. Desmarteau (29) who proposed three stages: *conditioning*, *development* and *capitalization*. Each of these stages can be construed as steps in a *process of social engineering* and each comprises distinct but recursive components in the sense

that the products (*the effects*) are also the producers (i.e. *the causes*) of effects. This circularity represents the functional reciprocity found in Lévy-Leblond's teachings of the complexity theory[1] that Putnam (ibid.) and Fukuyama (37) associate with the virtuous circle of social capital dynamics.

The conditioning stage

Desmarteau uses the term "conditioning" to mean the factors acting as precursors for the development of social capital. In other words, these factors prepare the terrain, supplying the growth process with essential *raw materials* such as, for example, transparency, pragmatism, horizontal bonds and long-term vision.

As the first precursor of social capital, **transparency** has three instrumental features. The first recalls Voslensky's (96) association of transparency and "freedom of speech". In other words, a transparent setting is a setting allowing both disagreement and agreement to be voiced. The second feature is transparency is as an information trampoline catalyzing action, a trampoline as described by Coleman (19) starting from the information potential inherent in all social relations. The third feature of transparency generates the last of the desirable things, the capacity of individuals to understand what they experience stemming from what Sztompka[2] describes as transparency allowing a clear understanding of one's actions and also control over one's own destiny. In other words, it is an environment in which individuals understand their destiny having deliberately influenced the same. Mohan and Mohan[3] add that transparency is seeing clearly and a society transpiring transparency builds the unity or social stability from which it will benefit during "capitalization".

Pragmatism represents the propensity to put action first, propensity being construed as a component of the conditioning of social capital for two reasons.

The first stems from the meaning attributed to altruism in the definition of generalized reciprocity proposed by Taylor (92), previously associated with the expression "I help you now" in a setting of social capital. This form of altruism requires a minimum dose of pragmatism, thereby generating the claim that to be reciprocal means being a little pragmatic. Here lies the second reason, rooted in the cultural differences towards pragmatism. In an imaginary way, Gannon (38) explores these differences by devising national metaphors, including "opera" for Italy. The *libretto* represents the Italians of the North − recognised for their propensity to engage in communal activity and develop social capital (70) − as individuals with a direct and sophisticated business behaviour, whereas Southern Italians show a propensity for contextualisation, subtlety and putting things off to the next day. It is no coincidence that Gannon uses Verdi to depict the North and Melodrama for the South. The semantic potential of pragmatism is thereby built culturally as a component of conditioning to foster the practice of generalized reciprocity and ultimately develop social capital.

Long-term vision follows the two sources of legitimacy presented for pragmatism. In the final analysis, long-term vision is the consequence of pragmatism. Hence the long-term meaning of generalized reciprocity linked to Taylor's[4] (et al.) "long-term self-interest" previously enshrined in the "if I need your help tomorrow" bestows semantic legitimacy. Probably, only faith in the future allows an expected payback from today's gesture, leading to the claim that reciprocity entails at least some confidence in the future. Cultural legitimacy is widely documented in many studies, including the classic discoveries of Kluckhohn[5] and Strodbeck[6] presented in "Variations in value orientations" highlighting significant changes in the temporal orientations of different societies. These orientations include a re-emergence of the emphasis on the present for Latin Americans, the ineffable past for the Chinese

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and the United States' inclination towards the future when everything will be better. Briefly, time is explicitly acknowledged as a cultural vector. This conclusion was also reached by Hofstede's (48) study on "Culture's consequences" analysing organizations in 72 countries. His research is built on the development and measurement of four indices: power distance, individualism, masculinity and uncertainty avoidance. Of these, the fourth specifically attracts our attention scrutinizing the propensity to avoid uncertainty. The results show that different societies present different ways of relating to uncertainty. The lower the uncertainty avoidance index is, the closer countries relate to uncertainty. The index in the United States, a land characterized by numerous mutual trust associations as described by Alexis de Tocqueville (30) and Robert Putnam (69) is low (46) whereas in France it is high (86). For Italy the uncertainty avoidance index is 75. Given the framework of the study there is no distinction between North and South. However, starting from the work of Putnam (ibid.) and Gannon (ibid.), a lower index for Northern Italy becomes highly likely. A positive long-term vision predisposes to the practice of reciprocity in addition to relating to uncertainty and ultimately to the development of social capital. As for pragmatism, cultural legitimacy confirms a semantic potential, but this time with the long-term outlook individuals express through their confidence in the future. Hence the long-term vision can be claimed to be an outlook of confidence.

The development stage

The main reference is to the **capacity to build cooperation and social awareness** (41) that support the evolution of individuals' capacity for socialisation, nowadays construed as the *empowerment* of the community. Commitment, capacity and control are influenced by eleven different factors.

1. Understanding community development. This refers to the knowledge system, understanding the nature of the community development process and the effects of programme strategies and tactics. It also includes how the participants understand their own interests, roles and responsibilities and those of other participants of the community.

2. Credibility and commitment. The success factors of credibility can be summarized as "cultivating and maintaining strong relations among community members", i.e. how to take a stand on a "hot" topic; recruiting local people; the capacity to encounter and focalise local culture. The key to credibility is through commitment and in the long term focusing actions on targets, promoting-supporting-building the development process in the experience of dealing with the common good.

3. Confidence in goals, objectives and in others. Trust is strongly correlated to credibility. In turn, credibility has a strong reputational component and is directly linked to the perception of hard results. Confidence has strong personal psychological elements and is highly relevant for the target population. The confidence of citizens is substantially increased by the attention they receive and by early successes. Many activities that enhance credibility also help to boost confidence, but the risk of focusing all efforts and attention on only one milestone or objective must be managed. In addition to reinforcing the importance and value of achievements, citizens need to be reminded of the importance of their objectives and commitment, expressing confidence that they will reach the next milestone and reassure them they will get the help they need.

4. Competence comprises the technical, financial and organizational aspects of working. The ability to pinpoint local sources of technical support and its capacity to gain degrees of skills and experience in the organizational field are central issues in creating a community's capacity for development. Whether it is a question of political or productive activity, cooperation or volunteering, a well-designed and implemented programme must ensure that *distinctive competence* is developed for the core and for roles that will have a major impact on outcomes.

5. Comfort as shared experiences. Viewed in terms of social capital, experience are vehicles through which participants identify and confirm their mutual interests and build relationships based on trust. Comfort (and trust) are the foundations on which citizens can solve problems and disagreements together and facilitate many types of transactions, especially when they must address issues like race, class and power.

6. Constructive criticism. Criticism allows people to reflect on their experience. In a complex dynamic effort with multiple stakeholders, criticism can make a major contribution to long-term success. Criticism is particularly valuable in bolstering the community's development capacity and ought to be encouraged to produce openness and trust.

7. Communication among actors is the prerequisite for understanding and trust. Communication seems to inspire commitment and the flow of information intensifies the community's development capacity: special efforts are needs to stimulate constructive communication on important difficult issues and strong relations must be cultivated, training people to be coaches without becoming intermediaries.

8. Consistency of vision and aims. To achieve objectives and cooperate, people must share the same *vision* and the same priorities. This condition comes about when the previous requirements are present.

9. Congruence has a strong influence on credibility. Congruence is the way in which the activities, tactics, actions and words key actors develop throughout the programme strategy and objectives: doing what is needed, doing what is said, saying what is done and what will be done. In organizational or institutional relations, it is necessary to be sensitive to how actions, management style, personality are perceived and how participants' perceptions can influence their viewpoint or their reactions.

10. Counterbalancing is the central challenge of building local capacity and inspiring local responsibility:

1. The tension between the need to set and maintain general guidelines for participation and build confidence and the importance of being flexible and adaptable to local settings to foster comfort and nurture local capacity.
2. The tension between process and product. The goal is to produce visible rapidly achieved intermediate value, outcomes or outputs to solicit commitment and gain credibility, moving slowly enough to build competence and confidence among different participants.
3. The tension between providing strong leadership and guidance by assistance staff and the community support volunteers need to assume

greater control and enhance their learning capacity, making many choices and sometimes delaying a programme or making mistakes.

11. Mutual adjustment. Adapting relationships or actions to the local setting is important: political climate, culture, history of community development, degree of social and political openness and ideas produce awareness and sensitivity to results. Ideally mutual adjustment should modulate the local perception and reaction of citizens.

Gittel and Vidal suggest some general lessons:

1. Facilitating the participation of citizens intensifies the development of capacities and commitment as an approach to creating institutional infrastructure;
2. The advantages are not always perceived: they must be highlighted and made understandable because they are aggregating elements;
3. Representativeness is attractive as a value but an organization has greater difficulties functioning if participants do not communicate and/or have divergent views;
4. It is important to organize meetings or joint activities in which people experience trust.

Capitalization

Reflecting on the relations between social capital and health, Thompson (93, 94) claims that when patients play an integral part in the treatment strategy they exert an effect on treatment producers in the same way as clinical and organizational audits are currently starting to affect the actions of professionals. For this to happen, patients must be accorded peer status as stakeholders. Thompson maintains that a more liberal relationship model would place patients in the role of health producers, considering that on several occasions they satisfy their needs by cooperating and co-acting with health operators in what has been defined as a model of "co-production or collaborative autonomy". This vision has deep implications on how health system resources will be conceptualised in the future.

The stages of capitalization are specified below confining examples to the specific health setting.

1. Maintaining favourable environments. To create a healthy society, health systems must take

measures to enact a broader change in the development of institutions and healthy institutional relations and make sure that organizations (or social systems) participate. Interventions to achieve this goal require health personnel to be competent in organizational development strategies and community intervention to support commitment and improve 'health governance'. Health governance must be promoted as a key social responsibility in the management of all social systems, and refers to the cooperative integration of health promotion goals or daily processes of social and organizational systems which have an impact on individuals and communities. Development consists in doing differently what has already been done. Like progress, health is seen as an investment and not a cost for society, an "added value", social products stemming from the implementation of the right of citizenship and not as additional goods that can be obtained by purchasing something, but gained through the participation of people interested in the process of implementation and change. Participation is fundamental and a prerequisite for fairness and the democratization of the parties involved. Social systems must allow people from all areas and all levels of an organization to be involved, to express their concerns, to assess the value and their own capacity to participate actively in each stage of the evolutive process of transformation.

2. Creation/maintenance of a healthy work-life environment. Healthy work-life environments promote participation, fairness, concern for the earth's resources and for people and topics of social commitment.

3. Integrating health promotion into community culture. The values and daily activities of health promotion aim to integrate understanding and commitment among the activities, and the ways of producing or influencing health must enter every system in planning, human resources management and in other organizational functions. One way is to create partnerships among different people and social systems in health promotion and institutions must work in a network through actions designed to support, promote and request an intervention of interdisciplinary, interdepartmental and interagency cooperation exploiting the imagination, innovation and mutual support that

can come from working beyond professional and organizational confines.

4. Advocacy of collective interests in a broader community. Acknowledging that organizations and society as a whole are characterized by conflicting interests, the use and development of advocacy and mediation capacity are necessary to increase participation, cooperation and social consensus. This contributes to the development of informal social networks and support systems essential to build social capital and can be implemented through initiatives designed to enhance knowledge, abilities and individual social skills able to support and positively orientate social behaviour.

5. Attention to quality, social audit and the assessment of health responsibilities. The routine development of policies on quality, implementation or consolidation of social audits and the procedures for assessing the social responsibilities of health organizations allow the target populations to be properly informed and notified of the role played and the results and to select the relevant results to meet the needs of the different stakeholders. The first outcome of this structured intervention if the creation of trust between citizens and institutions. Secondly, it allows communities to increase the "sense" of interaction in institutional relations and in the principal-agent treatment relationship.

The World Health Organization's Ottawa Charter identifies three basic strategies for health promotion:

1) Create the conditions essential for health, allowing all people top achieve their fullest health potential and mediate between the differing interests of society in the pursuit of health.
2) Build a healthy public policy.
3) Strengthen community actions.

In its Jakarta declaration on promoting health in the 21st century, the World Health Organization confirmed that these action strategies are important for everyone: organizations, institutions and communities, recalling the relations of mutual influence already highlighted by Putnam among the strength of the state (institutions), the strength of organizations and the strength of communities in building social capital. In the current work it should be emphasized that in the case of reduction, the same relations influence the loss of social capital.
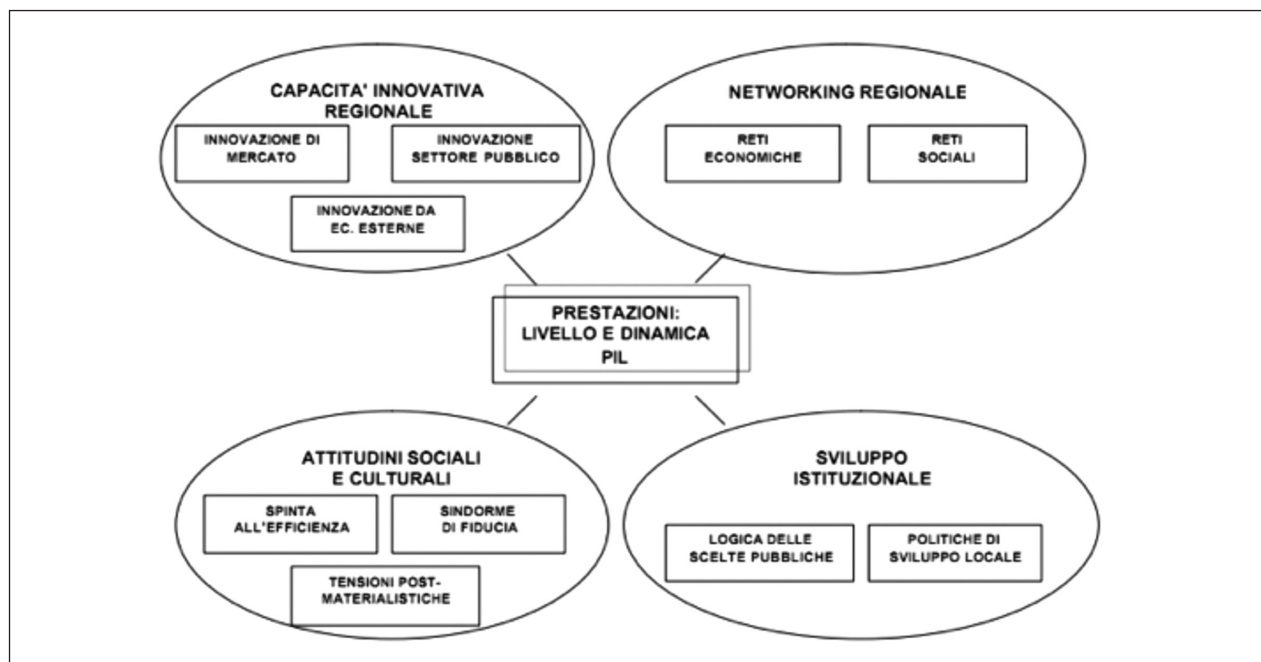
Figure 1. Rizzi P. Local Development and Social Capital: the case of the Italian regions. Laboratory of Economics, Catholic University, Piacenza, 2003, p. 28

Implementation of social capital measures

Starting from Smith and Weber, increasingly frequent references have been made to social attitudes to account for social evolution. Authors like Fukuyama explain the differences in political and economic growth in terms of trust in social relations and the market, construed as the willingness of people to cooperate rooted in a shared culture. Mutti (64) set out to measure cultural aspects supporting social virtues like trust that he identifies as a tool to reduce transaction costs between social and economic actors.

Barro's model[7] was used to test the contribution of different social capital indicators in econometric terms, as already assessed in Italy by Cosci et al[8] and Paci et al.[9]:

$$\log(GDP99/GDP) = a + b1 \log(GDP) + b2 \log(INVEST) + b3 \log(INN) + b4 \log(NET) + b5 \log(TS)$$

The single variables of the estimation:
- GDP99/GDP: regional per capita GDP of the year of reference.
- INVEST: fixed gross investments of GDP, average regional value of the period.
- INN: indicator of regional innovative capacity
- NET: indicator of regional networking.
- TS: indicator of trust syndrome (values of social commitment and solidarity).

The equation was graphically depicted by Rizzi (71) as seen in Figure 1.

The results were tested several times and Rizzi demonstrates that:
– Social capital values are positively correlated to productive innovation and an increase in per capital GDP.
– Social capital values are positively correlated to social networking.
– Social capital values are directly correlated to the social and cultural attitudes of the society/reference group.

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– Social capital values are positively correlated to the density of institutional networks.

Rizzi's research shows yet again that the North of Italy is richer in social capital than the South.

There have been widespread warnings not to waste the social capital present in the Regions of Northern Italy, but the growing individualism threatens to undermine the capital built over the centuries and the speed up its depletion. As health operators, it is our task to revive and create the system of trust and reciprocity with citizens in order to reduce this risk.

Conclusions

Building social capital is a complex task that brings together several interwoven variables. Social capital has a positive impact on social relations, the economy and social stability and to understand how to model the development of social capital, it is useful to retain three stages: conditioning, development and capitalization. Conditioning requires transparency, pragmatism and long-term vision. Development and capitalization require the predominant variables to be chosen. The development of social capital is part of a good strategy for health promotion and prevention.

Key Messages:

➢ Social capital is particularly important in important in health and social organizations in view of their special role and the type of goods they produce, defined as "relational goods".

➢ Three stages are required to understand and maintain the growth of social capital in a community: *conditioning*, *development* and *capitalization*. These stages can be construed as different steps in a social engineering process and each comprises distinct but recursive components in the sense that the products (*the effects*) are also the producers (i.e. *the causes*). This circularity represents the functional reciprocity associated with virtuous circles in social capital dynamics.

➢ Since Smith and Weber, reference has increasingly been made to social attitudes to explain social evolution. Some authors explain the differences in political and economic growth in terms of the level of

trust present in social and market relations, construed as the willingness to cooperate entrenched in a given culture, while others measure the cultural aspects underpinning social virtues like trust seen as a means to cut the costs of transaction between social and economic players.

Acknowledgements

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