Promoting Salutogenic Capacity in Health Professionals

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Introduction

Developing a competent health promotion workforce is a key component of capacity building for the future. It is critical to delivering on the vision, values, and commitments of global health promotion (Barry et al., 2009).

Barry and colleagues wrote this in 2009 and presented simultaneously the results from the Galway Consensus Conference on the development of core competencies for health promotion and health education. The core domains of competency agreed to at the meeting were catalysing change, leadership, assessment, planning, implementation, evaluation, advocacy, and partnerships (Barry et al., 2009). At the seventh WHO Global Health Promotion Conference held in Nairobi the same year, Sir Michael Marmot described a dilemma concerning this very issue. He stated that The Ottawa Charter (WHO, 1986) being the mission statement for Health Promotion very clearly describes what to do and how to do it, but that too little is happening. Sir Michael claimed that this was not due to having too few resources or not seeing possible solutions, but due to lacking skills in translating what we know into good use where it is needed (Lindström & Eriksson, 2010). The Nairobi meeting came up with two main strategies for developing the field of health promotion in the following years: (1) translating research findings into practice and (2) building competence in health promotion. Since Nairobi and Galway in 2009, there has been an ongoing effort to clarify what skills a health promoter needs to work systematically and purposefully.

We have been teaching mental health, health promotion, and salutogenesis to students on bachelor, postgraduate, and master levels, and a variety of already trained health professionals for approximately 20 years now. Our teachings are directed primarily at people who are, and have been working actively in their professions for a good while and who want to expand their expertise in health promotion for using it in their professions. Therefore, during their education, they need and want to learn more about how to translate theoretical knowledge into practical skills, and how to engage in health-promoting measures, including both attitudes and activities. As we see it, promoting health is to identify and use the experienced scope of action one perceives to have in a given situation, and to do this in an ethically acceptable way, with emphasis on emphatic concern and social responsibility.

From a salutogenic perspective, health is strengthened or weakened depending on how resources are put into good use, and how everyday activities are organised and carried out. The consequences of health promotion initiatives are not just dependent on the activities in themselves, but also on how one implements them. Alongside gradually expanding their theoretical understanding, the students need to reflect upon and make use of their practical experiences in a variety of exercises. The goal is that the students develop practical skills and relational competence when it comes to supporting and promoting health-promoting processes one-on-one, and at a group- and community level. We find that relational competence is the key to succeeding in this endeavour.

There is a need for more high-quality research and broader distribution of the resulting knowledge, to support health

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professionals in developing their salutogenic understanding and health promotion skills. Such research will potentially advise policy-makers and health service administrators to reallocate resources and make it possible for health workers to expand their competence and fill roles as health promotion practitioners as well (Catford, 2014; McHugh et al., 2010). There is a need for health professionals to take on a more salutogenic (Lindström & Eriksson, 2010) and person-centred approach (McCormack & McCance, 2010; Rogers, 1957), to understand individual needs in light of the contexts they are part of and assist in keeping people well and living healthier lives.

In our experience, really grasping the differences and consequences of working within a salutogenic paradigm is difficult. Antonovsky himself was doubtful of the task: "I have no illusions. A salutogenic orientation is not likely to take over. Pathogenesis is too deeply entrenched in our thinking …" (Antonovsky, 1996, p. 171). We find that exploring and reflecting together with our students about tensions in and between the two different paradigms (salutogenesis vs. pathogenesis) is an important educational task that we return to often. It is also a task to consider how the two perspectives complement each other in public health and healthcare services (see Table 55.1).

However, our aim is that students always return to the understanding of:

- Health as a continuum.
- The normalcy of stressors and tension in everybody's lives.
- The need to understand the person in his/her context.
- The activation and use of resources to counter tension.
- The goal of adaptive coping and enhancement of health and well-being.
- How to do research in a health-promoting salutogenic perspective.

These areas are useful for gradually understanding the important differences between the two perspectives.

Table 55.1 A summary of the main aspects of the salutogenic and the pathogenic orientations as presented by Antonovsky in *Unraveling the Mystery of Health* (Antonovsky, 1987)

Salutogenic orientation	Pathogenic orientation
Heterostasis	*Homeostasis*
Health ease–dis/ease continuum	Healthy/sick dichotomy
The history of the person	The patient's disease/ diagnosis
Salutary factors	Risk factors
Stressors and tension might be pathogenic, neutral, or salutary	Stress is pathogenic
Active adaptation	The magic bullet
The "deviant" case	Hypothesis confirmation

Alongside this, we also stress that taking a salutogenic stance implies exploring what it could mean to apply a settings approach in each situation. The settings approach shifts the focus of interventions from the individual to create conditions supportive of health and health behaviour (Green et al., 2015). However, it does not minimise the need to understand the person in his/her context; the health-promoting activities chosen will always have to stem from such a person-centred approach.

When work is inspired by a thorough understanding of salutogenesis, health professionals will encourage attitudes and actions that reflect knowledge about health, possibilities, and resources. This means, however, that the knowledge has to be integrated into the health professional in a way that reflects that he/she really understands what it means to focus on the promotion of health. We find that working salutogenically means that a health professional is in a continuous learning process in which he/she engages in creative interplay with individuals and groups to identify health determinants and mobilise resources that promote the sense of coherence (SOC), health, and well-being. All the core domains of competency suggested by Barry et al. (2009) are highly relevant. Still, there is a need to add a specific focus on the relational, conversational, and dialogue competency to practice one's professional competency in a fully engaged way.

Teaching Salutogenesis in Different Settings

We will now give three different examples of educational programmes and one educational in-job training project. All four examples are based on the theory and understanding presented above and more fully in the discussions below. In a variety of ways, we teach from this knowledge base. Every hour, every lesson, and every day of a programme only has a tentative plan. The level of success is highly dependent on our ability to read what is at stake and in play in the group of participants and to adjust to it. In other words, we continuously develop our skills in self-tuning (Vinje & Mittelmark, 2006), building our own, and stimulating participants' salutogenic capacity (Vinje & Ausland, 2013) in a continuous gain spiral. Following the examples, we will give a more in-depth discussion of the principles and theoretical ideas presented.

Example 1 Teaching Salutogenesis to Health Promotion Generalists

This is a master's degree programme for students from various health professions. It was initially developed to offer master's students in health promotion a specialization in salutogenesis. The programme has eventually found its way

to students in other master's programme and to health professionals currently working in their specific fields, and we include students from these different areas in a mixed group. The students meet for three days each month for a total duration of three months. The students have two individual reflection exercises during the programme, for example:

Individual Essay: Stress and Coping Narrative in Light of Salutogenesis

Describe one or two situations you usually experience as stressful. Be specific and describe the situation(s) as detailed as you can. Describe thoughts, feelings, and how you feel in your body and what you usually say and do in relation to the people involved. Describe then how you usually handle such situations. Focus again on bodily expression, thoughts, feelings, and relational factors. Reflect about your experiences in light of salutogenesis as described by A. Antonovsky.

These individual reflections are written in an essayistic style suggested by Bech-Karlsen (2003) that we find helpful in developing sensibility, and thus helping in assessing the achievement of learning objectives. The essayistic writing style is about introspection and being able to describe specific situations from own lives and/or practice. It is a goal to learn to discriminate between describing what is, interpreting it, and reflecting on it (ibid). The purpose is to practice receiving signals from own senses, emotions, thoughts, and body reactions and to write these signals down, describing them as detailed as possible, and subsequently reflecting on what one has found and what it means when it comes to coping with one's current situation.

The students work in the same groups of 3–5 members throughout the programme. The groups work together on a topic relevant to salutogenesis, and they also explore how to develop salutogenic group processes, for example:

Group Assignment, the Task Is Twofold

1. Based on a real or constructed health promotion programme, the group considers how to promote the well-being/quality of life in a selected setting (home, school, workplace, or community). The group describes the situation and discusses it in light of the salutogenic model of health as presented by A. Antonovsky.
2. The group aims at developing a salutogenic group process, and describes and reflects on the process in the group during their work on the task presented in (1).

At the last session, the group gives a 30-min presentation of their work *and* the group process. This is discussed with the other students and teachers. After this feedback, the group finalizes their assignment and:

- The thematic part of the assignment is submitted and evaluated separately.
- The groups' joint reflection on the group process is submitted and evaluated separately.
- Individual reflections on the group process are submitted and evaluated separately.

An individual home examination is undertaken over three days, building on this same idea. Based on a real or constructed case to initiate and support a health promotion process, working one-on-one, in groups, in a workplace, or in the local community, the student describes and reflects in light of salutogenic theory and discusses their role and influence in the approach selected.

It is a goal that this programme is health-promoting for the students attending it. We therefore strive to live as we preach. We believe students' evaluations show that we have a strategy that supports this goal. Because of students' evaluations, we cannot emphasise strongly enough this notion of being salutogenic in the learning environment; it is said by students to be crucial to their understanding of salutogenesis. Students' evaluation also urges us to place great emphasis on the creation of groups to support the group process from day 1 in the programme, and to have the groups meet every day that we are gathered. Below is an outline of the learning outcomes the programme aims to achieve:

Knowledge

- The student has advanced knowledge of the salutogenic model of health as presented by Aaron Antonovsky.
- The student has an overview of other salutogenic theories and relevant salutogenic research.
- The student has advanced knowledge of the phenomena of health, disease, meaning, well-being, and quality of life in today's society.

The student has a thorough knowledge of health-promoting processes in individuals, relationships, and groups.

Skills

- The student can assess possibilities and challenges by adopting a salutogenic approach in practical health promotion and research.
- The student has skills in using his/her practical experiences as a basis for systematic reflection on health-promoting processes.
- The student has basic skills in supporting and promoting health processes in working with others.

The student can critically evaluate choices of methods and his/her role in health promotion work.

General Competence

- The student knows the salutogenic perspective's relevance and value in relation to the discipline of health promotion.
- The student can critically evaluate values and ethical issues in applying a salutogenic approach in practical health promotion and research.
- The student can critically evaluate moral dilemmas in efforts to promote and support health-promoting processes in others.

The learning activities are a mixture of lectures, practical exercises, reflections, and discussions, teamwork, and individual work between sessions. Except for the first day, each day begins and/or ends with 30 min of reflection about the topics of the day. When this is to be done, the room is rearranged: the tables are removed, and chairs are set in a circle. We focus on descriptive reflection (action/what have I done), analytical reflection (what did I learn), and constructive reflection (planning/how can I improve) (see Table 55.2).

Sometimes we take rounds in the circle of seated students, wherein all are invited to speak (however, it is always possible to pass). Other times we have an "open window," where the one who has something on her/his mind takes the word. The focus is on the day's theme; its contents, understandings, benefits, challenges, processes, interactions, and that may have come into play in the group during the day. The main objectives of these "reflection circles" are threefold:

1. Increasing the learning effect of the current topic.
2. Practicing reflection and practicing putting into words how it is to be part of the group, what one needs to understand more fully, what one needs to feel good in the group, and to progress in one's professional development.
3. Continuously assessing and evaluating the programme to allow for changes to reach the described learning outcomes.

Table 55.2 Example of a reflection note from a student: facilitating brainstorming in a group

Descriptive reflection: action/what did I do?	Analytical reflection: what did I learn?	Constructive reflection: planning/how can I improve?
1. When I finished introducing the theme for the discussion, people began to speak all at once. Some started writing down their ideas, and others started discussing the theme loudly	I felt uncomfortable in the role of facilitator because the process was chaotic, and no one seemed to listen to me or listen to each other. The group did not finish in time	Next time, before I start, I will give instructions to the group on how to do brainstorming, and I will clarify the facilitator's role and the time limit given
2. Before introducing the theme for brainstorming, I handed out instructions for how to do brainstorming (individual time to be aware and self-reflect, taking turns, active listening, noticing each other)	All the members worked individually first, then all members of the group talked, not only the talkative ones. Everyone listened, and everyone talked	Instead of the facilitator giving instructions, the group itself can agree on their instructions for how to do the brainstorming

Example 2: Teaching Group Leaders of Salutogenic Talk-Therapy Groups

Professional salutogenic health care places a special responsibility on health professionals (Oliveira, 2015). Oliveira points out why, explaining that working salutogenically might involve supporting people in uprooting and changing detrimental health situations, counselling in establishing new relationships and activities, and facilitating and joining in dialogues about finding meaning in everyday life (ibid). These practices call for competence in assisting others in developing and activating resources such as social support and identity, arranging for appropriate challenges, thus promoting good coping experiences and subsequently, a stronger sense of coherence (Langeland et al., 2007). In our work with salutogenic talk-therapy groups (Langeland et al., 2007; Langeland et al., 2016), we find Oliveira's claims to be highly relevant. Thus, these claims are important aspects for us to include in training programmes for mental health professionals who wish to lead such groups.

A salutogenic talk-therapy group is an intervention programme developed for people with different mental health challenges and consists of 16 talk-therapy meetings, which last for two hours and 15 min each, as well as homework (reflection note) for 16 weeks (for a detailed description, see Langeland & Vinje, 2013). Leading these groups in a salutogenic way implies special competence. Key is that the health professionals integrate the theoretical knowledge into their therapeutic use of self "the salutogenic way." Accordingly, the focus for the group leader is to help the participant contribute to a positive feedback loop, meant to enable one's use of resistance resources and develop one's SOC. Our experience is that these types of groups need a professional leader, a mental health professional who knows how to build both on their own, and their clients' salutogenic capacity. Further, a salutogenic talk-therapy leader must be highly empathetic and sensitive to the process of relating to people as whole persons. In talk-therapy groups, a central idea is that conver-

sations between participants and between participants and the group leaders should be characterised by being a *dialogue* (Egan, 2002). The aim is to develop a group atmosphere characterised by mutual, egalitarian relationships, in which the tenor of conversations between the group leaders and participants is similar to those between the participants themselves (Antonovsky, 1990; Gilligan & Price, 1993; Rogers, 1957, 1980).

Traditionally, mental health professionals learn to maintain their distance and stay in control. This is important, though research demonstrates that intimacy, spontaneity, and personal engagement may have therapeutic effects (Borg, 2007; Langeland & Wahl, 2009). Antonovsky (1987, p. 9) maintains: "When one searches for effective adaptation of the organism, one can move beyond post-Cartesian dualism and look to imagination, love, play, meaning, will, and the social structure that foster them." In teaching future group leaders, we also find inspiration in Yalom (1975) who identifies 11 interdependent therapeutic group aims: to give hope, to encourage universalisation, to share information, to engender altruism, to try new approaches, to develop social competence, to promote vicarious learning, to promote learning between people, to encourage group solidarity, to achieve catharsis, and to encourage existential viewpoints. Thus, the group leader's job is to focus on creating a conversational and interactional climate that will promote a desirable development in the participants. By acknowledging his or her inability to understand the participant fully, he or she strives toward meeting the participant with an attitude combining unconditional positive regard, empathic concern, and authenticity (Langeland & Vinje, 2013; Rogers, 1957). The idea is to demonstrate person-centredness in practice, actively listening to the participants' story, respecting and acknowledging that the participant is his or her own expert (Langeland et al., 2007). The participant is the one fully knowing his or her unique situation, including experiences of pain, suffering, and concerns (Oliveira, 2015; Rogers, 1957). From a salutogenic perspective, the group leader has a role as a dialogue partner, achieving a balance between listening empathetically to participants' difficulties while taking into account their strengths and resources (Duncan et al., 2010). It is a confidence in people's innate potential for growth and development that should be at the forefront of the group leader's mind. We emphasise in our teachings that the group has the potential for facilitating self-understanding and self-definition. Thus, the group leader holds a considerable responsibility to build the type of relationship that can inspire hope. According to Stanhope and Solomon (2008), this helps bolster against the negative impact of societal stigma and marginalization, an important goal for health promotion.

This specific educational programme consists of four parts: (1) the salutogenic model of health, (2) knowledge translation of the model into mental healthcare settings, (3) practical strategies, and (4) development of clinical salutogenic competence. Our students have evaluated the programme as meaningful and very useful in understanding how a salutogenic health focus may be practiced. Facilitating health-promoting process and supporting others (one-on-one, and in groups) during such processes is central in our teachings. We do this by use of the different theoretical and salutogenic perspectives we have presented above and will discuss further below. We rely heavily on what we describe as dialogue-based lectures. The method is inductive, inviting the students to explore their experience with particular phenomena or topics. The teacher lets what the students find be the starting point of joint reflections and a focus for his/her subsequent lecture. The focus is on interaction processes and on becoming a salutogenic group leader. The aim is that the students develop professional and ethical understanding and that they can choose ethically sound methods in specific situations. Central to our teachings is thus experience-oriented learning, and we arrange for "realistic sessions" in which the students can practice together both as a group leader and as a participant of a talk-therapy group. The teaching methods are lectures, dialogues, individual studies, and practical exercises in groups.

Our research shows that the group leader's salutogenic approach helps increase participants' awareness of and confidence in their potential, their internal and external resources, and their ability to use these to increase their SOC, coping, level of mental health and well-being. The intervention has been evaluated in a randomised controlled trial study, showing positive effects on the sense of coherence, and it has been positively evaluated in its utility for everyday living (Langeland et al., 2006). Other studies confirm that salutogenic talk-therapy groups strengthen the sense of coherence, mental health and well-being; this salutogenic approach increases participants' awareness of and confidence in their potential, their internal and external resources, and their ability to use them, and thus increase their coping and sense of coherence (Langeland et al., 2016; Langeland & Vinje, 2013).

Example 3: Students Practicing Participatory Methods in the Salutogenic Way

Empowering and enabling individuals and groups are fundamental principles in health promotion, and health promotion practitioners need to master different kinds of participatory and partnership methods (Green et al., 2015). However, how do we know that what we do as health promotion practitioners actually work? Traditionally, students in health promotion are trained to use action-learning methodology to increase their ability to practice reflection in action (Reason, 1988; Schön, 1983). Applying a salutogenic orientation to

one's health promotion work should most certainly involve developing skills of reflection about own practice. Yet, the weakness of the traditional training as we see it is that it does not problematise the process that underlies practitioners' reflection in and of practice. Reflection is a cognitive process, which may lose some of its development and improvement power if one does not take into account the pre-reflexive, pre-cognitive mode of sensibility (Vinje, 2007). Participatory methods are often designed to invite people to share their experiences to improve a setting or a situation, and the methods aim at making people feeling secure and empowered in doing so. However, we argue that participatory methods have the power to cause harm if not facilitated with the skills of both sensibility and reflection (Ausland & Vinje, 2010). We find that practicing self-tuning individually and together in groups (for example in a workplace setting) helps bring about changes at a group level, and in doing so, the group's salutogenic capacity may be strengthened. In this third example, we present one example of how students can train and practice introspection, sensibility, and critical reflection in action.This example is a student-led assignment in which the students plan, arrange, and evaluate their own dialogue conference for co-students. The problem they are set to investigate by the use of participatory methods is, "How can a master's program in health promotion promote health for its students?"At the end of the conference, the aims are that the students have gained experience in planning and performing a conference using participatory methods, and that they have made plans for action to improve own situation as master's students. Central to both method and result is salutogenesis. The core of the salutogenic understanding is underpinning every action: (1) health as a continuum, (2) the normalcy of stressors and tension in everybody's lives, (3) the need to understand the person in his/her context, (4) the activation and use of resources to counter tension, and (5) the goal of adaptive coping and enhancement of health and well-being. When these ideas become guiding principles, it becomes clear that every action entails an invitation to every participant to bring forth her experience. The facilitator's ability to ask for, listen to, and really notice what is at stake is vital to the success and relevance of the reflection. The stages in the conference are (1) planning and organising, (2) searching for research questions, (3) planning and performing facilitating participatory methods, (4) continuous evaluation by reflecting on action and reflecting in action, and (5) documenting the process and disseminating the results.During the conference, the students change roles as facilitators and participants, and they all reflect individually on what they experience by writing reflection notes during the process (see Table 55.3). Traditionally, one often moves directly to reflecting in pairs or in groups. Taking the salutogenic principle of understanding the person in his/her context seriously, we suggest using the idea of sensibility, and encourage individual introspection and self-reflection about the subject,

Table 55.3 Content of an educational strategy applying salutogenesis in the training of health professionals

Application of salutogenesis in training health professionals		
Discovering, focusing, vocalising, understanding, being, changing, and theorising		
What to do?	How to do it?	How to be salutogenic?
Build on theories and values in health promotion, the salutogenic model of health and other relevant theories	All core competencies apply, but students also need to know how to engage others, work with others, facilitate democracy and participation adapted to different settings and participants, thus also needing relational skillsd	Striving towards an attitude of mindful presence, non-judgemental positive acceptance, emphatic concern, authenticity, wonder, and open mind
Students read texts, discuss among themselves and with teachers and other lecturers, and write academic assignments	Students explore, assess, reflect on own experience, and practice, develop self-awareness, relational sensitivity, ability to reflect, and skills in carrying out dialogues	Students engage in a variety of activities to heightened own sensibility understood as self-awareness and self-sensitivity and ability to notice and grasp what's at play in a giving situation, to understand its meaning and act accordingly to help mobilise resources and promote ease and well-being
Teachers give lectures, design written assignments, and engage in theoretical discussions with students and colleagues to inspire analytical and rational development	Teachers design exercises that are solved from an **I**ndividual, **G**roup, and **P**lenary (IGP) perspective, teachers arrange reflective circles, (students sitting in a circle) facilitating students' ability to descriptive, analytical, and constructive reflecting about own experience, practice, and activities of the given day	Teachers give students essayistic writing assignments designed to explore their own experiences, feelings, and perceptions. Teachers design lessons to practice active listening, wondering, non-judgemental attitude, and positive acceptance. They include activities such as short meditations, easy yoga, breathing exercises, all with an aim to increase self- and relational awareness and sensitivity. All lessons include activating individual pre-understanding and individual, group, and plenary post-reflection. Teachers do this while demonstrating (being) the salutogenic qualities the tasks are designed to enhance

before engaging in group reflection. Further, we arrange for the students to take time-outs to share their reflection notes in groups during the process (every group consists of both facilitators and participants). At the end of a session, the group develops a new reflection note together, reflecting upon the groups' learning processes, based on their individual inputs into the reflections. Eventually, all reflection notes, both group notes and individual ones, are posted on the students' Virtual Electronic Classroom, for everyone to read and learn from. All stages in the dialogue process are described and reflected on, with the aim of improving the process at both an individual and a group level. This way the students practice self-tuning and may experience ways of promoting one's own and the group's salutogenic capacity. We find that a crucial advantage is that all stages of the students' learning processes are transparent.

Example 4: Towards a More Salutogenic Approach in Child HealthCare Services

The last example illustrates an educational on-the-job training project for healthcare professionals working in the regional child healthcare services in Region West, Sweden. This project was developed in collaboration between representatives from the regional child healthcare services and the Center of Salutogenesis at University West.

The aim is to encourage health professionals in child health care to adopt a more salutogenic approach and attain confidence in focusing on resources rather than risks when encountering children and their families. To accomplish this, the programme builds on the foundation of the experiential learning theory of Kolb (2012) as well as on reflective learning according to Schön (1983). Kolb (2012) stated that learning is an ongoing process where knowledge is created by the transformation of experience. This is illustrated by Kolb's experiential learning cycle, which presents two modes for grasping experiences: concrete experience and abstract conceptualisation, together with two modes for transforming the experiences into knowledge: reflective observation and active experimentation. An ideal learning situation should offer the learner the possibility to learn by a creative tension between all of the four learning modes. The educational programme is designed to contain elements of all four modes to promote lifelong learning. The programme is constructed using the following four themes: (1) the concept of health; (2) salutogenesis and pathogenesis; (3) person-centred care; (4) sensitivity towards oneself and the other. All of the themes are presented through a short theoretical lecture together with practical exercises and reflection sessions. Both the exercises and the reflections draw on the participants' own thoughts and experiences. The programme consists of one full-day session, which is followed up two months later by a half-day session and is designed to be held for approximately 20 participants at the time.

Educational Programme, Day 1

1. The concept of health

Before the first day of the programme, the participants are asked to write down their reflections and experiences related to the concept of health and health promotion. After a short introduction, the first day starts with the participants working in pairs where they get exactly one minute to share their thoughts and experiences regarding health and health promotion. Subsequently, they are instructed to reflect together with another pair (groups of four). Everyone gets to summarise and render the thoughts of their pair mate to the new pair. The group of four then reflects together before the lecturer invites all the participants to reflect together. Issues that the reflections illuminate are, for example, the time aspect. Nurses often feel that because of increasing time pressure at their workplaces, they are unable to focus on other things than the patients' health problems. By exercises like this, it becomes clear that in only one minute, it is possible to get a relatively good insight into each other's lifeworlds. These thoughts are then addressed in the following short lecture about the concept of health and the determinants of health.

2. Salutogenesis and pathogenesis (see Table 55.1)

After a short lecture about salutogenesis and pathogenesis, the participants are divided into groups of four. Fictive journal documentation of an ordinary health visit at a child healthcare unit is handed out to the groups. The small groups are instructed to make two lists, one list with salutogenic aspects and one with pathogenic aspects, based on the information they have access to, and the lists are then presented to the whole group. This exercise aims to illustrate that by using a traditional approach, it is easier to discover pathogenic aspects. To discover salutogenic aspects, additional information about the child and its family is needed. For example, there is a need to focus on the specific lifeworld of the child and family, that is, to be more person-centred.

3. Person-centred care

After a short presentation of person-centred care (Rogers, 1957), the participants are divided into two groups (A and B). The groups A and B are separated and given different instructions. Participants of group A are assigned the role of health professionals at a child healthcare unit who are going

to meet the parent from the case they worked with before. During the meeting, they are instructed to lead the conversation to find as many salutogenic aspects as possible. Participants of group B are assigned the role as a parent of the child from the same case. They are given some facts about their life situation, focusing on resources and salutogenic aspects. The participants are then divided into pairs: one of group A and one of group B. They are instructed to improvise a conversation in their roles of a health professional and a parent. After approximately 15 min, the pairs are instructed to join another pair and together reflect on their experiences in the exercise. The lecturer then facilitates a reflection with all the participants, focusing on how it felt to be in the roles of the nurse and the parent. The participants are encouraged to relate and share experiences from similar situations they have experienced, either in their professional role or as a parent or relative.

4. Sensitivity towards oneself and the other

The fourth theme starts with a short lecture focusing on the importance of self-awareness as well as the ability to be sensitive towards the individual perspective of the participants and their relatives to create a trustful environment and an alliance (Rogers, 1957). Afterwards, the participants are once again divided into two groups (A and B) and given different instructions. Participants of group A are assigned the role of a health professional and those of group B are assigned the role of a single parent who has been looking for a job for some time. Now, the parent has been offered two jobs, is unsure about which one to accept, and is seeking the advice of the health professional. The health professional starts by listening actively to the parent, but after a while begins to take over the conversation. The health professional sticks to the topic, but becomes involved and is talking instead of listening and maybe give advice or tell the parent about a similar situation s/he has experienced.

After 10 min, the exercise is stopped, and the participants reflect in pairs about what happened in the role-play and share their experiences of the exercise. This is followed up by reflection, including all participants in the whole group. Participants of group B explain how they experienced the role of a parent. Did they feel that the conversation was helpful in their decision-making? If not, what would they have preferred from the health professional? What did they find helpful? The bodily, as well as verbal signals of the role-play, are analysed. The participants are encouraged to reflect on how they interpreted the signals and on the actions that followed from their interpretation. Drawing upon the participants' own experiences, the exercises give the participants the possibility to reflect on how they can adapt to a more salutogenic approach in their professional role. Following short discussions in the smaller groups, the participants are instructed to write down reflections on what they have learned, and to enter a "contract" with themselves, focusing on how they wish to implement new knowledge about salutogenesis in their daily work in the future. The participants are encouraged to share their reflections and the contract with the lecturers through e-mail.

Educational Programme, Day 2

Before the second education day, the participants are asked to write down a short reflection on their attempts to implement a more salutogenic approach when encountering children and their families. They are asked to focus on both pros and cons. At the start of the second day, the participants are divided into groups of five. They are invited to share their experiences. They are also invited to create a short scene, illustrating a good experience and one short scene that illustrates a more challenging aspect. After approximately one hour, all participants sit down together and play out their scenes in front of the whole group. This is followed by a reflection session facilitated by the lecturer, focusing on how, based on the participants' experiences, it is possible to integrate the salutogenic theory into the participants' everyday life, both privately and professionally.

At the end of the day, the participants once again write in their journals with a focus on what they have learned, and on how they wish to implement new knowledge about salutogenesis in their daily work. The participants are encouraged to share their reflections and the contract with the lecturers by e-mail.

Teaching by Doing and Teaching by Being

In the four examples above, we have introduced several theoretical concepts that are central to our teaching strategies. Many of these concepts are empirically derived from years of research. In the sections below, we more fully present and discuss these ideas and their relevance to the application of salutogenesis in the training of health professionals.

Health promotion skills of the individual must be understood as part of the setting the health professional is working in. Applying new knowledge is not just an individual exercise, but happens in a broader political and ideological context. All methodologies used in health promotion work can be encapsulated and have limited effect if one does not have a perspective on learning as something ongoing and expanding broader than own practice. Taking the philosophical formula suggested by Lindström and Eriksson (2010) into account, real health promotion is exercised through participant-oriented methodology, for example, in the form

of dialogue or discussion groups of various kinds. Health promotion methods have, therefore, an innate moral goal to facilitate democracy and participation adapted to different settings and participants (ibid).

The overall aim of health promotion is to strengthen the health and quality of life of those involved. However, methods used to promote involvement, participation, and quality of life can be perceived as a stressor by those involved. Like every other stressor, its effect can be health-promoting, health neutral, or health detrimental. No practical method of health promotion is good or bad in itself. It is thus important for the health professional to understand how a particular method changes from idea to practical reality when filtered through his or her identity as a health promoter.

Our educational strategy following this line of reasoning involves a lot of reflection on one's practice. It includes consciously bringing the health professionals' experiences into the classroom to scrutinize them in light of their new knowledge. It also requires us to design practical lessons, so that our students can practice together to build their self-awareness, relational sensitivity, and ability to reflect. Moreover, we aim at helping health professionals further develop their skills in carrying out dialogues. Together, we explore what it means to live a salutogenic life and how to become a salutogenic dialogue partner. We introduce the art of wondering (Schibbye, 2007) and the power of acceptance, emphatic concern and authenticity (Langeland & Vinje, 2013; Rogers, 1957). We find it is necessary to focus not only on *what to do* and *how to do it*. Our experience is that it is vital to focus also on *how to be salutogenic*. Therefore, it all comes down to teaching by doing and teaching by being, the latter being by far the more challenging.

Our education strategy, then, comprises the three perspectives: what to do, how to do it, and how to be it (See Table 55.3).

Different Logics, Knowing Them, and the Skill of Toggling Between Them

Table 55.3 presents a linear outline of the content of our educational strategy. However, knowing that Antonovsky was inspired by the systems theory while developing salutogenesis (Antonovsky, 1979), and taking the settings approach seriously, we would like to point out that such a table, while compatible with rational, analytical thinking, seriously oversimplifies the idea of salutogenic competence.

A more accurate depiction of salutogenic competence would be a dialogical relational model showing how every part of the strategy is linked together, with arrows pointing in every direction, connecting every part, showing how every part affects every other part reciprocally in feedback-loops. Acquiring salutogenic skills involves focusing on theories and values and on the "doing" part and "being" part simultaneously. In real life, there is nothing linear about it. The goal is that the health professional understands these reciprocal feedback-loops and that assessment of a practical situation and resultant acting becomes increasingly reflexive. In our experience, gaining this level of competence requires a lot of reflection and acceptance of the aforementioned stance: learning salutogenesis is a lifelong learning process. It develops skills that enable the health professional to move between different logics such as the rational analytic one versus the relational dialogical one, and the doing versus being aspects of salutogenic work.

Self-Tuning for Building Salutogenic Capacity

Research shows that self-tuning is an important competence for health promotion (Bakibinga et al., 2012; Vinje, 2007; Vinje & Ausland, 2013; Vinje & Mittelmark, 2006). The concept of self-tuning has evolved from exploring in-depth, using inductive qualitative designs, the nature of job engagement among thriving Norwegian community health nurses, and investigating how job engagement is maintained and promoted (Vinje, 2007; Vinje & Mittelmark, 2006). The concept has been further explored among Ugandan nurses (Bakibinga et al., 2012), and in the work-life of nurses and other health professionals in municipal health services in Norway (Vinje & Ausland, 2013). The experience of meaning, particularly in the sense of being useful and experiencing existential significance, seems essential for health professionals' engagement and work-related well-being (ibid). When the inner drive of the healthcare worker resonates with his or her profession and finds its expression in his or her current work, it creates an inspirational force, which sustains and enhances the experience of meaning, zest, and vitality (see Fig. 55.1 for the original self-tuning model).

In our teaching, we link this understanding with the salutogenic concept of boundaries—Antonovsky clarifies that while the sense of coherence refers to a generalized, long-lasting way of seeing the world and one's life in it, one does not need to see one's entire world as coherent, we all set boundaries (Antonovsky, 1987, pp. 22–23):

> The boundary notion suggests that one need not necessarily feel that all of life is highly comprehensible, manageable and meaningful in order to have a strong SOC. (…) I do not think it is possible to so narrow the boundaries as to put beyond the pale of significance four spheres—one's inner feelings, one's immediate interpersonal relations, one's major activities, and existential issues (death, inevitable failures, shortcomings, conflict, and isolation)—and yet maintain a strong SOC

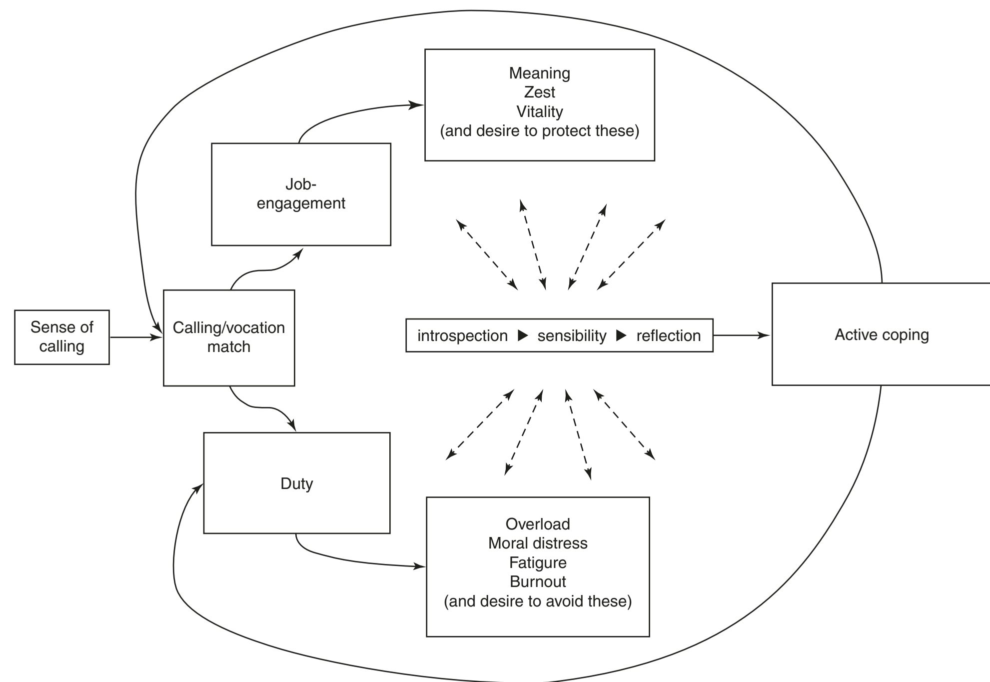

Fig. 55.1 The self-tuning model of self-care. (First published in: Deflecting the path to burnout among community health nurses: How the effective practice of self-tuning renews job engagement, H. F. Vinje & M. B. Mittelmark, International Journal of Mental Health Promotion, copyright © 2006 The Clifford Beers Foundation, reprinted by permission of Taylor & Francis Ltd, http://www.tandfonline.com on behalf of The Clifford Beers Foundation. The model has been slightly revised by the authors since this publication. All rights reserved)

In his discussions of boundaries, Antonovsky also points out that different persons have different breadths to their boundaries, and that a person with a strong sense of coherence might maintain his or her view of the world as coherent by being flexible about the areas included within the boundaries considered significant (ibid). He thereby gives the nod in the direction of existential curiosity, and to wonder and be open-minded, to tune and increase one's ability to know and find one's significant areas of life, and being flexible about them. We have added this insight into the part of the self-tuning model that illustrates the inspirational force, this time of life engagement (see Fig. 55.2).

As illustrated in the original self-tuning model, the match between inner drive/calling and vocation seems to act as a catalyst for processes leading simultaneously to high job engagement and to highly diligent dutifulness, which in turn may inhibit engagement (Vinje, 2008; Vinje & Mittelmark, 2007). In line with a salutogenic perspective, we can thus argue that every person, at all times, will be in a position for health-promoting and detrimental factors to influence his or her situation simultaneously, in line with the ontological stance of heterostasis in salutogenesis (Antonovsky, 1979).

The challenge, which is of relevance to our topic, is to explore the dynamics and to devote attention to understanding positive and negative factors alike (Vinje & Ausland, 2013). Although Antonovsky is somewhat unclear even if extensive in his ponderings about the meaning of health, he seemed to believe that salutogenesis is about focusing on the movement towards the ease pole of the health ease—dis/ease continuum—regardless of how far into the positive that continuum might stretch. We believe, however, giving attention to what actually *is* in a given moment, including detrimental sensations and factors, is important to be able to promote a positive development. In pausing and asking salutogenic questions like: "what now?", "what do I/we need," "what will bring health and ease in this situation," "who do I/we need to talk to?", "what do I/we usually do that works?", "what else is important?" "what makes my heart sing?" "how do I/we feel when it feels right?" "who and what can help?" Movement towards ease can yet again begin and be the object of our concern. We find that the mediating process in the self-tuning model, the actual "tuning" practice is helpful in this process.

In our teaching, we introduce and seek to explore self-tuning as a health-promoting capability. The self-tuning model has proven useful to outline topics in teaching about salutogenesis, and students in our programmes react well to its use. However, they are made to understand that self-tuning is each individual's and group's practice and that it does not hold detailed answers to specific situations. Self-tuning is the process of exploring, sensing, reflecting, and thus reacting to a situation with increasingly more adaptive coping. The self-tuning process can be learned; however, it requires conscious work over time. Our students express that the model is meaningful, and we find that self-tuning provides an essential basis for discussions on and reflections around health-promoting processes and the enhancement of salutogenic capabilities.

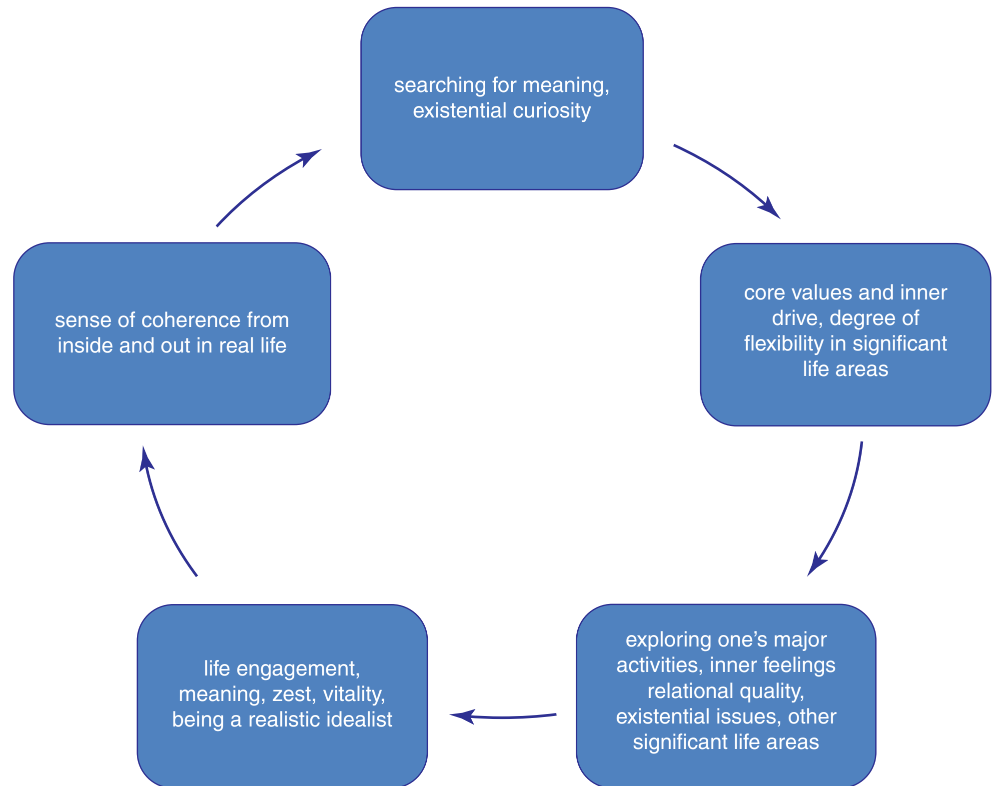

Fig. 55.2 The inspirational force of life engagement, searching for meaning through exploration of significant life areas

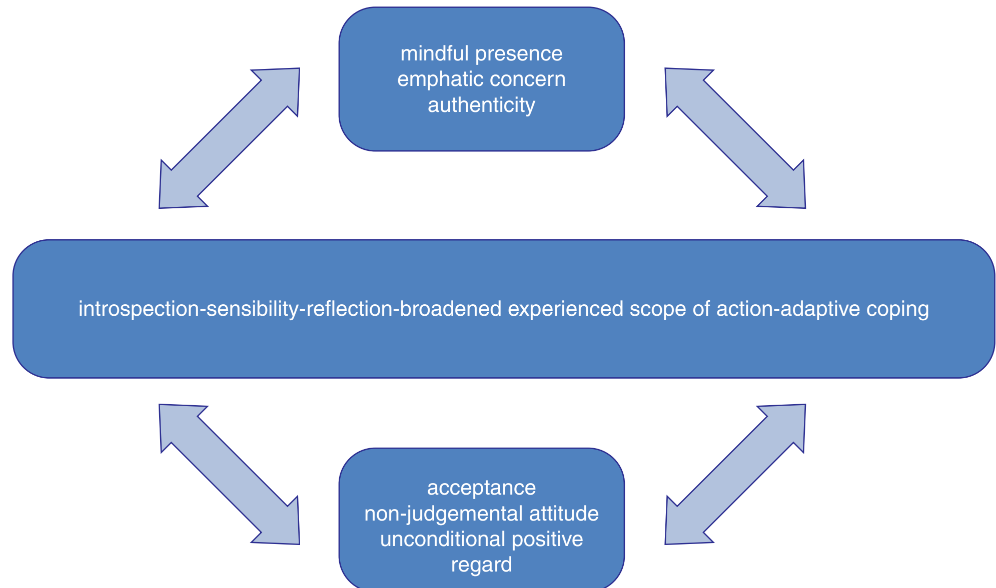

Fig. 55.3 The actual "tuning" practice in self-tuning: sensing, reflecting, and reacting with the aim of adaptive coping and movement towards ease on the salutogenic health-continuum

Therefore, we propose that self-tuning is a tool for sensing what is at play in a particular situation, for reflecting upon it, and for reacting to it in a health-promoting manner. Our teaching experiences show that in combining the actual "tuning" (Fig. 55.3) with the "exploration of significant life areas" (Fig. 55.2), the self-tuning model helps structure and facilitates health-promoting processes when working both one-on-one and in groups. We propose that it relates to enhancing a sense of coherence and health and well-being, as illustrated here:

$$\text{Self-tuning} \rightarrow \text{GRRs} \rightarrow \uparrow \text{SOC} \rightarrow \uparrow \text{Use of GRRs and SRRs} \rightarrow \uparrow \text{Health and Well-being}$$

This is, once again, not a linear process, but a systemic relational one, meaning that the arrows are double-headed, connecting every aspect of the process.

Teaching Reflection

We will now dive deeper into teaching reflection and sensibility. It is important for the health professional to learn to reflect upon not only what he/she is doing, but why, and how, and the effects on others when he or she is the one doing it. Moreover, it is vital to understand how the persons and the particular setting perceive the method used by the health professional, and how the method relates to the purpose of the initiative. As we see it and aim to teach it, the health professional needs to learn how to include reflection into each initiative. How are the effects of the health promotion activities assessed in the setting? Who assesses the effects, and how can these assessments help to improve and develop the methods used? The learning has its focus on what happens when one is learning, and that learning is ongoing and never-ending, and not so much on any particular results. Our teaching includes understanding the ontological stance that salutogenesis represents, and we move from theoretical understandings of salutogenesis as a body of knowledge, as a continuous learning process, as a way of working, and as a way of being, to reflecting on more or less successful implementation in light of our students' practical experiences. Through learning the skill of reflecting upon one's practice, the initiative undertaken has the potential of becoming health-promoting. In health promotion, through reflection, one aims at developing structures that facilitate systematic contemplation about practice and practical approaches. Reflection is, however, not always innocent and without pain, it can be both painful and energy-draining to discover one's own or one's colleagues' capabilities or lack thereof (Ausland & Vinje, 2010). The ability to reflect critically with others can be health-promoting because it helps identify resources and develop control and oversight of a situation. Being salutogenic entails in this respect demonstrates an attitude of wondering and a will to explore and look at a situation from different perspectives, and to show a will to learn together, and facilitate continual learning processes. All this taken into account, in our teaching as in our research, we keep coming back to the question: how do we know that what we reflect on is relevant for the actual situation?

Teaching Introspection and Sensibility

Although reflection is a vital part of the sensing/reacting process we call self-tuning (Vinje, 2007; Vinje & Mittelmark, 2006), reflection by itself is likely not enough to ensure life experiences being translated into better health and well-being. Engaging in health-promoting processes finds its basis not only in reflection but in talent and the habit of introspection, sensibility, reflection, and a readiness to act when needed, which converts into active, adaptive coping. The "tuning" process is characterized by a person's or group's ability to pause, to concentrate inwardly, and to reflect on one's own situation, and to adapt. Through doing this, one monitors one's personal and environmental states and the degree to which one's situation is characterized by engagement and well-being.

In this way, one attempts to protect meaning, zest, and vitality in an ongoing process. Nortvedt and Grimen (2004) present the construct of sensibility as being a capacity desirable for people in the helping professions to develop, to sense, and to understand the experience of being a patient. Furthermore, Nortvedt and Grimen (2004) claim that sensibility, in its receptiveness towards the expressions of others, also encompasses a moral dimension that involves responding ethically to these expressions. Sensibility, as it is used in self-tuning, expands this understanding to including a pre-cognitive apprehension of one's own inner state and the receptiveness of one's own vulnerability (Vinje & Mittelmark, 2006). We suggest that sensibility may awaken an impulse, a wish, or a sense of ethical responsibility that also calls for the taking care of one's own health (Vinje, 2007). We thus suggest that sensibility is a central feature for health promotion, directed towards both patients/clients and professionals.

To heighten our students' sensibility, we use a variety of exercises, one of which is writing essays (Bech-Karlsen, 2003) based on concrete situations from a student's own life and/or practice. Our students are invited, using introspection, to describe their experiences related to a specific event, in as detailed and nuanced a manner as possible. The task is to practice grasping signals from own senses, emotions, thoughts, bodily reactions, and existential depths that come into play in the situation, and to practice describing these without judging them as good or less good reactions. What one finds only has status as that which *is* right now. What one chooses to *do* with that finding is, however, a matter for reflection. Our students thus practice noting, discovering, and accepting without judgment that which gives content to individual reflection and to reflection in groups. The assumption is that through introspection, one's sensibility will provide relevant and useful reflection processes, which in turn

will provide a broadened, experienced scope of action and relevant active, adaptive coping.

Sensibility has its own language that students learn to access through these descriptive texts. Before essay writing, we sometimes use warm-up exercises such as listening to music, doing easy yoga, meditations, breathing exercises, visualisations, going for walks, etc. We find that there cannot be a fixed plan as to which exercise to use. Each person and each group is different and unique, and every plan is only tentative. The teacher (and health promoter) needs to work on his/her own sensibility to design effective lessons in this respect.

Summing Up

To sum this chapter up, we would like to emphasise that any educational strategy aiming to teach salutogenic practice should be grounded in the ontological stance that salutogenesis represents (see Table 55.1). Education should be comprised of salutogenesis as a body of knowledge, as a continuous learning process, as a way of working, and as a way of being. It is important to remember that the overall objective is to facilitate and support health-promoting processes leading to a person's or group's adaptive coping and enhanced ease and well-being. We find that encouraging people to explore and reflect upon their experiences in light of the two different orientations, salutogenesis and pathogenesis, is best done as an ongoing process.

A key outcome of training people in salutogenesis is that the person develops the capacity to manage and develop *herself* in a salutogenic way. To facilitate this development, we strongly suggest introducing and working on increasing the capability called "self-tuning," which is habitual self-sensitivity, reflection, and mobilising of resources to maintain and improve one's own health ("ease," in Antonovsky's terms). This is a form of self-care, the principles of which can be used by health professionals to assist clients and others to experience good health and well-being. A health professional's "salutogenic capacity" is her degree of skill to coach a person or group examine, mobilise, and deploy sufficient resources to achieve a shift towards the experience of good health and well-being. One's salutogenic capacity can be expanded as part of professional training and after training, such that salutogenic capacity is strengthened and reinforced during one's entire career. There are undoubtedly many ways to achieve this. However, in our experience, the equal emphasis on *what to do, how to do it, how to be it*, is a key factor in succeeding in training health professionals in salutogenesis. Therefore, it all comes down to teaching by doing and teaching by being, the latter by far being the more challenging.

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