A Qualitative Study of Career Guidance from a Health-Promoting Perspective in Norway

RESEARCH

ROGER KJÆRGÅRD
SIW GUDBRANDSEN
*Author affiliations can be found in the back matter of this article

ABSTRACT

This article shows how career guidance from a health-promoting perspective is experienced and can be relevant when following up on sickness absences in Norway. 35 people on sick leave were offered career guidance. Five of these participants were later interviewed about their experiences with career guidance. An interpretative phenomenological analysis is used to explore the interviewees' experiences. The results show that the informants' experiences included themes of recognition and equality, process time and room for reflection, liberating dialogues and mapping and concretisation. The results are then further discussed from a health-promoting perspective and show that career guidance may open opportunities for future participation in working life and give individuals confidence in their resources and abilities.

ABSTRAKT

Denne artikkelen viser hvordan karriereveiledning i et helsefremmende perspektiv oppleves og kan være relevant ved oppfølging av sykefravær. 35 sykemeldte fikk tilbud om karriereveiledning. Fem av disse deltakerne ble senere intervjuet om sine erfaringer med karriereveiledning. En fortolkende fenomenologisk analyse brukes for å utforske intervjuobjektenes erfaringer. Resultatene viser at informantenes erfaringer inkluderte temaer om anerkjennelse og likeverd, prosess tid og rom for refleksjon, frigjørende dialoger og kartlegging og konkretisering. Resultatene diskuteres deretter fra et helsefremmende perspektiv og viser at karriereveiledning kan åpne muligheter for fremtidig deltakelse i arbeidslivet og gi den enkelte tillit til sine ressurser og evner.

CORRESPONDING AUTHOR:
Roger Kjærgård
University of South-Eastern Norway, NO
roger.kjargard@usn.no

KEYWORDS:
sickness absence; career guidance; follow-up; health-promoting

NYCKELORD:
Sykefravær; karriereveiledning; oppfølging; helsefremmende

TO CITE THIS ARTICLE:
Kjærgård, R., & Gudbrandsen, S. (2022). A Qualitative Study of Career Guidance from a Health-Promoting Perspective in Norway. *Nordic Journal of Transitions, Careers and Guidance*, 3(1), pp. 30–42. DOI: https://doi.org/10.16993/njtcg.48

DOI: 10.16993/njtcg.48

According to Statistics Norway (SSB, 2021), 130,000 Norwegians are on sick leave every day. The employer, the issuer of the sick leave certificate and the Norwegian Labour and Welfare Organisation (NAV, 2021) have responsibilities and obligations for following up on sickness absence. Experts in various fields suggest different causes of sickness absence and propose assorted measures for reducing it (Idebanken.org, u.å.). The various fields of expertise with limited medical perspectives on sickness absence may focus on the aspect of health, whereas working-environment consultants are more focused on how sickness absence affects the working environment. A sociological perspective focuses on social circumstances, where economists are interested in how sickness benefits may affect sick or the society. It has also been pointed out that because the various experts represent specific areas of knowledge and research traditions, limited explanation of the sickness absence phenomenon has been established. (Idebanken.org, u.å.). Knardahl and colleagues (2016) pointed out that factors at the individual, enterprise and social levels might contribute to sickness absence.

Bearing in mind the high level of sickness absence and the different perspectives on measures reducing it, a special idea bank (Idebanken.org, u.å.) has been established in Norway to provide insight, inspiration and innovative measures to sickness absence work. According to the Norwegian Labour and Welfare Administration (NAV, 2021), employers have the main responsibility for following up with employees on sick leave. The idea bank has many proposals as to how employers can do this, such as dialogue meetings, follow-up plans and talks. Additionally, it has been reported (NOU 2016:7) that NAV offers career-oriented guidance and that collaboration between NAV and career centres may contribute to reducing sickness absence and increasing inclusion in working life by offering such a service.

Next, we will point out three aspects that have been important when studying how career guidance from a health-promoting perspective is experienced with people on sick leave. First, career guidance is inspired by several disciplinary fields and is inherently interdisciplinarity oriented (Kjærgård, 2020). Career guidance for adults in Norway is currently organised through county career centres offering free and neutral career guidance and is thus free of a focus on rights and obligations (Kompetanse Norge, 2019). Second, the *Norway in Change – Career Guidance for Individuals and Society* report (NOU 2016:7) recommended that NAV clients be made aware of the career guidance programme offered through the county career centres and digital career guidance platform Karriereveiledning.no (Norwegian Directorate for Higher Education and Skills, 2021). Third, NAV's (2013) strategy for the 2013–2020 period stated that it 'shall identify and test methods for guidance and follow-up which contribute to giving users genuine influence and active ownership over their own development' (p. 5). When considering these three aspects, we see that NAV and the career centres have common goals in their efforts to contribute to individuals' inclusion in working life. One example of this collaboration is the research project 'Career Guidance for NAV Users' (Kjærgård, 2019). Under the auspices of the Buskerud County Partnership for Career Guidance during the 2016–2019 period, this research project examined how career guidance could be offered to one of NAV's target groups, such as people on sick leave.

The empirical base for this article has been taken from the above-mentioned research project and Gudbrandsen's (2018) master's thesis in which 35 people on sick leave received career guidance. Afterwards, five of them were interviewed about their career guidance experiences, which will be analysed and discussed in this article.

AIM AND RESEARCH QUESTIONS

This article is aimed at answering the following research question: How is career guidance experienced as sickness absence follow-up? To answer this, we will focus on the following two questions: 1) How did the person on sick leave experience receiving career guidance? and 2) What significance did career guidance have for the person on sick leave?

RESEARCH ON SICKNESS ABSENCE

Searches for national and international studies on follow-up of sickness absence reflect what Idebanken.org (u.å.) states: 'There are different causes of sickness absence and what is needed to reduce sickness absence, and there are varying perspectives on what is required to return to work (RTW)'. Examples include the following research: Dekkers-Sánchez et al. (2011) concluded

DOI: 10.16993/njtcg.48

that sustained RTW for long-term sick-listed employees could be achieved through combined interventions in a holistic approach involving the worker and his or her environment. Øyeflaten et al. (2012) analysed the probability of RTW and the probabilities of transitions between different social security benefits during a 4-year follow-up strategy after participating in a work-related rehabilitation programme. In their article 'New Trends in Work and Mental Health – Considered in the Context of Recovery', Bjaarstad et al. (2014) pointed out that work and treatment must be considered in parallel, allowing those with mental health problems to control the process themselves. Cort et al. (2015) investigated adult career guidance's potential as a support structure for lifelong learning, career transition and labour market mobility. Their focus was on potential contact points between the individual and public structures that support working-life transitions. Robertson (2014) focused on work as a key factor that explains income and lifestyle differences, positing that career inequality has profound consequences for health and well-being. According to Robertson (2014) this relationship has mostly been ignored by career scholars.

Strandvik (2019) claimed that career guidance can prevent and reduce sickness absence and maintained that patients and public-health agencies have little knowledge about the national career guidance programme. The main purpose of this article, however, is not to focus on structural or individual causes of sickness absence, but rather to provide an example of how career guidance using a health-promoting perspective has been experienced by five people on sick leave.

THEORETICAL PERSPECTIVE

In this article we link career guidance to a health-promoting perspective with a particular focus on salutogenesis (Antonovsky, 2013). The World Health Organization (WHO, 1998) defined health promotion as a process of giving people increased control of and opportunities to improve their health. It is possible to have more control and opportunities when people are involved in the process and when they can genuinely influence the factors that promote good health in their lives. The Ottawa Charter (WHO, 1986) pointed out that good health is created by the population themselves where individuals live and work and that authorities and health services should therefore support health-promoting processes. Health in this context is understood as the ability of individuals, groups and society to master and adapt to life's challenges. This understanding of health differs from the one traditionally promoted by health services: absence of illness. Aglen et al. (2018) pointed out that health promotion has health, well-being and life quality as its goals and that this perspective focuses on the holistic individual – both the organisational and the private aspects of a person. Measures in a health-promoting perspective should therefore focus on measures at the organisational, workplace and individual levels (Fafo, 2013).

Aglen et al. (2018) also maintained that a health-promoting perspective is based on salutogenic thinking, in contrast to a sickness-prevention perspective, which builds on pathogenic thinking. A salutogenic way of thinking implies that all events in life provide opportunities for growth, development and learning if a person has the resources to deal with the events and believes that they can tackle them. Such a mastering of resources can be activated in the person in question and in their surroundings, which may contribute to the person experiencing various events in life as understandable, manageable and meaningful (Antonovsky & Sagy, 1986). In a health-promoting dialogue or career-guidance talk, the point is to discover and activate mastering of resources within and outside individuals so that the situation is perceived as understandable, manageable and meaningful (Aglen et al., 2018). Measures could include raising awareness and applying liberating and mobilising approaches adapted to individuals – always in such a way that they contribute to the process of regaining control and moving from inactive to a proactive approach.

METHOD AND ANALYSIS

In the research project, career guidance was given to 35 people on sick leave during a limited period. One month after the career-guidance talks, the participants received invitations to be interviewed about their career guidance experiences. The first five participants who responded positively to the invitation were selected, because they represented differences in gender, age, employment status, reason for sick leave and length of sick leave. The Norwegian Centre for Research Data (NSD) approved the study in November 2017, after the informants provided informed consent and we guaranteed anonymity. The five informants were:

47-year-old man	Mental health challenges and several long periods of sick leave	Wanted a job that didn't make him mentally burnt out.
38-year-old woman.	Physical and mental health challenges	Wanted to find out if she could work in something other than health and care.
45-year-old man.	Had a heart attack. Had been on sick leave for four weeks when he was offered career guidance	Wanted a new job that was less stressful and less physically demanding.
29-year-old woman	Felt burnt out and had been on sick leave for five months when she was offered career guidance	Wanted a new job with no shift work and a shorter commute
49-year-old woman	Back problems and was mentally exhausted	She had no expectations or particular wishes for the career guidance.

A semistructured interview guide was prepared based on the research questions and interviews were conducted to capture the informants' experiences of the career guidance they received. The interviews lasted between 1 and 1.5 hours. The researchers' preunderstanding has been important to be aware of both in the interview situation and in the analysis when the informants were to share their experiences with using InFlow Vip24 (CXS Nordic, 2001) as a specific career guidance tool that the researcher was familiar with (Larkin et al., 2006). In this research project, the career counsellor and the researcher have the same role. Hansen and Karlsson (2009) describe potential challenges of this dual role. They point out that research ethics and methodological dilemmas can arise. These dilemmas will be further discussed in the limitations and shortcomings chapter. The informants can further be understood to be in a vulnerable health psychological situation. Therefore, it was important for the researcher to listen specifically to the informants' subjective experiences in relation to the career guidance they had received. (Moustakas, 1994). To safeguard and focus on the informants' subjective experiences, a phenomenological point of view was chosen. An interpretive phenomenological method was then chosen as it combines phenomenological descriptions with interpretation, has an ideographic focus and intends to anchor the interpretations in the informants' experience with career guidance. (Jacobsen et al., 2020; Larkin et al., 2006; Smith et al., 2009). The informant sample consisted of five persons on sick leave with different histories of illness but were given a common experience of receiving career guidance. The purpose was to elicit how a given experience (career guidance) was perceived (phenomenological) and how this perception can be constructed in a meaningful way (interpretive).

After transcribing the interviews, detailed comments on the text were given through coding. This was to elicit the informants' perceptions and experiences. The comments were then categorised in units of meaning and similarities, by examining the comments on the text, and between the comments and the informants' statements. Then, the meaning units were further identified from the statements made by the informants and were then organised into the following overarching topic areas: *recognition and equality*, *process time and room for reflection*, *liberating dialogues* and *mapping and concretisation*. The overarching topic areas are presented in the findings and further discussed.

IMPLEMENTING THE CAREER GUIDANCE PROCESS

We offered the people on sick leave three structured career guidance talks.

The intention behind providing career guidance in a process over a specified time is to give room and time for reflection. It may take time to change thinking patterns to see new opportunities and health-promoting factors. Reflection in this context concerns having an internal dialogue with oneself and external dialogue with the career counsellor. Jensen and Ulleberg (2019) believed that the purpose of reflection is to create a structure of coherence and meaning. We provided career guidance (Figure 1) according to the following structure:

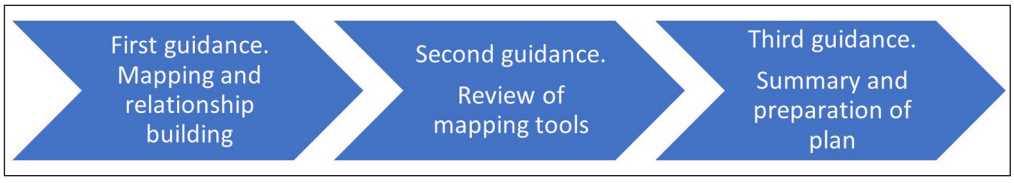

Figure 1 Career guidance process.

In the first career guidance meeting, the focus was on relationship building, information about career guidance and mapping different areas of the person on sick leave's life. After the first career guidance meeting, the person on sick leave was sent the mapping tool InFlowVip24 (CXS Nordic, 2001). This tool consists of four profiles, the first of which is mapping interests based on John Holland's theory of vocational personalities and work environments (Holland, 1997). The second profile seeks to motivate and promote coping through reflection (Nakamura & Csikszentmihalyi, 2009). The third profile is based on Carl Jung's typology (Jung & Adler, 2014), and can stimulate reflection and raise awareness of personality. The fourth profile is called `The Wheel´ and is based on Antonovsky's (2013) theory of coping and salutogenic thinking. Figure 2 provides an example of the wheel. The coloured columns show the desired and the dots indicate how the situation is perceived today.

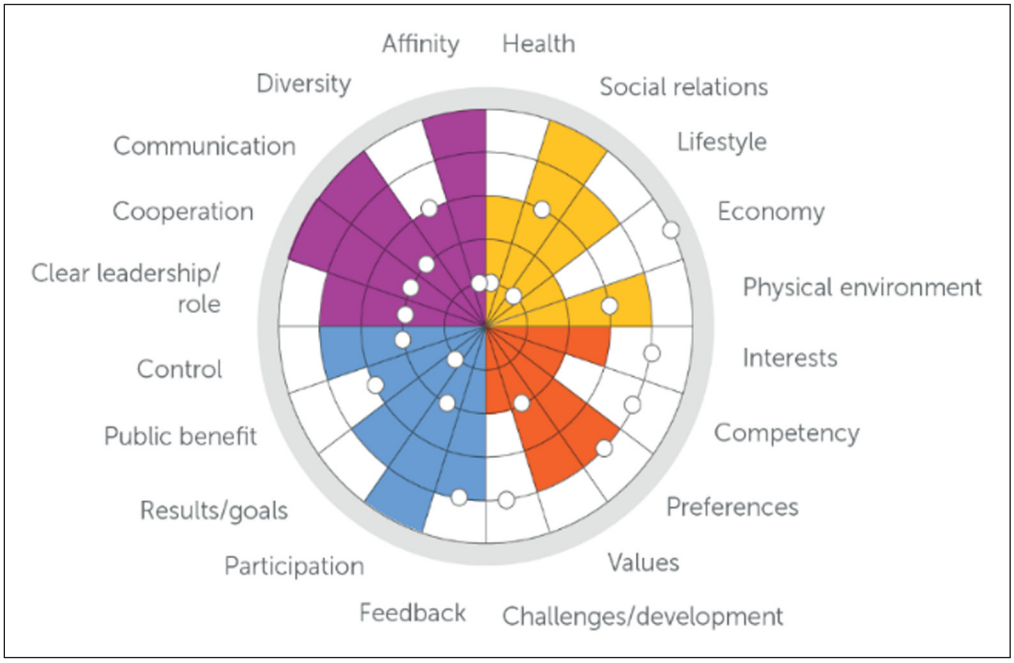

Figure 2 InFlow wheel.

All four profiles were used in the second career guidance meeting. Participants found that `The Wheel´, which elicited the relationship between the present and desired situations, was especially useful. During the third career guidance meeting, participants and the counsellor discussed what was needed to reduce the gap between the desired situation and the perception of the current situation. They also reflected on health factors of importance for well-being.

RESULTS

As mentioned above, the analysis of the transcribed interviews yielded four overarching topics: *recognition and equality, process time and room for reflection, liberating dialogues* and *mapping and concretisation.* Here, we will present these four topics together with selected quotes from the respondents.

RECOGNITION AND EQUALITY

All five informants gave positive feedback on their perception of the career guidance. What differed among the informants in this area was when they had been offered this service in their sick leave period. Some had been on sick leave for several months, whereas others had only been off work for a short period of time. Those who had been on sick leave the longest stated that they wished they could have been offered this service earlier. Female (38 years old) remarked, 'I wouldn't have minded getting this earlier. That would have been positive, or rather I could have got started sooner.' Another respondent stated, 'It should have been the first thing you were offered. When you go on sick leave, you quickly fall into a negative thought process. If I had gotten this earlier, I might have avoided the struggles that I have had.'

The informants also focused on how they perceived the relationship with the career counsellor. The informants attached importance to the following in their encounter with the career counsellor: Female (49 years old) reflected, 'I was acknowledged –meaning that the career counsellor saw

and understood me. The dialogue and the discussion, that's what helped, and that required good relations.' Female (29 years old) shared, 'Coming in and being understood … being seen and understood, that's about respect … you know, being a fellow human, building trust.'

As can be seen from these statements, the people on sick leave found it important to be treated respectfully and as equals. The career counsellor's approach enabled the parties to establish the ideal relationship, which meant the career guidance had value for each individual. The most important element in building the relationship was recognition, not only in reference to the talks but also as a fundamental attitude. This was expressed by female 29: ´It is important that I have gained the understanding I need, because when you are in a vulnerable situation, the other person who tries to give you help must try to understand the situation you are in, to see that from your perspective.'

PROCESS TIME AND ROOM FOR REFLECTION

The career guidance process in this study was about reflecting on one's own situation in a health promoting perspective. Four of the informants expressed that the time used in the process was sufficient, while one thought it had been too little time. The participants also considered it important that the career guidance was experienced as a process that spanned a period rather than a single meeting. This comes to light in the following excerpts. Male (48 years old) stated the following:

> ´I believe it's very useful that I, the person on sick leave, came into such a process … If the health service in parallel could have had measures like this, I think you could have found something else to focus on. The structure of the process is good; you mature along the way, and that's progress every time'.

Female (49 years old) remarked the following:

> ´That it was a process was totally decisive for the result. The outcome had to be something that I could support … that I had not been subjected to guidance, but that I was part of the guidance … that's an important difference. I needed both an emotional and a thought process, so it took some time'.

The informants reported that the time between the guidance sessions allowed room for reflection.. This development affected the result; the plan that had been prepared after completing the career guidance was realistic and addressed the challenges impeding their return to work. The career guidance initiated a process of reflection in the participants, and for some participants it took a little longer for them to make a specific choice to return to employment. Male (45 years old) shared:

> ´I have thought a lot about what we talked about during the career guidance, and read through the report several times. I have been in touch with someone I know who has a completely different occupation than the one I previously thought I might be suited for. Now I am going to apply for that kind of job'.

LIBERATING DIALOGUES

In the studied encounters with the people on sick leave, the dialogue typically focused on factors promoting health and possibilities rather than those related to sickness and limitations. This type of dialogue was meaningful for the individual. The neutrality and independence of the career centre in terms of rules, obligations and rights of one's employer and NAV were important factors and enabled the dialogue to be open: Male (45 years old): 'It's the dialogue between us that has made it something that has not been uncomfortable … '

> Female (38 years old): 'Well, I'm a bit shy and have problems talking with strangers, but in the guidance dialogues, it felt quite okay. It probably worked because there were only two of us, and it was important for me in the first meeting to be seen as I am and not to be pigeonholed.'

Female (49 years old): ´I thought it was very nice that the career counsellor talked about opportunities and didn't place great emphasis on my health; it was good to feel that each time we met, we made progress'.

DOI: 10.16993/njtcg.48

Several respondents expressed that The Wheel (mapping tool) provided a picture of the desired situation and the current situation, a concretisation that opened for a liberating dialogue. For the person on sick leave who felt stuck, it was necessary that this process led to mutual acknowledgement through the interaction and relationship between the person on sick leave and the career counsellor. The liberating experience of career guidance also manifested itself in the interaction between those on sick leave and the career counsellor, which provided space for dialogue and reflection on what had emerged in the guidance dialogue.

MAPPING AND CONCRETISATION

In the career guidance, we used a mapping tool as an aid to raise awareness about interests, motivation, mastering and job-satisfaction. Together with the dialogue, all informants pointed out this tool as useful in the career guidance. Visualisation of the energy-draining and energy-promoting factors allowed informants to envision novel solutions to their situations. The following excerpts illustrate this. Female (29 years old) shared how the mapping provided her inspiration:

> This mapping has really given me new ideas … because I have been thinking of myself as, like, ordinary; it was a little scary to see so big deviations … I'm enthusiastic about finding something else (a new type of work).

Male (45 years old) stated the following:

> Well, there are these tests then … I actually found out that I'm capable of more than I used to think … this mapping and the report have been most useful for me … so sure, I'm very pleased with the mapping tool.

Following the career guidance, all the participants received the mapping reports and a plan for the path ahead. The report became a tool for the path ahead for the people on sick leave, and all five described how it was positive and helpful to have something material to take away with them after the career guidance was over.

DISCUSSION

Career guidance in a public career centre is neutral and independent, not bound by legislation and obligations like follow-up conducted by employers and NAV. This unique environment creates the opportunity for another type of follow-up and guidance discussion, where the person on sick leave can be freer and more open.

Being acknowledged for who one is and not as a client also proved to be important to the informants because this was the foundation for an open and honest start to the guidance meetings. This means being seen, acknowledged and heard as an individual, rather than being seen as a (sick) client, when meeting an expert. It may appear that the term *client* is connected more tightly to NAV than to career centre meetings themselves. As a client, one may be viewed as sick and therefore in need of treatment or help. The term *client* can be categorised within system language, where the individual and his or her problems fit in a systemic problem category. Järvinen and Mik-Meyer (2003) pointed out that an individual seeking help may be transformed by a social language construction into a client who needs help, and then to a case in our welfare institutions. When a person needing help is made into a case, they are objectivised. According to Jensen and Ulleberg (2019) this implies that a spectator role is adopted, depriving the help-seeker of the opportunity to be a participant or actor in the relation.

The experience of being seen and recognised for who and where one is resonates with approaches in the art of helping. Kierkegaard (1859) provided a familiar and often-used quotation about wanting to help others:

> ´If one is truly to succeed in leading a person to a specific place, one must first and foremost take care to find him where he is and begin there. This is the secret in the entire art of helping´.

Bjørndal (2016) underlined the importance of being seen and heard by pointing out the cognitive and emotional power of empathy in talks about help. When the first step in the career guidance dialogues was to provide information about what career guidance is, what

DOI: 10.16993/njtcg.48

the talks would be about and the guidance process, this may have contributed to satisfying a cognitive and emotional need, thus also providing some confidence. The respondents also deemed experiencing equality between themselves and the career counsellor as important. Equality can also be a way of expressing recognition. Honneth (2008) has pointed out that an individual's self-confidence, self-respect and intrinsic value depend on recognition from others. This might mean being recognised for who one is and for the situation one is in, as when one is on sick leave. Acknowledging the person on sick leave as an individual in the encounter is about 'capturing the awareness of the other person' (Løvlie-Schibbye, 2009, p. 259) by listening, understanding, showing acceptance and tolerance and giving confirmation.

Another interesting perspective was that visiting a career centre was perceived as coming to neutral ground. Experiencing career centre as neutral and independent ground may reflect participants' knowledge that NAV has distinct social mandates, frameworks and rules from those of a career centre. Skills Norway describes as public career guidance 'free career guidance and assistance for applying for a job. The goal is that users will become familiar with their qualities, interests and competence'(Kompetanse Norge, 2015). Thus, at career centres, people are not seen as clients and are not presented with guidance dialogue that includes rights and obligations. Receiving career guidance in a salutogenic perspective is based on empowered decisions and the goal of achieving meaningful use of one's own resources and opportunities (Antonovsky, 2013).

PROCESS TIME AND ROOM FOR REFLECTION

The purpose of conducting the career guidance as a process over time was to provide the people on sick leave with the opportunity to reflect. The informants found this useful. For the people on sick leave, career guidance meant reflection on and interpretation of life as it was experienced. According to Jensen and Ulleberg (2019), the purpose of reflection is to create a structure of coherence and meaning, which is also the aim of the salutogenic perspective (Antonovsky, 2013). Reflection can involve both internal dialogue with oneself and external dialogue with the career counsellor, for example, to examine what one thinks or believes (Jensen & Ulleberg, 2019). Løvlie-Schibbye (2009) used the term self-reflexivity, pointing out that this refers to the human quality of being aware of oneself, or being one's own object and observing oneself.

Having the room and time for reflection was also expressed as helpful. *Time* in this context can refer to changing old thinking patterns, particularly if the person on sick leave has become mired in the client role for some time. Perhaps the person on sick leave does not see his or her possibilities and resources because the focus has been and continues to be on their problem.

In the career guidance dialogue, the person on sick leave and the career counsellor probe each other in interaction, where they jointly examine what the other is thinking and what the other believes. Thus, thought patterns may be revealed. Teslo (2006, p. 208) described this as 'mirroring' or 'reflecting´, creating space for thinking that results in progress.

Having time created room for not only reflection but also ownership and movement, both emotionally and cognitively. This means the career guidance process must provide the person on sick leave with an opportunity to systematically work on seeing himself or herself in interaction with the career counsellor, where reflection and self-reflection may occur through the liberating dialogue.

The people on sick leave reported that the mapping tool and its profile wheel (Figure 2) was useful in the reflection process. The experienced usefulness of the tool reflects the status of the perception of coherence as an important reflection element in the dialogue. Antonovsky (2013) asserted that by seeing the deviations between the current situation and the desired situation, what is most helpful is that decision-making can contribute to feeling that what one does has a purpose.

Antonovsky (2013) also found that this appreciation is vital on two levels: First, it addresses the enterprise to which the employee is connected and its social appreciation in relation to the resources society has assigned to it. Second, and directly influencing the sick leave context, it refers to the individual employee. The stronger an employee's belief that the social appreciation of the work they perform agrees with their personal sense of justice and values, the more likely they are to feel ownership over what they do.

DOI: 10.16993/njtcg.48

From a salutogenic perspective, career guidance dialogue urges interlocutors to consider how they perceive their own situations, reflect on what they want and possibly modify the way they think. This process can be time-consuming, and therefore it is important to establish room and time for reflection.

LIBERATING DIALOGUES

Dialogue is an important tool from the salutogenic perspective. For the person on sick leave, the focus of dialogue with doctors, practitioners and NAV may appear to be based on their illness (i.e. what is not working). From a salutogenic perspective, dialogues shift their focus towards a person's strengths and resources. This perspective is aimed at strengthened the person's perception of coherence (the experience of the comprehensible, manageable and meaningfulness), and thus the dialogue is dominated by factors promoting health, opportunities and hope rather than by limitations and infirmity (Antonovsky, 2013).

Within the salutogenic approach, *comprehensibility*, *manageability* and *meaningfulness* are intertwined, but the degree of this association may vary. The most important of these, meaningfulness, implies that people who are motivated for change and development will find it easier to emerge from difficult life situations than those who are passive and lack motivation. The informants clearly expressed this motivation for change.

Dialogue implies listening to and understanding the other person, seeing them as an individual, and remaining open to new perspectives, thus changing the perception and understanding of the topic or issue at hand (Jensen & Ulleberg, 2019). In this context, the mapping tool provided an effective mechanism for pinpointing new perspectives and opportunities.

Moreover, the mapping tool provided a useful means for ascertaining the perceptions of the current and desired situations and thus aided generation of confirming dialogue. Jensen and Ulleberg (2019) maintained that confirmation and recognition are important:

> ... ´In an equibalanced relation where the aim is to understand the perspective of the other, one confirms that the other's perception of reality is valid and remains open to the aspects of the other's understanding which are particularly divergent from one's own. Recognition hence becomes an attitude and ideal one strives to achieve, thus imbuing others with power and freedom'. (Jensen & Ulleberg, 2019, p. 261)

Using a concrete mapping tool was also experienced as clarifying and liberating. The tool created a common basis for dialogue, first through an in-depth talk about the current situation, and then consideration of the desired situation. Having a clear picture in the forms of the various profiles gave the informants a sense of ownership over their situations, with a clear vision of what needed to be done. Through the dialogue, there was room to see opportunities and develop a liberating perception of one's own situation, which in turn motivated them to take action.

MAPPING AND CONCRETISATION

The career guidance dialogue's design, structure and content had a clear goal and a specific intention. This was presented and discussed at the process's beginning. Moreover, conducting career guidance from a salutogenic perspective established guidelines for the process. Similarly, the mapping tool contributed by providing an overview of the participants' current situations and possibilities for the future. The structure helped maintain focus on what needed to be done throughout the process.

The basis of an effective, thought-out plan requires establishing a realistic start and a desired end. Conducting career guidance as a process requires a useful and clear structure that remains connected and organised. To achieve structure, making something more concrete, it was necessary that the person on sick leave joined in a circular interaction (Jensen & Ulleberg, 2019) to discover a common understanding. If people on sick leave feel that they are stuck, it is vital that the concretisation leads to recognition in their interaction with the career counsellor so they become active participants in their career development.

Painting a clear picture of the situation also contributed to establishing a practical plan which could be followed. The activities included in the plan must be realistic and feasible regarding

the situation of the person on sick leave and the external framework stipulated by NAV and their employer. This was something of which the informants were aware and expressed.

According Amundson (2001) planning action is a crucial element in concluding the guidance process. In the salutogenic perspective, the established plan is understandable, manageable and meaningful. The plan's understandability refers to how the person on sick leave experienced the plan's information and whether its impressions were satisfactorily comprehensible, structured and predictable in terms of interpreting and managing one's own situation. Understandability is a basic requirement for manageability (Hanson, 2004). Perceived feasibility refers to believing one has sufficient resources to address the demands that must be faced. A plan's practicability means that rather than feeling like passive recipients in facing challenges, help-seekers come to terms with and actively address their own situation.

The most important motivational component is still meaningfulness. The perception of meaning is strongly emotionally anchored in us. What we do must have meaning, both emotionally and cognitively. To create meaning, it is important for an individual to be involved as a participant in the career guidance process and in his or her daily experiences (Antonovsky, 2013). According to Hanson (2004), those who experience a strong degree of meaningfulness and motivation likely will acquire the knowledge and resources required to solve their challenges.

The mapping report and the concrete plan both served as aids for the people on sick leave during the process. Another informant used the mapping report and the plan together with their employer to discover solutions, ultimately enabling him to return to work.

LIMITATIONS AND SHORTCOMINGS

The study focuses only on five informants on sick leave and their career guidance experiences. If other individuals from the 35 initial participants had been chosen as informants, the results could have been different regarding the type of sickness absence in question and the informant groups' gender composition. The findings, moreover, come from the informants' subjective experiences with respect to career guidance from a health-promotion perspective and thus are not an expression of general experiences with career guidance as a way of following up regarding sickness absence. Therefore, the results could have been different if another perspective on career guidance had been chosen or if another tool had been selected.

In this kind of research, it is important to remain aware of the career counsellor and researcher roles; the same person conducted the career guidance meetings and interviewed the five informants afterwards. Hansen and Karlsson (2009) describe this dual role in their article '*The researcher-therapist relationship – ethical and methodological reflections in qualitative research*'. They point out that research ethics and methodological dilemmas can arise in the relationship between the researching therapist and participants in a research process. These dilemmas include sensitive topics, proximity and distance and analysis and interpretation. In this study the dual role has been a challenge. Researchers attempted to take this into account. This required the awareness of researcher both in relation to ethics method and analysis.

Furthermore, there were ethical considerations as to whether it was proper to offer career guidance to people in an early phase of their sick leave because people on sick leave can be categorised as being in a vulnerable group under research ethics guidelines. The Norwegian National Research Ethics Committees (2016) has stated that vulnerable groups must have more protection against intervention in their situation than others. The informants' have been asked how they experienced being offered career guidance.

In relation to proximity and distance (Hansen & Karlsson, 2009), it has been important to get close enough to gain insight into the experiences with career guidance whilst also maintaining enough distance to be analytical (Fangen, 2004). Finally, in relation to analysis and interpretation, it has been important to reflect on whether the researchers interpretations and representations exceed the participants' self-understanding (Kvale & Brinkmann, 2009). In this study, the informants were presented with the transcribed interviews for comment, to safeguard their self-understanding.

CONCLUSIONS

This article has aimed to illustrate how five informants in Norway have experienced career guidance from a health-promoting perspective. The research question and the issue posed in the article have been addressed by highlighting and analysing the informants' feedback on the completed career guidance in four overarching topics. Hopefully, career guidance can be one of several approaches in NAV's awareness-raising strategy for the 2013–2020 period (NAV, 2013, p. 5) as 'NAV shall identify and test methods for guidance and follow-up which contribute to giving users genuine influence and active ownership over their own development' (p. 5).

This study's results show that the participating people on sick leave in Norway experienced career guidance in public career centres as having a positive influence on their return to working life. The reason for and length of the sick leave among the five informants did not significantly affect their experience of career guidance. One of the primary success factors of career centres is their neutrality. This neutrality contributes to a type of dialogue distinct from that of follow-up talks with employers and NAV. Career guidance provided from a health-promoting perspective may also be seen as the counterpart of the health perspective's focus on problems. Career guidance using a health-promoting perspective is aimed to generate more room for opportunities and promote confidence in one's own resources and abilities. Pursuit of these objectives may liberate and generate new motivation and hope for the five informants on sick leave in this study. In future studies, we would recommend exploration of new career guidance methods and perspectives in the follow-up of sickness absence. Career guidance can also be provided with specific target groups who are being followed up with regarding sickness absence.

COMPETING INTERESTS

The authors have no competing interests to declare.

AUTHOR AFFILIATIONS

Roger Kjærgård orcid.org/0000-0002-9768-7843
University of South-Eastern Norway, NO
Siw Gudbrandsen orcid.org/0000-0001-7963-3780
Kongsberg karrieresenter, NO

REFERENCES

Aglen, B. S., Olufsen, V., & **Espnes, G.-A.** (2018). Helsefremming og sykdomsforebygging er ikke to sider av samme sak [Health promotion and disease prevention are not two sides of the same coin]. *Sykepleien*, *106*(70809), 70809. DOI: https://doi.org/10.4220/Sykepleiens.2018.70809

Amundson, N. (2001). *Dynamisk Veiledning* [Dynamic Counseling]. Studie og Erhverv.

Antonovsky, A. (2013). *Helsens mysterium. Den salutogene modellen* [The mystery of health. The salutogenic model]. Gyldendal Akademisk.

Antonovsky, H., & **Sagy, S.** (1986). The development of a sense of coherence and its impact on responses to stress situations. *Journal of Social Psychology*, *126*(2), 213–226.

Bjaarstad, S., Trane, K. A. R., Hatling, T., & **Reinertsen, S.** (2014). Nye trender innen arbeid og psykisk helse-sett i sammenheng med recovery [New trends in work and mental health in the context of recovery]. *Tidsskrift for psykisk helsearbeid*, *11*(3), 232–240. DOI: https://doi.org/10.18261/ISSN1504-3010-2014-03-05

Bjørndal, C. R. (2016). *Konstruktive hjelpesamtaler: mestringsfremmende perspektiver og redskaper i veiledning, rådgivning, mentoring og coaching* [Constructive help conversations: mastery-promoting perspectives and tools in guidance, counseling, mentoring and coaching]. Gyldendal akademisk.

Cort, P., Thomsen, R., & **Mariager-Anderson, K.** (2015). 'Left to your own devices'–the missed potential of adult career guidance in Denmark. *British Journal of Guidance & Counselling*, *43*(3), 292–305. DOI: https://doi.org/10.1080/03069885.2018.1513451

CXS Nordic. (2001). *Vip24*. https://www.cxs.no/

Dekkers-Sánchez, P. M., Wind, H., Sluiter, J. K., & **Frings-Dresen, M. H.** (2011). What promotes sustained return to work of employees on long-term sick leave? Perspectives of vocational rehabilitation professionals. *Scandinavian journal of work, environment & health*, *37*(6), 481–493. DOI: https://doi.org/10.5271/sjweh.3173

Fafo. (2013). "Saman og sykefravær" – en kunnskapsstatus [Together and sick leave – a state of *knowledge] Fafo notat 2013:02*. https://www.regjeringen.no/globalassets/upload/krd/prosjekter/saman_om_ein_betre_kommune/8_helsefremmende_arbeid.pdf

Fangen, K. (2004). *Deltagende observasjon* [Participatory observation]. Fagbokforlaget.

Gudbrandsen, S. (2018). *Jo lenger du går, jo mer mister du kontrollen. En kvalitativ studie om hvilken betydning karriereveiledning kan ha for den sykmeldte (The further you go, the more you lose control. A qualitative study on the importance of career guidance for the person on sick leave)* [Master, Universitetet i Sørøst Norge]. Drammen. https://veilederforum.no/sites/default/files/Jo%20lenger%20du%20ga%CC%8Ar%2C%20jo%20mer%20mister%20du%20kontrollen.pdf

Hansen, E. S., & **Karlsson, B.** (2009). The researcher-therapist relationship – ethical and methodological reflections in qualitative research. *Tidsskrift for norsk Psykologiforening*, *46*(11), 1044–1048.

Hanson, A. (2004). *Hälsopromotion i arbetslivet* [Health promotion in working life]. Studentlitteratur AB.

Holland, J. (1997). *Making vocational choices: A theory of vocational personalities and work environments*. Psychological Assessment Resources Inc. USA.

Honneth, A. (2008). *Kamp om anerkjennelse* [Struggle for recognition]. Pax Forlag.

Idebanken.org. (u.å.). *Idébanken – Tips og råd om arbeidsmiljø og sykefravær* [Idébank – advice on working environment and sick leave]. NAV. https://www.idebanken.org

Jacobsen, B., Tanggard, L., & **Brinkmann, S.** (2020). Interviewet: samtalen som forskningsmetode [The interview: the conversation as a research method]. In S. Brinkmann & L. Tanggaard, (Eds.), *Kvalitative metoder En grundbog* [Qualitative methods A primer](3. ed.). Hans Reitzels Forlag.

Järvinen, M., & **Mik-Meyer, N.** (2003). *At skabe en klient: institutionelle identiteter i socialt arbejde* [Creating a client: institutional identities in social work]. Hans Reitzels Forlag.

Jensen, P., & **Ulleberg, I.** (2019). *Mellom ordene kommunikasjon i profesjonell praksis* [Between the words communication in professional practice]. Gyldendal Norsk Forlag.

Jung, C. G., & **Adler, G.** (2014). *The development of personality*. Routledge. DOI: https://doi.org/10.4324/9781315725277

Kierkegaard, S. (1859). Synspunktet for min Forfatter-Virksomhed. [The point of view of my Author Company]. In *Samlede værker udg. af P.P. Rohde 3.udg.Kbh.1962-64 bd. 18, s. 96*. C.A. Reitzels Forlag.

Kjærgård, R. (2020). Career guidance and the production of subjectivity. In E. Haug, T. Hooley, J. Kettunen, & R. Thomsen (Eds.), *Career and Career Guidance in the Nordic Countries* (pp. 81–92). Brill Sense. DOI: https://doi.org/10.1163/9789004428096_006

Kjærgård, R., Fredriksen, S., Bøckman, K., Enerstvedt, R. T., Birkeland, M. B., Gudbrandsen, S., & **Flatland, Ø.** (2019). *Karriereveiledning for NAV-brukere* [Career guidance for NAV users]. https://www.nav.no/no/nav-og-samfunn/kunnskap/forskningsrapporter-og-evalueringer-finansiert-av-nav/navs-tiltak-og-virkemidler-rapportarkiv/karriereveiledning-for-nav-brukere

Knardahl, S., Sterud, T., Nielsen, M. B., & **Nordby, K.-C.** (2016). Arbeidsplassen og sykefravær-Arbeidsforhold av betydning for sykefravær [The workplace and sick leave – working conditions of importancem for sick leave]. *Tidsskrift for velferdsforskning*, *19*(2), 179–199. DOI: https://doi.org/10.18261/issn.2464-3076-2016-02-05

Kompetanse Norge. (2015, 16.09.2020). *Offentlige karrieresentre* [Public career centers]. Kompetanse Norge. Retrieved 17.09 from https://www.kompetansenorge.no/Karriereveiledning/offentlige-karrieresentre/

Kompetanse Norge. (2019). *Quality in career guidance*. Kompetanse Norge. Retrieved 11.08.2019 from https://www.kompetansenorge.no/Karriereveiledning/kvalitet-i-karriereveiledning/

Kvale, S., & **Brinkmann, S.** (2009). *InterView-Introduktion til et håndværk* [InterView-Introduction to a craft]. Hans Reitzels forlag.

Larkin, M., Watts, S., & **Clifton, E.** (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative research in psychology*, *3*(2), 102–120. DOI: https://doi.org/10.1191/1478088706qp062oa

Løvlie-Schibbye, A.-L. (2009). *Relasjoner: et dialektisk perspektiv på eksistensiell og psykodynamisk psykoterapi* [Relationships: a dialectical perspective on existential and psychodynamic psychotherapy]. Universitetsforlaget.

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage publications. DOI: https://doi.org/10.4135/9781412995658

Nakamura, J., & **Csikszentmihalyi, M.** (2009). Flow theory and research. In S. J. L. C. R. Snyder (Ed.), *The Oxford Handbook of positive psychology* (Second Edition, pp. 195–206). Oxford University Press. DOI: https://doi.org/10.1093/oxfordhb/9780195187243.013.0018

NAV. (2013). *Kunnskapsstrategi i NAV 2013 – 2020* [Knowledge strategy in NAV 2013 – 2020]. https://www.nav.no/no/nav-og-samfunn/kunnskap/fou-midler/fou-i-nav2

NAV. (2021). *Norwegian Labour and Welfare Organisation*. https://www.nav.no/no/person

Norwegian Directorate for Higher Education and Skills. (2021). *Career Guidance*. https://karriereveiledning.no/

NOU 2016:7. (2016). *Norge i omstilling-karriereveiledning for individ og samfunn* [Norway in the change-career guidance for individual and society]. Ministry of Education and Research. https://www.regjeringen.no/no/dokumenter/nou-2016-7/id2485246/

Øyeflaten, I., Lie, S. A., Ihlebæk, C. M., & **Eriksen, H. R.** (2012). Multiple transitions in sick leave, disability benefits, and return to work.-A 4-year follow-up of patients participating in a work-related rehabilitation program. *BMC public health*, *12*(1), 1–8. DOI: https://doi.org/10.1186/1471-2458-12-748

Robertson, P. J. (2014). Health inequality and careers. *British Journal of Guidance & Counselling*, *42*(3), 338–351. DOI: https://doi.org/10.1080/03069885.2014.900660

Smith, J. A., Flowers, P., & **Larkin, M.** (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. SAGE Publications.

SSB. (2021). *Statistics Norway*. Retrieved 11.02.2022 from https://www.ssb.no/

Strandvik, H. (2019). Karriereveiledning kan forhindre og redusere sykefravær [Career guidance can prevent and reduce sick leave]. *Tidsskriftet Den norske legeforening*, *13*. DOI: https://doi.org/10.4045/tidsskr.19.0428

Teslo, A. L. (2006). *Mangfold i faglig veiledning* [Diversity in professional guidance]. Universitetsforlaget.

The National Committee for Research Ethics in the Social Sciences and the Humanities. (2021, 26.05.2022). *Guidelines for Research Ethics in the Social Sciences and the Humanities*. Retrieved 28.11.2022 from https://www.forskningsetikk.no/en/guidelines/social-sciences-humanities-law-and-theology/guidelines-for-research-ethics-in-the-social-sciences-humanities-law-and-theology/

WHO. (1986). Health and Welfare Canada; Canadian Public Health Association. *Ottawa charter for health promotion: an international conference on health promotion*; 1986 Nov 17–21; Ottawa, ON.

WHO. (1998). *Health Promotion Glossary*. https://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf

TO CITE THIS ARTICLE:
Kjærgård, R., & Gudbrandsen, S. (2022). A Qualitative Study of Career Guidance from a Health-Promoting Perspective in Norway. *Nordic Journal of Transitions, Careers and Guidance*, 3(1), pp. 30–42. DOI: https://doi.org/10.16993/njtcg.48

Submitted: 14 February 2022
Accepted: 23 September 2022
Published: 05 December 2022

Nordic Journal of Transitions, Careers and Guidance is a peer-reviewed open access journal published by Stockholm University Press.