

Salutogenic presence supports a health-promoting work life

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Many employees of the Norwegian municipal health services retire before reaching retirement age. In Norway, initiatives to retain health care workers are part of a broad strategy to retain older workers in all occupations and professions. The study is explorative and qualitative. It explores older workers' (50 +) perceptions of presence and work-related well-being. Multi-stage focus groups, individual in-depth interviews, and qualitative content analyses were carried out. To promote presence, it must be understood as somewhat more than the opposite of absence. Salutogenic presence has four characteristics: Sense of usefulness; Relational quality: wanting the best for each other; Mastery; Zest for work. Experiencing and exploring the characteristics of presence in the workplace stimulate salutogenic presence and build health-promoting working life for seniors. A leader's role is to facilitate the process and to acknowledge the characteristics.

Introduction and background

Norwegian municipal health services are susceptible to early retirement among employees. The situation is complex and entails, among other things, shortages of employees and reduced well-being for the individual employee. Despite the fact that many find working for the municipal health services to be both physically and mentally challenging, there are many who tell of job satisfaction, enthusiasm and well-being (Vinje, 2007). The goal of this study is to demonstrate how working life can promote presence by paving the way for the exploration of health-

promoting aspects of the work.

Salutogenesis constitutes an important theoretical perspective in health promotion. It includes an understanding of health as holistic and mobile along an imaginary health continuum ranging between the extremes of good health and bad health (Antonovsky, 1979, 1987). Sense of Coherence (SOC) and General Resistance Resources (GRRs) and their reciprocal influence constitute Antonovsky's most important contributions to the understanding of what promotes health. We have deci-

ded to focus this research project on studying the phenomenon of presence as a gateway to good health and well-being. The understanding coincides with the domain for health-promoting workplaces, where the point of departure is that people's use of their own resources in the workplace has consequences related to health and quality of life. Ideologically, health-promoting work and workplaces are based on interwoven ideologies that include capacity building (resource orientation), empowerment, and health-promoting policies (Hauge, 2003).

Presence is a complex phenomenon that is attracting growing attention in health-promoting research. In everyday language and social debate, presence is usually understood as the opposite of absence. At work, presence is therefore often a question of being physically present in the workplace. A review of the research in this field indicates that a more finely nuanced understanding of the concept is currently emerging. The concept *presenteeism* (Geving, Torp, Hagen, & Vinje, 2011; Saksvik, Gutormsen, & Thun, 2011) deals with presence despite illness, and illustrates the complex relationship between presence and absence. Presence is also pivotal in research on *mindfulness* (de Vibe, Bjørndal, Tipton, Hammerstrøm, & Kowalski, 2012) in research on *health-promoting self-care* and *self-tuning* (Vinje & Mittelmark, 2006), in organisational research such as *presence* (Scharmer, 2007; Senge, Scharmer, Jaworski, & Flowers, 2005), and in research on *personal engagement* and *psychological presence* (Kahn, 1990; Kahn,

1992). *Health presence* is a dimension of presence where the employee experiences him- or herself as fully physically, mentally and socially present in the situation at hand (Vinje & Ausland, 2012 a). We assume that every co-worker, at all times, will be in a position for health-promoting and health-reducing factors to impact his or her work situation simultaneously. The challenge is to explore the dynamics, enhancing the attention devoted to and understanding of positive and negative factors alike. The challenge is to explore the dynamics, enhancing the attention devoted to and understanding of positive and negative factors alike. How the exploration *per se* is handled, may, in our opinion, be developed and learned through what we call salutogenic capacity building, that is, by examining, mobilising and deploying sufficient resources to achieve a shift in the direction of experiencing good health and well-being. One relevant theoretical perspective is to view SOC as a health and coping resource that enables one, in a variety of situations, to choose different strategies, to have the ability to identify GRRs in themselves and in their surroundings, and to be able to apply them in a health-promoting manner (Eriksson 2007). Salutogenic capacity is thus a resource-oriented ability to act that can be developed.

Developing a health-promoting workplace means having an overall understanding of and approach to employee health (Paton, Sengupta, & Hassan, 2005). Presence is *inter alia* an indication of an organisation's potential to create a community of people who

wish each other well and who can trigger joy and passion by working together (Sletterod & Kirkeby, 2007). The concept *health-promoting leadership* links perceptions of leadership to employee health (Eriksson, Axelsson, & Axelsson, 2011). A supportive leadership style is often recognised as significant, and a leader's ability to stimulate a healthy psycho-social working environment is of importance. A supportive leadership style may be of a practical nature. The quality of practical leadership is often a bottleneck when it comes to the organisation and the adaptation of day-to-day work. Sørensen, et al. (2008) found that leadership that promotes a good psycho-social working environment largely involves the provision of service to co-workers. Service will, in this context, involve putting a framework into place and removing obstacles so that co-workers can perform their jobs in a satisfactory manner. This requires the leader to acknowledge and accept such a role. The concept *servant leadership*, as articulated in 1970, (Greenleaf, 1998) revolves around the role of leader as a *provider of services*. The very essence of this perception of leadership is the desire to serve one's co-workers in order to promote personal growth and co-workers' desire to understand themselves as service providers for the community. The paramount objective is to develop a society that understands the citizenry's needs, and to put into place organisations and institutions to respond to said needs.

The workplace is an important venue for health promotion. When learning,

participation and social engagement occur in the workplace, they open opportunities for employees' health to improve, and for well-being to grow in tandem with ageing (WHO, 2002). Accordingly, improving working life can also promote active ageing. Active ageing implies that if older employees are expected to extend the number of years they work, continuous training and development opportunities must be offered on a life-long basis (OECD, 2006; WHO, 2002). Learning should not be separate from work, but rather bridge the gap between work and reflection.

Method

The study has a qualitative explorative design (Denzin & Lincoln, 2000), featuring data produced through multi-stage focus groups (Hummelvoll, 2008) and individual in-depth interviews (Kvale & Brinkmann, 2009). The study's phenomenological hermeneutical ontological and epistemological position means understanding reality as complex, ambiguous and ambivalent. (Bengtsson, 1999; Gadamer, 1993/1960; Heidegger, 2006/1962; Zahavi, 1999). The analysis of the data from the first two focus groups informed and influenced the subsequent one-on-one interviews. The analyses of the individual interviews informed each other sequentially. Collectively, the analyses of the individual interviews informed the last two focus groups. We developed a thematic interview guide, then structured the focus groups and individual interviews around the topics: *a good working life, health-promoting day-to-day living, presence, presence and work, presence and lead-*

ership, presence and colleagues and *presence and ageing*. The focus groups lasted for about 120 minutes, and the individual interviews lasted from 60 to 90 minutes. All interviews were recorded and transcribed verbatim. The interviews produced a corpus containing data equivalent to about 400 pages of text.

On two occasions, the researchers were invited by Sandefjord Municipality's human resources manager and chief municipal health and social welfare officer, respectively, to talk about health-promoting workplaces with senior and middle management in the municipality's health and care sector. These sessions were followed by two formal meetings with heads of section in the sector, and the study was designed in collaboration with them. A purposeful strategic sample was selected (Denzin & Lincoln, 2000), consisting of six members of middle management and seven employees, all women, ranging in age from 49 to 69. They worked in different departments.

Five analytical activities were carried out inspired by interpretative phenomenological analysis (Smith, Flowers, & Larkin, 2009), systematic text condensation (Malterud, 2012) and qualitative content analysis (Graneheim & Lundman, 2003): 1) read and re-read, to get a general impression of the dialogue in each interview; 2) jot down the first notes to ensure familiarity with the transcription and to identify ways (units of meaning) participants talk about, understand and perceive a phenomenon; 3) translate the units of meaning into theoretical expressions,

preserving the essence of the text; 4) condense meaning and develop codes and categories; 5) articulate the sub-themes and themes, understanding them as expressions of the latent content of the text.

The study has been cleared by the Norwegian Social Science Data Services (NSD) and the Data Protection Official for Research (no. 25225, 2010). Approval was also obtained from the heads of section and the chief municipal health and social welfare officer in Sandefjord Municipality. The study complies with the ethical principles laid down in the Declaration of Helsinki. All participants were briefed verbally and in writing about: (i) the study; (ii) why and how the individuals in question were recruited; (iii) time use; (iv) confidentiality and anonymity; (v) their right to withdraw from the study at any time without explanations or consequences. The participants acknowledged their voluntary participation in the study by signing an informed consent form.

Results and analysis

Early on in the research process, it became clear that the participants referred to presence as a factor that can promote well-being. The participants pointed out characteristics of the phenomenon presence that have the potential to move the health worker in the direction of good health on the good health - bad health continuum. This piqued our curiosity; resulting in the emergence of the definition of 'salutogenic presence' in conjunction with our initial analyses: "*Salutogenic presence*

Table 1. Summary of findings; salutogenic presence as experienced by senior leaders and co-workers in the municipal health and care sector.

Competence-building for salutogenic presence	EXPLORATION		
	Self-tuning: Introspection - sensibility – reflection – active coping		
Structure in salutogenic presence	QUALITIES	DRIVING FORCES	BAROMETER
	1. sense of usefulness	The qualities of presence are drivers, and the individual is drawn towards the work	The qualities of presence serve as a barometer for the situation in question
	2. relational quality: wanting the best for each other		
	3. mastery of work		
	4. zest for work		

is a presence that is experienced as good and that stimulates processes that promote well-being and the sense of having a good working life" (Vinje & Ausland, 2012 b). The study encompasses several research issues. We have presented findings relative to these in previous articles¹. In this context, we will concentrate on presenting our results and discussing the following research issues: *"Which characteristics of presence can build salutogenic capacity and stimulate a shift towards good health and well-being?"*

Table 1 illustrates our aggregate findings related to the phenomenon salutogenic presence. The elements of the structure take their point of departure in the four characteristics of salutogenic presence: Sense of usefulness; Relational quality: wanting the best for each other; Mastery; Zest for work. Experiences of being useful are identified as the most significant, however, all four experiences seem to stimulate each other. A salutogenic presence is thereby more than a mere physical pre-

sence; it is also mental, social and existential. When all four characteristics of salutogenic presence are experienced, they become a driving force that encourages individuals to work. Once the characteristics have been experienced, they serve as a barometer for the current situation. Goal-oriented actions to maintain and reinforce them can subsequently be initiated. The competency to explore, note and understand the characteristics is yet another prominent finding in our study. The competency consists of the elements introspection, sensibility, reflection, and action/active mastery of the situation. We call this competency self-tuning, because the analyses in this study produced a process very similar to the health-promoting self-care process we previously found among nurses (Bakibinga, Vinje, & Mittelmark, 2012; Vinje & Mittelmark, 2006). Under the present circumstances, we see that the process can also be accomplished together in the workplace. We assume that self-tuning can be understood to

¹ Please see Vinje & Ausland 2012 a, b, c, and Ausland & Vinje 2012 at www.seniorpolitikk.no

be a coping resource for building salutogenic capacity.

In everything the senior leaders say about leadership, it is being useful, helping patients and users to find contentment and have a good quality of life, that is uppermost and most prominent. The leaders are aware of their own and their departments' contributions to the organisation's goals and to the community. The participants are all genuinely concerned with their field and strive to ensure that the service to patients and users will be useful:

"... zest for work is being able to give ... being allowed to exist for others".

Participants seem highly committed and happy in their work. They are aware of the competency they possess and mention a basic feeling of expertise and mastery that has come with age and experience. Participants find that they possess valuable and useful competency that is meaningful for them to use.

"I am no longer unsure about what I can do, and I know that what I can do is needed."

Participants state that the kind of presence that imbues services with quality is made possible by good relations between co-workers, and between co-workers and leaders.

"Being part of a setting where I know that people want the best for me is nice; it is a good feeling based on factors like respect, candour, generosity, understanding, magnanimity... and on managing to convey that I want the

best for you".

The salutogenic presence in leadership primarily embraces the desire to provide a good service, to focus on serving the greater good, and to develop work-related well-being that encourages this.

"I believe it is inherent in my simple philosophy as a leader, that if my co-workers feel good, we deliver wonderful service to our patients."

Creating good relational quality is a question of contributing one's mental and social presence, and of giving of one's self for the greater good.

"I think that presence is a mental phenomenon. I feel like I mean something to the group here. I am part of it. And I think that then means that I mean something to the coherence of the group."

We also see that presence is existential in the sense that using your resources to benefit others gives profound joy and meaning. The feeling of being useful and of making a difference in other people's lives is closely associated with engagement and can be understood as an existential presence in the sense of making a deliberate choice to give life meaning through work. Our participants also emphasise the importance of examining the work situation with a view to precisely these experiences. The qualities of presence are a barometer that gauges how individuals experience their work. Participants express a commitment that revolves around what is important to them at work in general, and in the specific situation in particular. They point out

that they have become better at reflecting over their own situations as they have grown older.

"... I have to experience my job as meaningful, or I might just as well find something else to do"

The leaders describe leadership as being about understanding the organisation, and their place and employees' place and responsibilities in that respect. The leaders are concerned with clarifying the goals of the service and paving the way for achievement of those goals in a professionally sound manner.

"... my task as a leader is to be a facilitator, drawing up some general lines so that they know where we are going, what our targets are and that they are clear, and then I am there to shake things up a bit and, if need be, I make some adjustments"

This shows that the leaders see the role of leader as being to clarify the organisation's "why", i.e. its utility value for society, and "how" by facilitating and getting the work to flow smoothly, if need be by "shaking things up a bit", as the quotation shows. But it is clear that the leaders are concerned with being there for their co-workers in more than one way, and that "leader presence" has more facets than simply clarification and facilitation. The leaders talk about perceiving, noticing and understanding their own and co-workers' feelings, and about dealing with and taking advantage of emotional knowledge to promote well-being and good service.

"it has something to do with 'catching' what they say... spending the minutes it takes to hear what they are saying"

Our senior participants are sentient individuals with a system of concepts that makes it possible to reflect on their own practices.

"I am more relaxed about things than I was when I was a younger leader. I don't have as much performance anxiety or concerns about my performance as a leader. Meanwhile, my experience also gives me more opportunities to ponder on the role of leader. I can think about being a leader and about how I exercise leadership... It also gives me the confidence to dare to be candid and accept feedback on how things are going."

The material shows how seniors, both leaders and co-workers alike, perceive signals from their own bodies, feelings and social interaction, and that they convert those signals into practical acts. Exploration offers opportunities to notice and accept, understand, and choose what is needed to promote one's own satisfaction and well-being.

"In my opinion, it is entirely acceptable to ask my co-workers: is this working for you? Do you think that I should do anything differently? Am I missing anything?"

"But what is said must be genuine, it must feel natural ... you can tell ..." (co-worker)

"I am well aware of it when I feel uncomfortable, dread doing something, have a stomach ...ache – or something...it..." would have been a danger signal if you did not know such feelings..." (leader)

In our view, this illustrates that sensibility is directed at others as well as at one's self. Reflection is carried out to promote service as well as relational quality. The participants state that they use the ability not only to grapple with how they themselves are doing, but also with how their colleagues are doing in the work situation by concentrating clearly on the characteristics of presence.

Discussion

The quality and limitations of the study

To enhance the validity of the study, we have engaged in systematic discussions and reflections with each other, with the participants in the last two focus groups, with students studying for their master's degrees in health promotion, and with colleagues in health promotion. The discussions revolved around the interpretation of codes, categories and latent content. The study's methods and results have also been discussed on several occasions with colleagues from other professions (at lectures, seminars, workshops and conferences). The dialogues were carried out to achieve the greatest possible insight into issues related to interpretation. Our discussions with students and colleagues confirmed that structure and competency in salutogenic presence are comprehensible and make sense to others who are not involved in the study.

The study offers no description of the actual situation in the departments in which the participants work. Leaders and co-workers came from the same

workplace only in exceptional cases. We have explored and analysed stories and conversations about 'good presence', and the experience of being in a good work situation. These women have shared their stories and experiences with us, enabling us to explore resources and perspectives on mastery, zest, interaction, fellowship and ageing, etc. In so saying, we do not deny that there are probably also destructive and pathogenic elements present in women's workplaces in particular, or in seniors' working life in general. They have, however, not been the focus of this study.

Implications for health

The most important experiences relative to staying at work are the feeling of being useful, relational quality, mastery and zest for work. These four experiences can be considered to be driving forces that draw employees towards this work in particular. Exploring the experiences will enhance them and thus further promote the desire to stay. The goal of this study is to respond to the question: "Which characteristics of presence can build salutogenic capacity and stimulate a shift towards good health and well-being?" Experience of the qualities of presence initiate the development of salutogenic capacity due to the driving force of experience in the direction of retaining and preserving or reinforcing well-being. The qualities of presence are areas for further study and investigative expertise is developed individually and collectively. Gradually, we build what might be called salutogenic capacity, i.e. the capacity to examine, mobilise and de-

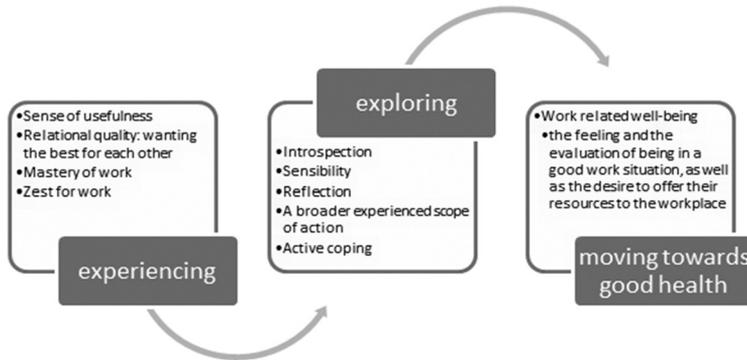


Figure 1. Experiencing and exploring characteristics of presence helps build salutogenic capacity and stimulates movement towards good health and work-related well-being.

ploy sufficient resources to achieve a shift towards the experience of good health and well-being.

Participants describe that they feel introspective and have become increasingly more attentive to and accepting of the situation with a view to the qualities of presence since they realise that they are crucial to well-being and the desire to continue working. They say that they reflect on their experiences and act in ways that reinforce them where necessary. They do so alone, or occasionally along with their leader and colleagues.

The process results in work-related well-being which is distinguished both by the feeling and the evaluation of being in a good work situation, as well as the desire to offer their resources to the workplace. We assume that work-related well-being experienced in this way will stimulate a shift towards good health on the good health – bad health continuum, which will, in turn, strengthen the experiences of the four qualities of presence. As we understand

it, these facets interact and make possible a continuous upward trend in steadily increasing work-related well-being and job satisfaction. Sensibility is moments of passive receptiveness of signals from self and others, these are captured and made the object of reflection regardless of whether they point towards improvement or deterioration. Consequently, we would contend that studying the movement towards not doing well could also be done from a salutogenic perspective.

In keeping with Eikeland's (2001) recommendations, we would suggest that structures be put into place that would enable the possibility for mutual reflection in the workplace. According to Eikeland, (1997) such exploration involves discovering, uncovering, focusing on and understanding what we ourselves do in our own practice. If the leader puts this all into a system, she may be taking important steps to retain her co-workers and improve their well-being. From the point of view of research, it would be interesting to study whether and how regular

collective exploration of the qualities of presence in the workplace has an impact on health and well-being. More specifically, it would present an opportunity to study whether self-tuning can be considered a health and coping resource which builds salutogenic capacity, i.e. a competency at the individual and/or group level with the potential to reinforce SOC.

Implications for leadership and active ageing

Will older employees be especially well prepared to reflect on their work situation, as we are suggesting here? Life-cycle transitions may result in competency in contemplation and reflection, but if that competency is to be applied to new areas such as transferring experience from life situations to working life, the reflection per se must also be subject to conscious learning along the way. Naturally, every reflection will not result in additional well-being for the person who reflects. Systematic reflection over aspects of (working) life may also engender negative feelings and have an unfortunate impact on choices of action individually and collectively. Seniors point to the development of sensibility to notice and accept signals from themselves and others. Introspection makes sensibility possible; sensibility gives relevant input for reflection, which in turn lays the foundation for deliberate choices and alternative courses of action to enhance the quality of coping with the work situation. Translated to the workplace, this would mean that the group does not start with mutual talks and reflection immediately.

It is during this process in particular that the notion of service management (Sørensen, 2008) and service leadership (Greenleaf, 1998) can be interesting perspectives to promote the feeling of mastery and usefulness in conjunction with the work. In furtherance of the goal of improving quality, the role of leader is to contribute in every way to eliminating obstacles and promoting growth, progress and a better understanding of usefulness to society. It is likely that health-promoting reflexivity and the competency to act in a department can be cultivated by making a systematic study of the team's ability to provide "service and the provision of services", not least with focus on the role of leader.

Conclusion

There are many indications that life offers learning opportunities that could be useful in working life. Employees and leaders must learn to explore their own health, and the health of the workplace, by increasing their salutogenic capacity. The ability to learn by increasing one's sensibility and by reflecting on experiences is available free of charge and can very easily be improved over time. Consequently, the workplace itself can contribute to building health-promoting working life by devoting attention to salutogenic presence. That can be done by seeking out and paving the way for opportunities to explore the qualities of presence and the dynamics of health in the workplace, both individually and in groups. The quality of service, relational quality, and co-workers' well-being will all benefit from the process. The

leader's role is to lead such a process and, by scrutinising, discovering and understanding, to improve her own practice as a leader.

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