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This article examines the impact of a value-reflective approach in health education by demonstrating the nature of professional competence development connected to this approach. It is based on findings from two three-year health educational development projects carried out by school health nurses and researchers at primary schools in Denmark from 2004–2009. We argue for the importance of reflecting on values in school health nursing in order to navigate between human values and values deriving from medicine.

Our studies demonstrate that value clarification, peer observation and reflective spaces at work develop pedagogical competences in health education that improve school children's health.

Keywords: competence development pedagogical · value reflection · health education · school health nursing

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Value reflected health education

Competence development among school health nurses

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This article examines how school health nurses in Denmark function as health educators, engaging in professional and personal value clarification as part of their practice in primary schools. The purpose of the article is to demonstrate the ways in which developmental and experimental work enforce school health nurses' pedagogical competences, based on findings from two empirical studies in different primary school settings.

According to previous studies, individual and social values have become increasingly important in health education (Kruse & Wistoft, 2008; Wistoft, 2009a). School health nurses have, for instance, long been aware that children's health cannot be split up into single units such as body, food, or the various disease risks associated with their knowledge, values, behaviour, identity, and social commitment (Clausson, 2008). This health complexity and difference in values affects children's and young people's personal involvement, including their interest in their own well-being and requires that health nurses constantly improve their competences and pedagogical approach to these groups.

However, school health nurses often feel that they are seen as problem solvers or «mini-emergency rooms». During several



Danish health educational research and development projects, school health nurses observe and report that schools, families, and society appear to expect them to monitor and solve predefined problems by appropriate methods (Wistoft, 2007).

School health nurses want to work with children's active participation, but they are constantly faced with and overwhelmed by standard expectations regarding screening height, weight and sight and also in connection with resolving acute problems. This imbalance between the demands of the work environment and the staff's ability to meet these demands is called a «moral imbalance» by Severinsson and Kamaker (1999). According to Severinsson and Kamaker, this imbalance relates to the degree of independent analytical thinking and the «ability to recognize moral issues» (Severinsson & Kamaker, 1999, p. 88) and to act upon them.

Previous research shows that health professionals' pedagogical competences have an impact on their overall competences and ability to deal with moral issues in the field of health education and promotion (Wistoft, 2009b). Danish school nurses have been motivated to increase their professional visibility and clarify their approaches to prevention and health promotion because they often experience a lack of acknowledgement, especially from teachers, social workers, parents of the children and other collaboration partners. An acknowledgement they, in contrast, get from the children and adolescents (Nordentoft & Wistoft, 2010; Roesen, Jensen, Glismann & Wistoft, 2006; Wistoft, Jensen & Roesen, 2005)

In the article we demonstrate how school health nurses can develop their ability to reflect upon and work with values. In our experience, clarification of values – professional and personal – can open minds and be regarded as a self-reflective tool to be used for increasing the quality of school health nursing.

Why values?

There are at least two main reasons to combine values clarification and pedagogical competence development. The one most commonly presented is linked to the concept of health itself. As early as 1947, WHO defined health as «a state of physical, mental and social well-being, and not only the absence of disease and disability» (WHO, 1997, p. ??). This definition of health and its subjective emphasis on mental health and social well-being require that health professionals and also higher education programmes in health promotion conceptualize and define what a healthy life means to people (König & Mittelmark, 2008).

To change the lifestyle of populations, various attempts to transfer biomedical conceptions and values about healthy living are common and prioritized politically in public health (Wistoft, 2007). These attempts often fail to recognize the individual, social or cultural values of healthy living. If the WHO's definition is taken seriously, health education must uncover the values of participants.

Consequently, health educators must enforce their competences to involve people in the process of defining what a healthy life, a healthy family or a healthy community means to them. Health professionals often emphasize the efficiency justification, while health educators focus on the participatory justification. These justifications are not necessarily in opposition, but it is important to be aware that they are embedded in different rationales and values (Kruse & Wistoft, 2008).

School health nurses in Denmark are trained nurses with proficiency in public health policies and services. Their health promotion practice demonstrates a commitment to «the whole pupil», including their families, in order to improve and protect the health and well-being of the school community. However, professionals and individuals

bring different values, traditions, knowledge and ideologies into their health educational practice (Clausson, Petersson & Berg, 2003). The professional challenge is to acquire the competencies which are needed to clarify and integrate different values from different settings, cultural traditions and visions. The temptation, however, is to simply ignore value discussions and value conflicts – because it appears to be impossible to integrate them.

Inasmuch as the health promotion processes and the dialogues with the school children and adolescents occur, different relationship models that are relevant to the clarification of health education and health promotion can be distinguished.

The value complexity of the various health educational practices is high both within and beyond the professional functions. According to previous studies (Kruse & Wistoft, 2008) the school health nurses find contrary and conflicting values in their professional functions, e.g.:

- Promoting healthy learning processes conflicts with maintaining social control
- Being a public health expert conflicts with working towards participatory health education.
- Connecting with powerful guidelines of health behaviour and lifestyle conflicts with participation in decision making
- Having an educational background in biomedical science conflicts with working with a broad concept of health
- Being part of a biomedical disease treatment system conflicts with the ideology of action competence
- Local healthy policies conflict with lifestyle recommendations made by the National Health Service
- Carrying out national prevention strategies conflicts with aims connected with participation in health promotion.

We argue that pedagogical competence includes value clarification. The purpose of this article is to illuminate the impact of a value-reflective approach in health education by explicating the nature of professional competence development connected with this approach. The article is divided into three parts. In the first part we introduce the study and participatory approach to child health care it is based on followed by a specification of the study's objectives and methods. The second part reports and discusses our findings and the process of working with a value-reflective approach in health education, including the ways in which nurses may develop their competences. In the conclusion we summarize the main points of the article.

Theoretical framework

The theoretical framework for the analyses of our data combines elements from systems theory (Leydesdorff, 2002; Luhmann, 1995, 2002a, b; Spencer-Brown, 1971) guidance and workplace learning theories (Ellström, 2006; Kvale & Nielsen, 2006; Lauvås & Handal, 2006; Lystbæk, 2007; Schön, 1983), democratic and participatory health education (Hart, 1997; Jensen & Simovska, 2005; Jensen, 1997, 2000), and empirical studies in order to grasp different semantic modalities of value clarification related to pedagogical competence development.

The data derive from two three-year health educational development projects school health nurses have completed in cooperation with researchers from the Danish School of Education, University of Aarhus. The development projects oscillate between dialogic research (experimental work and workshops) and qualitative empirical research (interviews, observations, questionnaires) to develop relevant concepts and theories. The systems-theoretical framework is

developed by the German social theorist Niklas Luhmann (1995) and by leading scholars of systems theory. It is an epistemological programme (Luhmann, 1990) related to the 'communicative turn' in sociology (Leydesdorff, 2002) and to 'the logic of distinctions' (Spencer-Brown, 1971).

To describe the complexity of values in health education, the article specifically uses a frame of interpretation developed by Kruse and Wistoft (2008). Kruse and Wistoft's model of value complexity illustrates how systems theory allows us to analyse empirical phenomena (values) in health education and health promotion as communication in social systems. It is an interpretation of values in health educational practice that makes systems theory a useful tool in our attempt to gauge the importance of value clarification.

The second part of the theoretical framework is inspired by guidance and workplace learning theories developed in the Nordic countries (Lauvås & Handal 2006; Kvale & Nielsen, 2006; Ellstrøm 2006). Guidance in the professions has been increasingly prioritized in the Nordic countries and despite the many different terms – i.e. mentoring, coaching, supervision – guidance is looked upon «as a fundamental modus of workplace learning» – both at pre- and post-qualifying levels (Illeris, 2004; Lystbæk, 2007, 2009).

Guidance has become an important part of moving beyond formal education and securing educational strategies for life-long learning in, for instance, work place settings like, for instance, school health nursing. Inspired by Donald Schön (1983) educational researchers have been critical of the scholastic paradigm and questioned if the prevailing concept of professional education can match or even enrich the complex, unstable and conflictual everyday practice in, for instance, a school setting (Lauvås & Handal, 2006). In this regard, Lauvås and Handal specifically emphasize the tacit knowing-in-action as

«the practice theory» professionals draw on in their moment-by-moment decisions and actions.

Different formats of guidance, such as peer observation/coaching and supervisions groups, may assist practitioners in reflecting on their practice theory and also their values by developing an increasing awareness of their impact on practice. Kvale and Nielsen (2006), moreover, assert the importance of looking at social dimensions of learning rather than focusing on individual learning processes. They argue that most learning is invisible in that it is incorporated into daily shared work activities. By introducing peer observation and by creating reflective collaborative spaces in the two health educational development projects, we have expected to stimulate participants' learning processes and professional outcomes.

Empirical design

The article draws on experimental knowledge from health educational practices and workshops and qualitative empirical research (interviews, observations, questionnaires) from a study of two three-year health educational development projects (Kruchov, Olsen & Reisby, 1986) that school health nurses have completed in cooperation with researchers. The projects took place at 39 primary schools in Denmark. One was completed in the municipality of Copenhagen (2004–2007), and the other was based in a provincial municipality, Randers from (2007–2010). The 34 school health nurses participating in the projects also developed, operated and evaluated the projects. Both projects have been organised in sub-projects: eight sub-projects in Copenhagen and six in Randers.

School health nursing involves different perceptions of health and a number of different basic values related to disease, life quality

and well-being, among other things (Clausson, 2008). The ambition of the project has been to combine a value-reflective and learning-oriented approach to health with a more illness- and disease-oriented approach towards treatment, cure and prevention. Both projects break with individual- and behavioural-modifying approaches to school children's health and shift focus to a participatory approach in which participants are asked to work with and link their personal values and action.

A participatory approach to child health care

Preventative and health-promoting efforts with regard to families with children, infants, school children and young people are integrated parts of Danish public healthcare. These efforts are organized and effectuated within Danish municipalities and the professionals operating in these municipalities are a combination of health visitors (HV), public health nurses (PHN), and school health nurses (SHN). School health nursing is primarily an educational matter in that it involves teaching, guidance and information with respect to children's learning and competence development. Primary healthcare, moreover, involves field work and organised health control with respect to infants and pre-school children. The fundamental pedagogical principle is not only to support children's and young people's competence but also their personal development in a health-promoting effort.

The pedagogical approach is inspired by participatory and action-oriented research and development (Kvernbekk, 1995; Svensson, 2002; Aagaard Nielsen & Svensson, 2004). The study focuses on belief, reasoning, interpretation and reflection, rather than routines, skills, or ethical rules, and takes the participatory approach to oscillate between dialogical and qualitative empirical method-

ologies (Wistoft, 2008). The overall objective for the school health nurses is to inspire children and young people to develop an active approach to achieving a healthy lifestyle. In this respect school health nursing offers a unique possibility for creating a framework for interventions oriented towards vulnerable and exposed groups.

School health care also has unique opportunities to instigate social as well as individual methods which are predominant in most health care systems. Social activities facilitate children's sharing of mutual experiences, problems, health challenges and so forth. Both projects have, therefore, worked with participatory approaches in which children and young people participate actively in preventive and health-promoting interventions (Hart, 1997). The project participants have, for instance, set targets for the interventions, participated in decision making and shared responsibility for actions. Moreover, they have evaluated and described the benefits and results of this approach to health education.

Participatory approaches reject that children's health can be improved by pre-defined methods and solutions. The aim of the developmental work was to develop mutual values, new health educational methods and goals in cooperation with the children participating in the projects. The general objective was to contribute to health pedagogical methodology development within school health nursing.

This pedagogical approach often contrasts with the way in which the established healthcare system traditionally deals with health issues where a bio-medical conception of health dominates health promotion. Health is, for instance, connected to behaviours that imply risks of lifestyle-related diseases. This approach to health and health care involves individualistic and behaviourally modified targets and criteria of success

(Wistoft, 2009a) in which health is considered the opposite of disease. However, we find that children's health should be looked at as a more complex matter than an absence of disease or a product of individual lifestyles (WHO, 2005).

The concept of health the school health nurses have applied in the development projects implies both prevention, i.e. absence of illness, and quality of life. This conception of health calls for an increased focus on school children's individual and social values, i.e. the values they communicate in interaction. Thus, health also becomes a question of what life the school children want to live and *what* they need to know and change to make this happen. The aim of the projects has been to facilitate school children's awareness of health-related challenges in their daily lives and to teach them to act appropriately. The objectives below have served as guidelines for the interventions and they have, moreover, been a framework for evaluating the projects.

The development objectives

The objectives were according to Nordentoft and Wistoft (2010):

- To strengthen children's health and well-being by developing and testing new health teaching methods
- To develop health care services for children and young people with special needs
- To develop and improve school health nurses' professional and pedagogical competences
- To develop and improve interdisciplinary cooperation between school health nurses, school teachers, leisure-time teachers and physicians for a health promoting school
- To improve the precision of future health promotion work by constructing value based health profiles for school children.

Methods used in the projects

The projects were based on experimental methods. The school health nurses have developed new health educational activities in the schools. The projects also included creative method development and testing (Wistoft, 2008) in which the school health nurses, for instance, investigated how school children perceive mental health and wellbeing, physical health, and sociality, also represents a central element. The 14 sub-projects were organized into three phases: (i) analysis of existing evidence (best practice) and problem identification; (ii) implementation of concrete development projects; (iii) dissemination, implementation, and anchoring (Nordentoft & Wistoft, 2010; Roesen, et al., 2006; Wistoft, et al., 2005).

All experiments and activities were situated at the schools. Once a month all the school health nurses met with researchers/consultants to reflect and give each other feedback in a workshop. During this process professional supervision and the fellow guidance of colleagues have been used as reflection methods to qualify the actions of the participants in the projects (Lauvås & Handal, 2006).

The data the researchers have collected in the process consists of participant observation during workshops (n=24), individual interviews with the school health nurses (n=16) and a questionnaire survey (n=67). The nurses were asked to reflect on their own gain and pedagogical competence development, and the interviews and questionnaire survey were repeated twice during the process: at the half-way point and as part of the final evaluation of the projects. Lastly, we have registered the creative and new health educational methods, skills and tools developed by the nurses.

On the basis of these data, the article discusses and summarizes how school health nurses have developed their competences in working pedagogically with school children

when health is conceptualized and linked to disease as well as to the vitality in every child's life. In this respect health education research indicates that health intervention only works if target groups develop ownership of, and also participate in, health-promoting projects. Lastly, it is important that target groups have/are given opportunities to act healthily (Jensen, 2000, 2004).

Findings

We start the findings section by describing the nurses' delineation and conception of health. Our findings point to a high degree of value complexity and dilemmas in the field of health promotion and education in the Danish primary schools. The school nurses' practice appears to be spun into apparently incompatible values, and in the next paragraph we discuss the challenges of operating within this practice while insisting on a value-reflective approach to health promotion. Lastly, we describe the ways in which the project participants have worked to increase their professional competence development and collaborated in the projects

Value-reflective concepts of health

For the school health nurses an essential part of the health developmental work has been to delineate a mutual conception of health. In the discussions, two dominant conceptions and dimensions of health prevailed (Nordentoft & Wistoft, 2010):

- An absence dimension in which health is considered to be absence of disease, unhappiness or other undesirable conditions
- A value dimension in which health is preferable and desirable.

These two perceptions of health are not necessarily contradictory. They reflect a dualism between a negative and a positive

dimension in the conception of health. An example of this dualism can be seen in a statement by one of the school health nurses in which she says that «We find ourselves between biomedicine and happiness.» (Nurse #*) Her statement shows that school health nurses are aware of this dualism and that biomedicine isn't linked to happiness. In this respect it has been important for the nurses to link happiness and other edifying values to their conceptualization of health.

The project work started with a series of discussions in which the nurses clarified their own values and made conceptual delineations of health and what it means to be healthy. Below we list the nurses' formulations of what it means to be healthy. The nurses used the list as an indicator of whether or not to intervene in children's and young people's lives. According to their list, healthiness means to (Nordentoft & Wistoft, 2010, p. 18 f.):

- experience happiness, spirit, love, and well-being
- act appropriately and change things in a health-promoting direction
- think positively about themselves and others
- have positive relationships and also trust each other
- respect and acknowledge each other's differences
- take responsibility f
- or their own and other's health
- be flexible and open to change
- take care of each other
- be comfortable with their bodies
- eat a varied diet and to be physically active
- be conscious of health risks
- avoid affronts
- relax and get enough sleep.

These statements may seem trivial, however for many children they are not. They, more-

over, represent a major clash with the traditional biomedical perspective on health. The school health nurses' mutual understanding above not only emphasizes what health excludes but also what it includes. In their point of view health is more than absence of illness. Firstly, health is biological and affiliated with physical phenomena such as adequate sleep and rest, physical activity, healthy eating and adequate meals. Secondly, health involves good relationships with family and friends. Last but not least, health includes personal confidence and a positive self-conception. However, raising these profound and existential issues has not been without challenges. Below we elaborate on fundamental challenges in integrating this complexity of values in school health nursing.

Challenges in value-reflective approaches to health

8

The value reflections in the development projects have highlighted a fundamental problem which can be formulated as the question: What does it imply to acknowledge other people's values when they come from cultures or social arenas that do not resemble one's own? The projects have demonstrated that value reflection is the ability not only to observe values, but also to observe how other values are different from your own. Like other health professionals, school health nurses come from different backgrounds and bring their personal knowledge, experiences, norms and values into health work. The question is what impact these values have on their work with children and adolescents?

Moreover, another prominent area to explore is the ways in which health professionalism and pedagogy are linked. In this respect we ask: if they have an educational background in biomedicine where the value of participation is relatively unrecognised, how do school health nurses handle educational values? To put the question more generally:

how can health professionals operate within a practice in which human values and values deriving from bio-medicine co-exist? (Häyry, 2006)

Value reflection can be described as second order moral observations (Thyssen, 1995). From a systems-theoretical perspective, values are inherent, visibly and invisibly, in all human relationships (Luhmann, 1995). Nurses often deal with value-related issues in that values are always communicated in evaluating communication. Values denote something good and demonstrate a preference, that which is preferred (rather than something less good).

A value is both the name of something that is better than anything else and a preference for the good children's self-esteem is a good example. High self-esteem generally means that children think positively about themselves, and these positive thoughts usually contain both individual and social values. Self-esteem is always related to the values inherent in the community (Luhmann, 1995).

Children and young people's actions are examples of how values and actions are interconnected. Children and young people act on their own account and often do not act in accordance with the wishes/values of parents or professionals. Their actions derive primarily from their individual values (Wistoft, 2010), and the projects show that nurses cannot normatively prescribe appropriate actions, nor can they compel children to do specific health-promoting activities.

This would potentially involve the risk of destroying children's confidence. In our experience, professionals must engage in a dialogue with the children to foster learning and health promoting change through interaction. It is, moreover, important that health professionals take children's values seriously and use these values as a point of departure in the facilitation of health-promoting skills.

Lasting health-promoting changes are value-based changes created through a combination of individual and collective actions. This means that school health nursing must integrate perspectives from the children's schools and families, as well as nurses' own perspectives.

The next paragraph elaborates on how the nurses have anticipated integrating these perspectives during the course of the projects. We illuminate the ways in which they have improved their professional competences in navigating between the two predominant perspectives to health based on respectively human and bio-medical values and developed a different value-reflective approach to health in their daily practice.

Professional competence development

Increasingly, school health nurses are dealing with children who are struggling with complex health-related problems. The school health nurses' primary motivation to develop school health care came from their personal experience and desire to break away from standard approaches and ways of working with health. They wanted to work more pedagogically with a focus on the children's and adolescents' learning and competence development. Their ambition was to establish a coherent approach in school health nursing for all children and adolescents, including those with particular needs. In this regard, the clarification of values, professional as well as personal and societal, is an essential aspect of health educational competence development (Kruse & Wistoft, 2008).

The projects have demonstrated that this value clarification first and foremost requires an ability to behave reflectively with regard to one's own and others' norms, i.e. 'accepted truths'. This has been a genuine challenge for the school health nurses because they normally reflect on experiences and not values when they discuss learning and compe-

tence development among children and adolescents in health promotion activities in their habitual practice.

A reflective value approach to practice demands that professionals confront and relinquish familiar methods and prescribed health-behaviour approaches in their interactions with school children. The participating school health nurses have, therefore, endeavoured to:

- clarify their own professionalism and knowledge including personal/professional values, perceptions of health and common concepts of health with respect to the activities they have initiated among school children
- clarify school children's knowledge, values and perceptions of health and opinions on relevant actions
- classify children's wishes for change and include these in educational objectives, i.e. what must be changed or developed; why and how?
- create space for meaningful participation, action and reflection among both school children and school nurses
- implement health promotion education, counselling, dissemination or other activities, and continually assess both content and form with respect to children's learning and health competence development
- relate to different socio-cultural ways to communicate values and various pedagogical ideas in order to break with dominant individualizing and behaviour-modifying pedagogical conceptions and 'accepted truths'.

It has been difficult for the school health nurses involved in the projects to separate their 'own values' (individual values) from their professional values and the values connected to their experimental practice. In other words, it appears to be a challenge for nurses to differentiate between and prioritize

their 'own' from their 'professional' values. They are, moreover, only able to observe values through their own values (Wistoft et al, 2005). These points are crucial for the kind of value reflection which is needed in health education. This reflection demands an awareness of the fact that the values you observe in others are the values you have experienced through your own values.

Value reflective health education, however, became the pedagogical approach to school health work in the projects. An approach based on value clarification and participant- and conduct-oriented principles in which school health nurses in dialogue with the children created a framework for new awareness among children and recognition of their knowledge and values. This recognition meant accepting the children, listening to them and their opinions and taking them seriously. Its successful use involved hard work and not least many hours of fruitful collaboration in projects. The next paragraph explains in more detail the ways in which the nurses collaborated in the projects.

Collaboration in the projects

The projects have changed the nurses' traditional working practice. Normally the nurses work on their own and only meet their colleagues at meetings and at the end of the working day. The nurses' more or less systematic mutual reflections on pedagogical methods have played a significant role in the projects. The nurses' collaboration has taken many different forms¹ ranging from more spontaneous collaboration in pairs and groups to a more structured form like peer observation (Lauvås & Handal, 2006).

In one of the projects the nurses practised peer observation in pairs and took turns observing and giving each other feedback on their health education activities. Situating peer observation and feedback within a collegial partnership with a trusted colleague

appeared to overcome participants' concerns about being the subject of evaluation and 'criticism'. Instead, the strength of collegiality was emphasized. Together with the nurses' identification of their own learning objectives the peer observation process allowed them to explore alternative ideas and actions in a secure atmosphere. The nurses' future challenge is thus to decide to trust and to do peer observation with colleagues they are not well acquainted with.

A secure atmosphere and feedback culture is mentioned by a majority of the nurses as the crucial factor for initiating innovative and fruitful learning spaces at work. Four key elements for creating this atmosphere were introduced at one of the first workshops: to be willing to share experiences, to avoid criticism, to focus on the needs of your colleague rather than your own, and to be positive and future-oriented in feedback to and guidance of colleagues.

The evaluations we have made with the project participants show that a secure atmosphere was, moreover, founded on having an explicit and clear structure for the collaboration processes. This structure was integrated in the first part of the projects where the nurses chose and planned the intervention phases of their projects. Most nurses, for instance, always met one hour before and after their interventions to discuss their thoughts, ideas and actions in more detail.

During the intervention phase the nurses' collaboration was enforced and clarified through regular interchanges between oral and written communication. The nurses, for instance, evaluated each session they had with the children, be it a conversation or a xx group of children, in writing. These written evaluations became a fixed point of departure for the nurses' reflective conversations and thus appeared to qualify their reflective and relational competences (Dysthe,

Hertzberg & Hoel, 2001). Writing became not only an important collective tool in the collaboration process, but also a personal tool. One of the nurses put it like this: «I write and I write, but I don't think that half of it will appear in the project. Writing is my way of remembering and working through my experiences.» (Nurse #*)

The nurses' collaboration has stimulated their work with a value-reflective approach to health promotion, in that the origin and consequences of their own and others' – i.e. children, adolescents, parents, colleagues – values have been illuminated and discussed together with other colleagues. In the end, the learning and competence development (Ellström, 2006; Kvale & Nielsen, 2006) the nurses have experienced has been both professional and personal because they have become more aware of their 'use of self' and own values in their practice as health care workers (Donati & Watts, 2005). In the end, the participatory and social approach of the project work has facilitated an overwhelming feeling of 'togetherness' among the school health nurses. At the half-way evaluation one of the nurses (Nurse #*), for instance, proclaimed «together we are best».

Conclusion

This article has presented the methods and results from two health educational development projects in Denmark. These projects oppose traditional perspectives which presuppose that health care should motivate children to live in a prescribed healthy manner. Instead the two development projects assist children in developing their own visions of a healthy lifestyle, healthy living conditions and the capability to act accordingly. During this process the school health nurses have learned that it is not possible to practise innovative health education without

relinquishing paternalistic intentions and paralysing health control.

However, the ability to engage in dialogue without losing a health professional's perspective is a challenge to many of the participating nurses. Experiences from the projects show that a value-reflective health educational approach makes great demands on nurses' teaching competence. This competence includes the ability to observe and act on observations from different perspectives. The nurses must be able to observe their own values, basic assumptions and considerations, as well as those of others.,

School health nurses' pedagogical competence development is improved if they are capable of assessing the goals, preconceptions and educational achievements of their practice and at the same time are able to remain open to the evaluations and values of others, i.e. colleagues. The projects reveal that school health nurses' pedagogical competences are evident in their honest and engaged approach «for real» to their work with adolescents and children. In this work they may act as 'sounding boards' for the children, making them aware of new ways to perceive health.

This approach to health care, in which standard controls, miscellaneous debugging and troubleshooting methods are discarded, makes testing of innovative participatory methods possible and thereby allows for a change of the otherwise typical autonomous working practices. This change, we argue, is only possible if professionals clarify their values and conceptualize their professional knowledge, norms and understandings. Our research indicates that the quality of school health nursing can be improved in the future by enhancing this value clarification through cooperative developmental and experimental work between health educators and researchers.

Note

I The nurses' collaboration is described in more detail in an upcoming article by Karen Wistoft and Helle Merete Nordentoft Jakobsen. For more information please consult the authors.

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