



Moving from research *on* preservice teachers to co-learning *with* preservice teachers: Employing website design for knowledge mobilization



Lorayne Robertson*, Dianne Thomson

Faculty of Education, University of Ontario Institute of Technology, 11 Simcoe Street North, Oshawa, Ontario L1H 7K4, Canada

ARTICLE INFO

Article history:

Available online 7 February 2015

Keywords:

Knowledge mobilization
Knowledge management
Body image
Co-learning
Website design

ABSTRACT

This paper outlines a two-phase research project on body image with Canadian preservice teachers. The first phase was mainly quantitative in the form of an online survey sent to 236 preservice teachers to explore their perceived levels of efficacy for teaching about body image and health. The results support earlier findings that teachers, in general, have a low comfort level with teaching body image in its complexity, and those preservice teachers who have ability and experience with sports tend to see body size more simplistically as an area of personal responsibility. Phase 2 of this research was a knowledge mobilization project working with a sub-group of the same preservice teachers. While both research phases involved the preservice teachers, the first phase involved a minimal level of cooperation in the form of data extraction. In comparison, the second phase involved significantly more cooperation with the participants through co-learning and knowledge construction activities. Findings indicate that knowledge mobilization projects can be one form of cooperative research where researchers and practitioners can collaborate in meaningful ways. These findings also illustrate how a co-learning orientation to the knowledge mobilization project promoted knowledge creation and learning for both the researchers and the preservice teachers.

© 2015 Elsevier Ltd. All rights reserved.

1. Introduction

A knowledge mobilization project on body image was undertaken at one Canadian faculty of education. All of the participants were preservice teachers in a one-year program leading to teacher certification and all had at least one undergraduate degree, although from numerous disciplines. There were two phases to the research on preservice teachers' perceptions about teaching the topics of body image and body size and shape within the health curriculum. The first phase was designed to determine the preservice teachers' attitudes and approaches to the teaching of health in general, as well as their perceived comfort with their own bodies, and their perceived efficacy with teaching a body-positive curriculum where *health* is not equated with *weight*. A body-positive curriculum instead promotes health at every weight and size, and encourages the building of self-esteem and the acceptance of a diverse range of body sizes and shapes. This first phase employed an essentially quantitative methodology through an online survey of the 246 preservice teachers. The level of co-operation required

of the preservice teachers was minimal – completion of the online survey.

For the second stage of the research, preservice teacher volunteers worked with the researchers on the design of a body image website. Here the focus of the research was on co-learning and the use of technology for the purpose of knowledge mobilization. In this co-learning and technology-supported research approach, the researchers and participants co-constructed knowledge in a collaborative endeavour and designed learning objects to report their findings. This phase was characterized by a more intensive level of participation, collaboration, and co-operation among the researchers and the preservice teachers. This paper analyzes the second phase of the knowledge mobilization project through the lens of an integrated model of knowledge management and learning convergence (Lytras & Pouloudi, 2003).

The findings from both phases presented in this paper indicate that teaching about body size and shape does challenge teachers, but knowledge mobilization efforts characterized by co-learning can result in knowledge creation and transformation. While the co-learning research was time and labour intensive, it produced results that had strong, transformative elements. The implications for future research collaboration for purposes of knowledge mobi-

* Corresponding author.

E-mail address: lorayne.robertson@uoit.ca (L. Robertson).

lization are presented in the conclusion and recommendations section.

1.1. Body image as a complex issue

Body image has been defined as, “the subjective evaluation of one’s appearance” (Smolak & Thompson, 2009, p. 4). Teaching about body image presents challenges to teachers (O’Dea, 2005; Piran, 2004; Robertson & Thomson, 2012) because it involves teaching about body size and body shape within overall societal misperceptions that there is an ideal size and shape that can (should) be attained by the general population. Earlier findings indicate that teachers benefit from opportunities to discuss body image curriculum in order to resolve these conflicting messages from society about obesity, exercise and acceptance of a wide range of sizes and shapes (Robertson & Thomson, 2014).

Teaching about body image is an important but complex health curriculum topic because perceptions about body image can impact students’ decisions about eating, exercising, and self-regard in general. In health science research, body image, eating disorders, and obesity are health topics of significance, and Smolak and Thompson (2009) find that rates of body image disturbance impact between 10% and 15% of students, a proportion that approaches the level of rates of obesity at 17%. Both eating disorders and obesity affect the quality of life for children and adolescents. Body dissatisfaction is reported to be “fairly common” and its outcomes affect children’s health including their nutritional intake and exercise as well as their psychosocial health (Smolak & Thompson, 2009, p. 4). Teasing and body image concerns impact adolescent girls’ participation in physical activity (Slater & Tiggemann, 2011). By contrast, having a healthy body image is associated with healthy eating and with participation in activities (Grogan, 2008).

Body image is also important because it is an equity issue that disadvantages some students because it involves stereotyping, stigma, and marginalization because of weight. In comparison, there is popularity and status granted to students who have more preferred body types. In addition to the stigma, students who are perceived as “overweight” are more likely to be bullied and teased about their weight (Fox & Farrow, 2009). Teachers also demonstrate that they hold stereotypes around weight; for example, teachers can hold lower expectations for overweight children in both their physical capabilities and cognitive potential (Greenleaf, Martin, & Rhea, 2008). In particular, teachers of physical education show a stronger prejudice against “overweight” students than against other groups (O’Brien, Hunter & Banks, 2007).

1.2. The teacher’s role in promoting body acceptance

Schools can be sites for teaching students a wider acceptance of body diversity but this health topic is complex and, as outlined earlier, teachers experience dissonance when teaching about body image. They understand that heredity has a role in body size and shape but, at the same time, they believe that students should take responsibility to improve and maintain an optimal body shape and size (Robertson & Thomson, 2014). In school contexts where “obesity” is perceived to be a concern, schools may try to regulate students’ diets and activities. Evans and Rich (2011) caution against over-regulating and over-monitoring students’ food and exercise, and essentially blaming them for issues over which they have little control, such as those elements of health that are socially-determined.

Teachers also have an important role in modelling body acceptance for their students. While there has been some research on the role of teachers in body acceptance programs (e.g., Haines, Neumark-Sztainer, & Thiel, 2007; Holt & Ricciardelli, 2008) other research indicates that teachers need to resolve their own personal

body image issues first (Piran, 2004). O’Dea (2005) cautions that health professionals and teachers should examine their own beliefs about fat people. Her research indicates that teachers lack the understanding and can present health misinformation to students about size. For example she finds that 85% of teachers were recommending strict calorie-controlled diets to adolescents when many of those students were experiencing normal growth spurts (O’Dea, 2005). Other studies find that physical education teachers are, themselves, influenced by the current stigma against fat people (e.g., Greenleaf et al., 2008; O’Brien et al., 2007; Peterson, Puhl, & Luedicke, 2012).

According to O’Dea (2005) blaming students for being overweight or seeing overweight as a medical issue are strategies that are less likely to produce positive results than programs which encourage physical activity. O’Dea instead recommends a focus on *health at every size* and addressing the teasing and stigma faced by children perceived as overweight (O’Dea, 2005). The perception of health as a simple goal which is under individual control is not borne out by research evidence (Canadian Population Health Initiative., 2004; Evans & Rich, 2011; Raphael, 2009). Teachers need support in encouraging students to achieve a personal best in their health while also acknowledging that other factors such as urban planning and socio-economic factors are also at play.

Despite a significant amount of research from the health sciences field on the health risks associated with body dissatisfaction (Smolak & Thompson, 2009); the reported harm from stereotyping students who are considered overweight (O’Dea, 2005); and cautions around over-regulating and over-monitoring students (Evans & Rich, 2011) there has been little evidence of change in Canadian health curriculum policies to reflect this research (Thomson & Robertson, 2012). This indicates a need for increased knowledge mobilization from health science research to education practitioners on this issue.

2. Knowledge mobilization

The transfer of research findings to action in the field or to policies has been called a range of terms such as *knowledge translation* (e.g., Graham et al., 2006; Lavis, 2006; Straus, Tetroe & Graham; 2009) and *knowledge mobilization* (Levin, 2008). There is general agreement, however, that the transfer of the findings of research to action is less than efficient. Graham et al. (2006) identify that there are multiple challenges with the mobilization of health research to health practitioners: for example, medicines can be under-prescribed or overprescribed despite research findings; some treatments are undertaken prematurely before the research is conclusive; and there is also the need for health practitioners to stay current because the field is constantly evolving (Graham et al., 2006).

In an ideal world, current health research should be evident in curriculum policies and in general education policies such as daily exercise programs in schools or the regulation of foods offered in school cafeterias. Lavis (2006) explains, however, that research and policy development are often a-synchronous operations, and that public policy implementation can be influenced by special interest groups, the budget, perceived need, decisions about timing, and other competing parameters.

2.1. New forms of knowledge mobilization

Knowledge mobilization is one process of providing information to the persons or organizations who need it or who can make the changes to help others who need it. Earlier conceptions of knowledge transfer have been characterized by a need to *disseminate* the knowledge from research so that there is uptake by the

Download English Version:

<https://daneshyari.com/en/article/10312665>

Download Persian Version:

<https://daneshyari.com/article/10312665>

[Daneshyari.com](https://daneshyari.com)