



Teachers as health promoters: Factors that influence early career teachers to engage with health and wellbeing education



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HIGHLIGHTS

- School ethos and other influences on new teachers' identity as health promoters.
- Supportive environment to foster self-knowledge and clarification of values.
- Implications for school leaders and governments to promote health education.

ARTICLE INFO

Article history:

Received 8 March 2017

Received in revised form

10 October 2017

Accepted 25 October 2017

Keywords:

Pre-service teacher education

Teacher identity

Health and wellbeing education

School ethos

ABSTRACT

Factors that affect novice teachers' willingness to engage with health and wellbeing education are explored. An online questionnaire was sent to novice teachers in England ($n = 114$) who had received pre-service training in health and wellbeing. Semi-structured interviews were conducted ($n = 14$) to support the questionnaire findings. Pre-service training appears to have some impact on new teachers. However, school ethos, attitudes of senior leadership, the level or extent of mentoring influence these novice teachers' identity as health promoters. Nurturing this nascent identity has policy and resource implications for senior leaders in schools and governments particularly where health and wellbeing is not prioritised.

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1. Introduction

Actually now having spent time in schools and seeing, perhaps, this kind of social education how important it is, almost I think more important than learning about Pythagoras' Theorem, I think social education is going to get you far further in life than actually knowing trigonometric ratios. (Secondary 62)

As this teacher suggests, the importance of personal, health and social education cannot be underestimated in facilitating the life chances of pupils. Increasingly the teaching workforce worldwide is being recognised as crucial in promoting pupil health and wellbeing (Jourdan, McNamara, Simar, Geary, & Pommier, 2010; Tang, Nutbeam, & Aldinger, 2008; World Health Organisation [WHO],

2016). However, little is known about the effect of training in health at pre-service level, or what other influences may affect teachers at the start of their careers (Flaschberger, 2013; McNamara, Moynihan, Jourdan, & Lynch, 2012; Shepherd et al., 2013). This paper aspires to bridge that gap by presenting findings from a study in England about pre-service training in health and wellbeing and addresses the following research question:

What are the factors that affect new teachers' willingness and ability to engage with health and wellbeing education?

Throughout this paper, we have used the term 'pre-service teachers' to refer to those who are in training to become teachers (typically a one-year post-graduate course in England); with 'newly qualified teachers' we denote those who are in their first year of teaching after qualifying; and with 'early career teachers' we indicate teachers in the subsequent two years after qualifying.

1.1. Background to health and wellbeing education

In English schools the main vehicle for delivery of health and

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wellbeing education is Personal Social, Health and Economic Education (PSHEe). This is a non-statutory subject; content and mode of delivery is at the discretion of each school (Department for Education [DfE], 2013). Consequently experiences of teaching health and wellbeing are highly variable (Dewhurst et al., 2014; Shepherd et al., 2013; Formby, 2011). Therefore opportunities to capitalise upon and cement pre-service training, or being supported as a new teacher of PSHEe, are likely to be inconsistent and may affect teachers' commitment once qualified (Myers-Clack & Christopher, 2001). However, some countries have made statutory provision for health to be included in their curricula in order to maximise the benefits of the synergies between health and wellbeing and education (McNamara et al., 2012; Välimaa et al., 2008). In Finland, health and wellbeing is recognised as an independent subject (National Board of Education, 2003; 2004) and schools are regarded as prime settings to promote children's health and wellbeing with training in health and wellbeing integral in pre-service teacher education (Välimaa et al., 2008). Health and wellbeing is a compulsory subject for children aged 12–15 years in Ireland, although little pre-service teacher education in health currently takes place (McNamara et al., 2012). In New Zealand health is taught as a dual subject with physical education (Sinkinson & Burrows, 2011). These international variations may impact on the level of commitment schools and teachers in different countries make with respect to health and wellbeing education, and therefore affect how new teachers' engage with health and wellbeing education.

1.2. Influences on novice teachers' identity as health promoters

Novice teachers are also subjected to a myriad of influences beyond their training, including the school environment and culture (Beauchamp & Thomas, 2009; Day & Gu, 2010), experiences in school (Flores & Day, 2006; Pillen, Den Brok, & Beijaard, 2013), encounters with significant others (Schatz-Oppenheimer & Dvir, 2014) including the level of support and mentoring (Fletcher, Strong, & Villar, 2008; Hobson, 2002; Izadinia, 2016; McIntyre & Hobson, 2016), inclusion in the community of practice (Cuddapah & Clayton, 2011; Lave & Wenger, 1991), previous life experiences (Friesen & Besley, 2013) as well as their choice of subject discipline (Beijaard, Meijer, & Verloop, 2004; Pellegrino, 2015; Varghese, Morgan, Johnston, & Johnson, 2005; Wrench & Garrett, 2012). These factors affect their nascent teacher identity and inevitably impact on beliefs and attitudes about health and wellbeing as a worthwhile subject to pursue (Beauchamp & Thomas, 2009; Jourdan, Simar, Deasy, Carvalho, & McNamara, 2016). How new teachers perceive their professional identity affects their self-efficacy, and as non-specialists in health and wellbeing, the opportunity to develop a confident health promoting identity may be lost (Mead, 2004).

The predominant socio-cultural environment of the school influences the evolution of new teachers' identity and moulds their attitudes (Day & Gu, 2010). As Green and Greive (2007, p. 34) noted, "Attitude does not arise in a vacuum; the beliefs and feelings that crystallize into the attitude are shaped by background factors". A school with an ethos that values health and wellbeing will induct new teachers into positive attitudes towards the subject and to emulate the good practice that they witness (Brown, Busfield, O'Shea, & Sibthorpe, 2011). Such schools are likely to have a philosophy of education that regards the development of the whole child as paramount and enables them to flourish (Norrish, Williams, O'Connor, & Robinson, 2013). Amongst other factors this is commonly supported by a leadership team that advocates health and wellbeing for all staff and pupils, effective relationships with parents and carers, as well as good resources to teach health

and wellbeing (Brown et al., 2011; Jourdan et al., 2016; Stolp, Wilkins, & Raine, 2015).

However, regardless of the school ethos, some new teachers may be advocates of health and wellbeing education. Influences beyond school including life experience such as being a parent, having a positive experience of health and wellbeing education as a pupil, or having a strong sense of personal morality can increase novice teachers' self-efficacy and affect how they approach their professional duties, including promoting health and wellbeing as part of their wider pastoral role (Connelly & Clandinin, 1999; Hecimovich & Volet, 2011; Jourdan, Pironon, Berger, & Carvalho, 2012; McNamara et al., 2012; Mead, 2011).

Whatever their life experiences, training at pre-service and in-service levels has an impact on new teachers' willingness to engage with and promote health (Byrne et al., 2016; Jourdan et al., 2010). However, training in health and wellbeing at pre-service level in England is inconsistent and in-service training has been reduced, as priorities for schools and teachers have shifted towards academic subjects and achievement (Byrne et al., 2015; Brown et al., 2011; Formby & Wolstenholme, 2012; McNamara et al., 2012). The increasing emphasis on a vertical discourse in schools that has a highly prescribed curriculum, differentiated into traditional subject content areas is also likely to be detrimental to including subjects like health and wellbeing with its more horizontal discourse and diffuse knowledge (Bernstein, 1999). Therefore, new teachers may have fewer opportunities to develop their knowledge and skills as health promoters. Furthermore, the focus on performativity within the educational landscape has resulted in a tendency towards instrumentalist approaches to teacher training that are diametrically opposed to the development of professional values, practitioner autonomy and an ethical self-concept (Ball, 2003; Mead, 2011; Turner-Bisset, 2001) that are regarded as crucial in dealing with health and wellbeing (Paakkari & Välimaa, 2013). As a consequence, having the self-efficacy to develop a confident health promoting identity may be at risk in schools with an ethos of high performativity (Mead, 2004).

Teachers' identities are negotiated through experience and how an individual makes sense of that experience (Sachs, 2005). Therefore the powerful vertical discourse of subject disciplines has the potential to affect how the identity of a new teacher is constructed, so that they see themselves as a teacher of English or Science rather than a pedagogue with a more holistic agenda including health and wellbeing (Beijaard et al., 2004; Day & Gu, 2010; McNamara et al., 2012).

However, identity is developed not only as a result of personal reflection but through interactions and conversations in a professional context that creates a joint narrative which reinforces that identity (Sfard & Prusak, 2005). As Beauchamp and Thomas (2009, p. 178) noted, "A teacher's identity is shaped and reshaped in interaction with others in a professional context". Effective mentoring both at pre- and in-service levels has been recognised as an important feature of ensuring new teachers stay within the profession and are empowered and motivated to develop their skills and knowledge, consequently increasing their self-efficacy as a professional and fostering positive attitudes towards the subjects they teach (Huizing, 2012; LoCasale-Crouch, Davis, Wiens, & Pianta, 2012). A supportive environment and experienced staff who are willing to engage in dialogue and share their wisdom and experience to lead and guide new teachers appears to be conducive for them to develop the professional knowledge and personal values to facilitate the process of change that is required to develop their identity as educators including how to teach health and wellbeing effectively (Mead, 2004, 2011; Thomas & Jones, 2005).

Paradoxically, as the global focus on academic achievement and the vertical discourse in schools is likely to reduce attention on

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