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# School health promotion and teacher professional identity

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## Abstract

**Purpose** – Health and education are inextricably linked. Health promotion sits somewhat uncomfortably within schools, often remaining a marginal aspect of teachers' work. The purpose of this paper is to examine the compatibility of an HP-initiative with teacher professional identity.

**Design/methodology/approach** – A qualitative research design was adopted consisting of semi-structured interviews. In total, 49 teachers in two school districts in the Auvergne region in central France were interviewed in depth post having completed three years' involvement in a health promoting schools initiative called "Learning to Live Better Together" ("Apprendre a Mieux Vivre Ensemble").

**Findings** – Teachers in the study had a broad conceptualisation of their role in health promotion. In keeping with international trends, there was more success at classroom than at whole school level. While generally teachers can be reluctant to engage with health promotion, the teachers in this study identified having little difficulty in understanding their professional identity as health promoters and identified strong compatibility with the HP-initiative.

**Practical implications** – Teachers generally viewed professional development in health promotion in a positive light when its underlying values were commensurate with their own and when the context was seen as compatible with the school mission. The promotion of health in schools needs to be sensitive to professional identity and be tailored specifically to blend more successfully with current teacher identity and practice.

**Originality/value** – The promotion of health in schools needs to be sensitive to professional identity and be tailored specifically to blend more successfully with current teacher identity and practice.

**Keywords** Health promotion, Identity, Teachers, Schools

**Paper type** Research paper

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## Introduction

St Leger and Young (2009) advocate that a whole school approach to health promotion in schools, improves learning, increases emotional well-being and reduces health risk behaviours. A whole school approach is comprehensive in nature. Vital features to comprise a whole school approach have been found to include: positive staff-pupil relationships; staff development and education; teamwork; the active involvement of parents; the local community and key local agencies; starting the approach early with the youngest children and long-term commitment (Weare and Nind, 2011). The health promoting schools approach advocates a similar comprehensive agenda in terms of the intersection between school organisation, school ethos, curriculum and partnerships with parents and the local community (International Union for Health Promotion and Education (IUHPE), 2010). Indeed, the WHO advocate that more effective health promoting schools are those who are actively engaged in promoting health among students, staff, families and community members (WHO, 2000; IUHPE, 2010).

This thinking underpins the various initiatives that have led to the development of the broad concept of the health promoting school (St Leger, 1998; Barnekow *et al.*, 2006; IUHPE, 2010), therefore a whole school approach is in keeping with the health promoting school initiative with its focus on creating supporting environments for learning and development. However, adopting a whole school health promotion approach is complex, multi-faceted and contextually specific (individual to each school). The evidence of whole school health promotion effectiveness is less clear because of such complexity. Weare and Nind (2011) have identified the problematic of evaluating the effectiveness to whole school approaches and point to the lack productive outcomes due to the dearth of robust evaluations. The challenges in terms of the production whole school health promotion school evidence is reiterated in the literature culminating in calls for more robust research that takes account of the influence of the school setting Samdal and Rowling, 2013; Dooris and Barry, 2013; Rowling 2002). Weare and Nind (2011) draw careful attention to the fact that interventions were only effective if they were completely and accurately implemented stating that this applied particularly to whole school interventions which could be ineffective if not implemented with clarity, intensity and fidelity.

### *Teachers and school health promotion*

Many factors govern the success of health promotion in schools such as the political will to develop health promoting schools policy and practice (Young and Currie, 2009). Meaningful engagement in health promotion in schools for teachers is dependent on several factors including their perspectives on its relevance (Jourdan *et al.*, 2011). Teacher commitment to, and identification with, health education is essential for sustained teacher engagement with health education and promotion in schools. Also how effectively teachers conceptualise their role in health promotion as commensurate with their professional identity as a teacher has a bearing on the sustainability of their engagement with school health education and promotion. The creation of a favourable environment is determined by: the support of principals, and teachers; staff's general attitude towards their role in health promotion; perceptions of the effectiveness and acceptability of health promotion programmes, belief in their own professional effectiveness; and factors linked to the policy itself, such as training and support given to staff (Allensworth and Kolbe, 1987; Shepherd *et al.*, 2002; Han and Weiss, 2005; Barnekow *et al.*, 2006). According to Day and Gu (2010, p. 33) "teachers teach because they believe in something". The success of health promotion in schools

depends on teachers' beliefs about whether they have a contribution to make as well as their beliefs as about whether they actually have the professional capacity to implement it (Lee *et al.*, 2007). Teacher commitment therefore plays a crucial role (Jourdan *et al.*, 2008).

Teacher commitment in health education and health promotion in schools is complex and at times driven by personal values: it can be also be enhanced or diminished by factors such as collegial and/or administrative support, as well as local and national educational policies (Day, 2000). Teachers have many competing pressures in terms of time and experience, in particular distinct pressures to teach what are considered core curriculum subjects in the face of exam pressures. As a result health promotion in schools often remains a marginal aspect of teachers' work (Audrey *et al.*, 2008). In terms of compatibility and coherence between health promotion activities and teacher professional identity, it is important that health promotion in schools is seen by teachers as integral to their role.

*Teacher identity*

Teacher professional identity can be defined as how teachers define themselves to themselves and to others, and can be understood as a construct of professional self that evolves over career stages (Lasky 2005; Ball and Goodson, 1985; Huberman, 1993; Sikes *et al.*, 1985). Teacher professional identity can be understood as providing the basis by which teachers frame "how to be", "how to act", and "how to understand their role" (Sachs, 2005, p. 15). While traditionally professional identity has been perceived as static it is now more generally understood to be fluid and influenced by several factors (Beijard *et al.*, 2004). Indeed, teacher identity is now understood as being influenced by an on-going process of interpretation and re-interpretation of professional experiences (Beijard *et al.*, 2004). Teachers construct meaning about what is of value and central to their practice as a result of these experiences and importantly these ideologies can alter over time. Kelchtermans and Ballet (2002) and MacLure (1993) advocate that political interest and personal values shape teachers professional actions. Teachers' personal experiences and beliefs also strongly influence the construction of their professional identity (Britzman, 1991; Holt-Reynolds, 1992; Richardson, 2003; Lim, 2011). This professional identity helps teachers to situate themselves and to make effective judgements about their practice (James-Wilson, 2001).

Teacher identity is predominantly constructed from the technical aspects such as classroom management and subject expertise (Beijard *et al.*, 2004). It is closely linked to subject specialisation (Day *et al.*, 2006). Where teacher identity is predominantly drawn from subject specialisation, it can be more challenging to implement whole school initiatives in health promotion because teachers may not necessarily perceive the relevance to their individual role as teachers. As a result, in many countries, health promotion suffers a lower parity of esteem amongst teachers in comparison to core subjects (Roe, 2010). However, teacher professional identity is not only influenced by the more technical aspects of teaching but it is also an interaction between the personal experiences of teachers and the socio cultural and institutional environment in which they work (Day and Gu 2010; Sleegers and Kelchtermans, 1999).

It is therefore important with any health promotion initiative in schools that time is given to supporting teachers to make the connections between what they might understand as their role in the transfer of knowledge and their role in the development of children's health and well-being, in order to facilitate deeper connection and

commitment to the initiative, and that this is done in a socio cultural and institutional context that is health promoting. In the literature we now see a stronger call for health education and health promotion as an essential element in teacher training (Lee *et al.*, 2003; Myers-Clack and Christopher, 2001; Jourdan, 2011). Inclusion of exposure to health education and promotion in initial teacher education is intended to promote more openness amongst teacher education students to conceptualise health promotion as having an important role to play in their future practice as teachers.

While exposure in initial teacher education is important, in practice in schools a pragmatic approach that facilitates deepening of teacher awareness and commitment is also needed. Evidence suggests that successful implementation of health promotion in schools is influenced by the level of in-service training that teachers receive and by collective involvement of the school (Jourdan *et al.*, 2002, 2010). Sustained and effective professional learning both influences and is influenced by teacher professional identity. Individual professional identify will influence the motivation and commitment of the teacher to engaging in professional leaning (Day and Gu, 2010). In turn professional learning can also influence teacher professional identity to include sustained motivation and commitment to implementation of an initiative (in this case the teacher as a health educator). Teacher education that facilitates teachers to identify more clearly that they have an important role as a health educator and to incorporate that role as part of their vision of themselves as teachers (in other words their professional identity) is important because how teachers perceive who they are, their self-image, the meanings that they attach to their work and the meanings attached to it by others (Day and Gu, 2010) have a significant bearing on what teachers choose to teach.

Gaining deeper insight into the compatibility of health promoting schools initiatives with teacher professional identity and school practices was therefore the aim of the present study. This paper examines the link between teacher professional identity and health promotion in the context of a specific health promotion initiative in schools. Specifically, this research examines three dimensions of teacher professional identity in the context of health promoting schools: professional positioning in relation to health promotion; compatibility with school context; and teachers' perception of their role and their practices, in the context of a health promotion initiative in schools in France.

## Method

### *Context*

In France, health education is not taught as a separate subject but as a part of citizenship education (French Ministry of Education (FME), 1998, 2006a, b, 2011, 2014). It does not require specialist teachers but is a part of the everyday activity of all school staff. It is focused on developing students' ability to make enlightened and responsible decisions. "Unlike conditioning, health education aims to help young people gradually build personal capacity in terms of making decisions, adopting responsible behaviour, for themselves and with respect to other people and the environment, it also makes it possible to prepare young people for playing a responsible role in society where health matters are of major concern" (FME, 1998, p. 2574). The current "official" view of health education in the French education system by the French Ministry of Education is that it is integral to the education of the person and the citizen (FME, 2001). The school is seen as well placed to contribute to the area of health promotion. Nevertheless, studies have shown that in practice French schools set a low priority on health education (Do and Alluin, 2002).

*The "Learning to Live Better Together" initiative*

In this context, a teacher in-service initiative called "Learning to Live Better Together", LLBT (Apprendre a Mieux Vivre Ensemble) was designed specifically to support school staff to implement school health promotion (Jourdan *et al.*, 2011). The aim of the initiative is support teachers in their health promotion practice in schools (teaching practices, community links and partnerships, school organisation). The characteristics of this health promoting initiative are as follows:

- General content: the initiative includes teacher education, school team support, resources and tools and institutional lobbying. The core of the programme is professional development for teachers provided by the Department of Education Support Services and the Department of Teacher Training of the University (IUFM).
- Underpinning principles: this model of teacher education is based on evidence suggesting that teacher education can positively influence teachers' health promoting practices (Goigoux,2007; Leplat, 2008) and that health promoting schools can enhance the well-being of children and teachers at school, improve the relationship between schools and families (Hamel *et al.*, 2001; Schoonbroodt and Gélinas, 1996), develop children's health knowledge attitudes and skills, and possibly improve children's social emotional and physical health.
- Content of the training: the content of the training initiative is based on the framework of the IUHPE (2010) with a special emphasis on oral and written expression in the mother tongue (using recommended children's literature). At the outset 1/3 of the teachers (at least one per school) undertook one week of training. All teachers over the course of the four years participated in $3 \times (1/2)$ days sessions three times a year. All teachers were supplied with resources including teaching materials mapping and assessment tools.
- School participation: two school districts were selected in the Auvergne region in central France. School participation in the programme was on a voluntary basis. The choice being made by the staff through voting, only one school did not take part to the project. This meant that while some schools reached consensus in the choice to participate, for others it was a case of decision by majority and the fact that a school participated did not mean that all of the teachers were willing to be involved. Thus, schools had different teacher participation patterns.
- Evaluation: an evaluation of school well-being was carried out each year, involving both student and staff perspectives, taking into account students' knowledge of health-related issues and the school's relationship with parents. Results of the evaluation were then communicated to the school staff to assist them in developing a school policy which would meet the needs of the whole school community.

*Schools and participants*

The study was conducted in a sample of 11 primary schools (consisting of nursery and elementary schools) availing of the in-service initiative in the Auvergne region of France.

The sampling process was based on three criteria: school location (rural vs urban), size of the school (small $< 4$ classes and big $\geqslant 4$ classes) and socioeconomic status of the school area (privileged vs underprivileged). Eligibility for participation in the study extended to all the teachers (59) in these 11 schools (Table I). Of the total, 49 were interviewed.

| | A | B | C | D | E | F | G | H | I | J | K | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Schools* | | | | | | | | | | | | |
| Location[a] | R | U | R | R | R | R | U | U | U | R | U | R: 6, U: 5 |
| Type | NP | P | N | NP | P | P | P | P | N | NP | N | N: 3, P: 5, NP: 3 |
| Size | S | L | S | S | L | L | L | L | L | S | L | S: 4; L: 7 |
| Social category[b] | AD | AV | AV | AV | AD | AV | D | D | D | AV | D | AD: 2; AV: 5; D: 4 |
| Number of teachers | 3 | 5 | 3 | 2 | 6 | 7 | 2 | 14 | 8 | 4 | 5 | 59 |
| *Teachers interviewed* | | | | | | | | | | | | |
| Number of teachers | 3 | 5 | 2 | 2 | 6 | 6 | 2 | 9 | 6 | 3 | 5 | 49 |
| Men/women | 0/3 | 0/5 | 1/1 | 0/2 | 1/5 | 1/5 | 1/1 | 3/6 | 0/6 | 0/3 | 1/4 | 8/41 |
| Teachers involved in the programme from the beginning | 2 | 3 | 2 | 2 | 4 | 3 | 2 | 6 | 6 | 2 | 3 | 35 |
| Teachers who took part in initial one week training | 1 | 2 | 1 | 1 | 2 | 1 | 2 | 2 | 2 | 1 | 1 | 16 |

**Notes:** R, rural; U, urban; N, nursery schools; P, primary schools; NP, nursery + primary; S, small school, number of class $< 4$; L, large school, number of class $> 4$; AD, advantaged; AV: average; D: disadvantaged. This table presents schools and teaching population involved in the study. In total, 11 schools (59 teachers) participated in the study. Of the total, 49 were interviewed. Out of the ten teachers who did not participate in the interviews, eight were absent at the time they took place (sick leave, attendance at professional training or working in another school), and two refused to participate; [a]School location was determined according to the French National Institute for Statistics (INSEE) classification; a town is classified as urban where the population is more than 2,000; rural where less than 2,000; [b]Social categorisation of the school was based on the classification of the National Education Department (DREES). Data were obtained from the schools

**Table I.** Characteristics of the population

*Data collection*

A qualitative approach was adopted consisting of semi-structured interviews carried out three years after the introduction of the initiative. The interview guide was designed by the research team in reference to the work of St Leger (1998). It was pilot tested in three primary schools. It offered a framework to explore teachers' perspectives of: the link between the initiative and their professional role; the impact of the initiative on their role, their practice, on students' behavior and on relationships within the school community; what they themselves had gained from the initiative, professionally and personally; and their experience of implementation of the initiative in their schools as well as their views on the initiative itself. The interview schedule also included time for participants to give their recommendations for how the initiative might be improved. The interview guide and research information were sent out prior to interview to give the teachers an opportunity to familiarise themselves with the focus of the interviews.

*Material and procedures*

Interviews were performed by a research assistant. Her role was limited to the evaluation, she was not involved in the training and support of school staff. Interviews were tape-recorded and transcribed verbatim. Interviews were coded with a letter corresponding to the school (from A to K) and a number corresponding to the teacher (e.g. B05 means school B, teacher 5). Two techniques were employed for the content analysis of the interviews, one being a manual "categories" or "significant headings"

approach, the other an automatic quantitative descending analysis, using the Tropes software (version 6.2). The content analysis was carried out independently by two research assistants, using Bardin's (2001) three-step method (encoding, categorization and interpretation) and was validated following discussion by the research team. The various themes were compiled. Comments were coded and synthesised into overall themes which were then further subdivided and categorised.

*Ethical considerations*

This study was approved by the chief education officer of the region and the ethics committee of the "Learning to Live Better Together" programme (CNIL No. 1332359). The ethics committee was co-chaired by a professor from the French School for Higher Studies in Public Health (EHESP) and a school inspector. The content of the interview guide and the covering letter, the organisation of data collection was validated by the steering committee. Teachers were free to choose whether or not to participate. All data were kept confidential. Interviews transcripts were anonymous.

## Results

*Professional positioning of teachers in relation to the health promotion initiative*

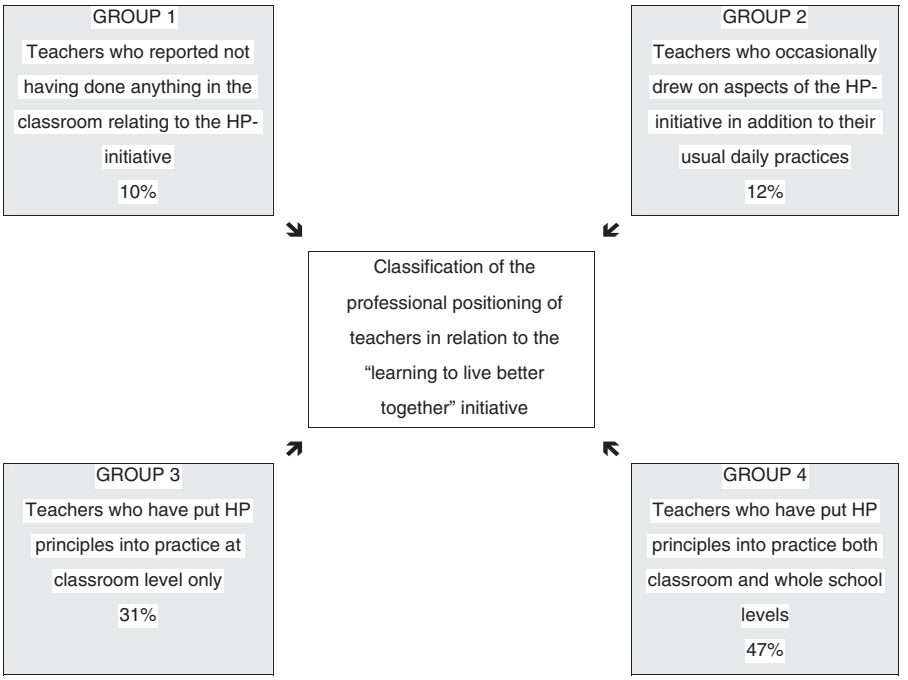
Out of a total of 59 teachers, 49 were interviewed (83 per cent of the total population). The majority of participating teachers were female (80 per cent), as was also the case for the interviewees (84 per cent female), which correspond to percentage of female teachers in the general population (82.6 per cent). Out of the ten teachers who did not participate, eight were absent at the time interviews took place (sick leave, attendance at professional training or working in another school), and two declined to participate (corresponding to 3 per cent). Among those interviewed, 35 (71 per cent) had been involved from the beginning of the initiative. All those interviewed participated in in-service training in the course of the three years.

Teachers could decide individually whether they wished to participate in the initiative.

While 100 per cent of the teachers participating in rural schools stated they had applied various practices relevant to the initiative, 69 per cent had done so in urban environments.

A typology to classify the professional positioning of teachers (Figure 1) was developed:

- The first group consisted of teachers not participating in the initiative (10 per cent). The majority of teachers in this group worked in an urban setting (80 per cent), joined the initiative at a later stage (60 per cent) and did not participate in the initial training session (80 per cent). These teachers, who reported not having done anything in the classroom relating to the initiative, considered it irrelevant or expressed difficulty in positioning themselves in relation to the criteria. Two teachers expressed active opposition to the programme.
- The second group consisted of teachers (12 per cent) who said they applied some of the methodologies in the classroom to a limited extent, or in some way enhanced their usual daily practices drawing on aspects of the initiative. This group consisted exclusively of women working for the most part in urban settings (83 per cent). None of this group had attended the initial one week training, 83 per cent of them having joined the initiative after it had begun. Their participation was limited to less specific implementation of class plans suggested in the training programme and in the LLBT handbook.




**Notes:** Four groups of professional positioning of teachers in relation to this HP-initiative were identified. The first group consists of teachers not participating in the initiative. The second consists of teachers who occasionally drew on aspects of the initiative in addition to their usual daily practices. The third and fourth groups consist of teachers who actively participated in the initiative. Group 3 carry out HP at classroom level only; Group 4 at both classroom and whole school levels

**Figure 1.** Typology of professional positioning of teachers in relation to HP

- The third and fourth groups consisted of teachers who actively participated in the initiative (78 per cent). Group 3 worked at the classroom level only; group four worked at both classroom and whole school levels. In total, 91 per cent of teachers working in rural settings belonged to this group, as opposed to 67 per cent in urban settings. These two groups included teachers who were involved in the initial one week training (94 per cent) as well as those involved from the beginning of the initiative (65 per cent).

*General overview of results*

In general, teachers interviewed referred a great deal to the initiative – about life in the classroom and in the school itself, as well as about former practice (compared with present practice).

The analysis, carried out with the help of the Tropes R software instruments, showed the main semantic fields focused on were: time, education, the child, family, communication, body and behaviour.

In total, 22 categories emerged from the content analysis (the various categories and the frequency and tenor of the responses can be seen in Table II).

For the purposes of this paper the focus is on the intersection between health education and teacher identity. Because the literature on teacher professional identity (e.g. Flores and

| Categories | Item not mentioned % | Item not mentioned Number | Item mentioned % | Item mentioned Number | Item mentioned Positively % | Item mentioned Positively Number | Item mentioned Negatively % | Item mentioned Negatively Number |
|---|---|---|---|---|---|---|---|---|
| Individual participation to the initiative | | | 100 | 49 | 90 | 44 | 10 | 5 |
| Perception of official support at the outset | 92 | 45 | 8 | 4 | 50 | 2 | 50 | 2 |
| Perception of official support at present | 96 | 47 | 4 | 2 | 100 | 2 | | |
| Ethical questions | 55 | 27 | 45 | 22 | 100 | 22 | | |
| Acceptance of values underpinning the initiative | | | 100 | 49 | 98 | 48 | 2 | 1 |
| Professional rewards | 33 | 16 | 67 | 33 | 88 | 29 | 12 | 4 |
| Personal rewards | 78 | 38 | 22 | 11 | 91 | 10 | 9 | 1 |
| Compatibility with teacher role perception | 20 | 10 | 80 | 39 | 100 | 39 | | |
| Usefulness in the school context | 47 | 23 | 53 | 26 | 85 | 22 | 15 | 4 |
| Usefulness in the classroom context | 43 | 21 | 57 | 28 | 75 | 21 | 25 | 7 |
| Suggestions for improvement | 8 | 4 | 92 | 45 | 76 | 34 | 24 | 11 |
| Relevance of the initiative | 8 | 4 | 92 | 45 | 89 | 40 | 11 | 5 |
| Relevance of support offered | 29 | 14 | 71 | 35 | 71 | 25 | 29 | 10 |
| Relevance of evaluation process | 43 | 21 | 57 | 28 | 54 | 15 | 46 | 13 |
| Clarity of objectives at the outset | 43 | 21 | 57 | 28 | 54 | 15 | 46 | 13 |
| Clarity of objectives at present | 33 | 16 | 67 | 33 | 67 | 22 | 33 | 11 |
| Professional outcomes | 10 | 5 | 90 | 44 | 91 | 40 | | |
| Personal outcomes | 59 | 29 | 41 | 20 | 100 | 20 | | |
| Student outcomes | 31 | 15 | 69 | 34 | 85 | 29 | 3 | 1 |
| Staff outcomes | 14 | 7 | 86 | 42 | 76 | 32 | 2 | 1 |
| Family outcomes | 29 | 14 | 71 | 35 | 17 | 6 | | |
| Community outcomes | 65 | 32 | 35 | 17 | 6 | 1 | | |

**Table II.**
Summary table of items mentioned by those teachers interviewed

**Notes:** All categories were not present in the interviews of all teachers. For example, all types of teachers talked about their participation in the initiative: 44 of them said they enhanced their usual daily practices drawing on aspects of the initiative at least occasionally; five not. The category "impact on students" was present in only 34 of the interviews. Within these 34 interviews, 29 teachers considered the impact of the initiative on students as being positive. One considered the impact was negative

Day, 2006) identifies the importance of self-concept, the influence of context and how teachers conceptualise their work and its impact the following themes were drawn from across the categories above and are specifically focused upon: teachers' perspective of their role; perceived compatibility with the school context; teacher accounts of the initiative and its characteristics; and teacher perceptions of the impact of the initiative.

*Teachers' perspective of their role*

Teachers perceived their role as broader than subject knowledge transmission:

> I am working with "Le petit humain[1]" – and so on basic human needs, and I asked them at the start to write out for me what they themselves needed to feel good physically and mentally (B 01).

They discussed what was perceived as "ways of being" in the classroom, with specific attention to development of personal and social skills:

> Living in community is, of course, an everyday concern, but the fact of focusing on it a little more means that I go a bit more deeply into things; I still do the classroom work as usual, but I feel I have another perspective – emphasizing certain things that I used to do more superficially up to now (J 02).

They also had a broader perspective of the whole school environment that included listening to the needs of their children:

> What is important is that we actually took stock of things […] last year we realized that there were issues, for example about the toilets, that the little ones were being pestered by the older ones, and so we made changes to improve things, based on listening to the children themselves (H 06).

Participation in the initiative had both individual and collective dimensions as teachers perceived that the programme also facilitated collegiality in addressing issues related to whole school and classroom management during the school year:

> At teacher meetings we talked about the project and about working together more on common projects. Instead of each one of us writing out rules for our own classes, we collectively wrote rules for living together (K 05).

The motivations that they cited for participating in the initiative were the compatibility of the terms of the initiative with their own ideas of their professional role and the role of the school, and the perceived relevance of the initiative (clarity of objectives, training and support, ethical questions):

> Personally, I do think, learning to live better together is a priority for our society (I 02).

Interviewees also identified that personal motivation played a central role in their choice to participate, in particular if the values underlying the initiative were compatible with their own, how the purpose of the initiative was conceptualised, and personal and professional enrichment):

> Sure, I'm involved because I believe this work cannot be ignored, it is really useful (H 01).

*Perceived compatibility with the school context*

In total, 80 per cent of interviewees believed in the compatibility of the initiative with the mission of the school. Over half the teachers interviewed (53 per cent) referred to the link between the initiative and school culture and, of these, the majority (85 per cent) saw the initiative as relevant to the needs of their own school:

> Because they are children it's important that a lot of little things are embedded and reinforced for them, through their everyday experiences in the classroom, in the school and in their family lives. And I think for them, it's really, really good (I 04).

In total, 15 per cent of teachers, on the other hand, reported it as not being relevant to their school needs, describing their school as being relatively "problem-free".

Analysis of the interviews produced a further category, linking the initiative with classroom management, an area referred to by more than half the teachers (57 per cent). Indeed, among these, three quarters of teachers considered the initiative to be relevant to their classroom situation:

> The year I came back, I had a very difficult class who were badly behaved. I came back because of that – there was major disruption in my class […]. It was in first year but they were outrageous. That's why I came back into the initiative (B 05).

A further 25 per cent differed, or at least stated that their ability to participate varied from one year to the next according to various contextual factors such as pupil numbers, work conditions and school climate:

> This year I haven't got around to it [participating in the initiative]. That's due simply to the fact that that year I had a double class (I 03).

*Teacher accounts of the initiative and its characteristics*

In total, 45 of the 49 teachers raised the question of relevance, with the great majority of these teachers considering the initiative to be relevant (89 per cent):

> I think there are lots of opportunities […] to listen to others, to say we tried this or that and that this works, to see what kind of problems others have, […] to get out of school; it's really these exchanges (A 01).

They felt that the initiative also encouraged self-awareness and care for teachers themselves:

> But also myself that's supporting me better than before (A 01).

Teachers expressed satisfaction with the training reflectively, pedagogically and collegially:

> We had very interesting training sessions […] in terms of the encounters it allowed us to have with our colleagues […]. To share experiences, practices […] difficulties, little successes […]. things we often do not get to talk about; we discovered, or rediscovered, for example, the value of picture books, but using them in a more systematic way […]. Differently from how we might have used them in general before now, with infant classes, […] and as well, I 'd say the value of sharing practice (C 02).

Teachers were aware that much of "health promotion teaching" is not measurable in the traditional test or exam:

> […] one is always wondering […] as we never fully know the result of the work we do with students […] and the fact of having questions that provide a basis for reflective practice […] yes, asking if the children have done this or that […]. I hadn't really thought about it, either about their behaviour or other things […] probably because I'm new, and so I still have lots to learn […] because anyway, one is learning all through one's life (C 01).

Among those teachers interviewed, 22 (45 per cent) referred to ethical concerns relating to health promotion and extending the boundaries of actions within their teaching role:

> […] it's true that at times I am afraid of invading the private life of the parents (C 01).

*Teacher perceptions of the initiative's impact*

Teachers expressed their perceptions of effects on themselves, their pupils and the teaching staff. The majority of the teachers (90 per cent) mentioned the effect of the initiative at a professional level, stating that their participation in this initiative had influenced them professionally in relation to their style of carrying out classroom activities, their practice itself and their way of making sense of the activities:

> I go a bit more deeply into things; I still do the classroom work as usual, but I feel I have another perspective – emphasizing certain things that I used to do more superficially up to now (J 01).

More than three quarters (76 per cent), of those interviewed described a positive impact on staff collegiality, giving rise to collective reflection on general rules, working together on school activities:

> At staff meetings we discussed how perhaps we might work together to undertake communal projects (F 02).

As a result of the initiative teachers also reflected on how they might work more effectively together with some actually writing a code of practice:

> We wrote out procedures together; we wrote out rules for how to be with one another (K 05).

One teacher described the introduction of the initiative as having stimulated reflection and debate among school staff, especially in the first year of being implemented.

Finally, the remaining teachers (22 per cent) reported not having observed any effect on school personnel, school practices having continued as before.

## Discussion

The study explores the link between a four year health promotion initiative and teacher professional identity. The analysis of the professional positioning of the teachers showed a large majority of them were involved. The depth of engagement in the programme appears to be commensurate with the degree to which they had been able to engage with professional development training. This is in keeping with previous research (St Leger *et al.*, 2007; Stewart-Brown, 2006) that indicates the length of involvement in health promotion professional development strongly influences the nature of practice in this area. While the importance of exposure to professional development in health promotion has already been widely advocated in the literature (Resnicow and Botvin, 1993; Tones and Tilford, 1994), this study indicates that the same need remains pertinent.

The interviews illustrate diversity in teachers' practices in relation to the LLBT HP-initiative. More success was evident at the classroom level with 83 per cent, of teachers indicating involvement at this level. Half of teachers explicitly mentioned they had carried out activities at school level. That half identified engagement at the school level is positive given that teachers spend most of their working day in their classrooms, isolated from colleagues and professional interaction with peers can be quite limited. The data suggests that the initiative facilitated more collegiate engagement with teachers agreeing modes of working together, increasing their collaborative engagement and facilitating the development of communities of practice (Lave and Wenger, 1998). According to Moffett (2000) a sense of professional community in schools enhances student achievement more than almost any other factor and this is an important potential enabler for coherent development of health promotion in schools.

The factors that teachers mentioned as underlying their involvement in the initiative were mostly based on personal motivation and the perceived relevance and/or compatibility of the initiative with their professional philosophy. The compatibility of the initiative with teachers' sense of their mission appears to have been the determining factor in their participation. The influence of personal motivation in teacher involvement in health promotion activities has been documented in the literature (Han and Weiss, 2005; Viig and Wold, 2005). Developing and sustaining teacher commitment to health promotion in schools requires an approach to teacher professional development and identity related to the core features of the subject that teachers teach, their relationships with pupils and their role or role conception. Teacher professional identity is primarily derived from subject expertise which, according to Beijard *et al.* (2004), has a strong and influence on teachers'

perceptions of themselves as professionals which increases as they remain in the profession. In order to promote sustained commitment to health promotion, teacher professional development needs to focus on engendering the types of teacher professional identities that place health promotion and the education of the whole person at the heart of teacher practice. Recent studies conceptualise teacher identity development as complex and multi-factorial (Flores and Day, 2006; Geijsel and Meijers, 2005; Akkerman and Meijers, 2011). Teachers in this study had a broad conceptualisation of their role which included attention to education of the whole person. Most of them had little difficulty in understanding their professional identity in this way given that they identified strong compatibility between this health promotion initiative and how they understood their role as educators.

In addition, the analysis has highlighted the impact of contextual factors such as student behaviour, social milieu (urban/rural), school size and the age level of classes as elements influencing teacher participation. Clearly teachers must be assisted in sustaining their enthusiasm for and commitment to their work (Day, 2000) and we suggest a need for firm understanding of teacher professional identity related to education of the whole person, will enhance holistic education in the future.

## Conclusion

The aim of the health promotion initiative based on teacher education was to give teachers the means to gain autonomy in relationship to their practices in health promotion. This research examines the compatibility of an HP-initiative with teacher professional identity.

Results show the HP-initiative helped most of teachers (eight on ten) to more clearly identify their role as health promoters and to incorporate that role as part of their vision of themselves as teachers. This research showed the health promotion initiative could improve compatibility and coherence between health promotion activities and teacher professional identity. The majority of teachers perceive health promotion in schools as integral to their role.

Teachers in the study had a broad conceptualisation of their role in health promotion. In keeping with international trends, there was more success at classroom than at whole school level. While generally teachers can be reluctant to engage with health promotion, the teachers in this study identified having little difficulty in understanding their professional identity as health promoters and identified strong compatibility with the HP-initiative.

This French experience could help to design in-service programs that fit with teachers' view and expectations. Since teachers generally have viewed professional development in health promotion in a positive light when it is underlying values were commensurate with their own and when the context was seen as compatible with the school mission. The promotion of health in schools needs to be sensitive to professional identity and be tailored specifically to blend more successfully with current teacher identity and practice.

There is need for further research, aimed specifically at identifying more clearly the sense teachers make of their actions and their engagement in the broad educational scope of their work. In a context of over-prescription of educational objectives, it remains very difficult for teachers to clearly identify the nature of what is expected of them and what their core business actually is (Lantheaume and Helou, 2008). Further work, focusing more specifically on a study of teacher interest, motivation and commitment to health promotion, is, in our view, an important area that needs to be addressed. A distinguishing characteristic of health promotion is that it extends well beyond the single area of classroom activity. Essentially, it proposes a collective

dimension. The findings of this study need to be placed within a wider perspective (Merini *et al.*, 2008). The promotion of heath in schools needs to be more sensitive to teacher professional identity and to be tailored more specifically to blend more successfully with current teacher practice. It will then be possible to draw on the findings of the study to enhance training and support initiatives for school teams.

## Note

1. "Le petit humain" (the little person) is a children's book used as a resource in the training.

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