Health Promotion Principles and Practices in School

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Abstract

Due to increasing mental health issues among young people in Norway, and increasing challenges in schools, several initiatives have been taken in recent years to change a negative trend and promote health for the young population. Many initiatives are related to the educational context, such as introducing life mastery skills in the national curriculum and implementing health promotion measures in schools. One challenge regarding this work has been to find a common understanding of what it means to work on health promotion in school, and another challenge has been how to measure the effects of health promoting initiatives. These issues are addressed in the current study. Through engaged scholarship, or collaboration between researchers and practitioners from schools, a model has been developed, including examples of what health promotion practices in an educational context implies. The model is based on Antonovsky's theory, sense of coherence (SOC) stating that to develop a strong sense of coherence, which makes a person robust to handle stressful events and, in other words, leads to coping, a situation must be perceived as a) comprehensible, b) manageable, and c) meaningful. These concepts have been operationalised to the following nine main principles: 1) acknowledgement, 2) trust, 3) respect, 4) mastery, 5) participation, 6) safety, 7) motivation, 8) relations, and 9) values. In addition, a scale for measuring health promotion competence and practice has been developed and piloted in two rounds. The health promotion principles, together with the scale, may be useful tools for professional learning communities in schools.

Keywords: health promotion, education, scale development, sense of coherence, coping

1. Introduction

Mental issues in the young population in Norway have increased over time [1], and school absence has become an issue that has received a great deal of attention recently. Surveys from schools show that children and youth experience stress, bullying and loneliness, and that many dread going to school [2]. There is a need to turn a negative trend in school, as a goal for schools is to provide a safe and good learning environment for everyone.

Several initiatives have been implemented in Norway through a national public health programme – among others a project called *Health Promoting Kindergartens and Schools*, which is the background for the current study. A challenge in this project was to agree on a common understanding of what health promotion means, and to find good ways to measure effects of the initiatives. [3]. This study presents a framework for what health promotion in school may include, based on Antonovsky's [4] theory on sense of coherence, as described below, and suggests a scale to measure to what extent employees have health promotion competence and practice.

Health promotion theory

According to Antonovsky's salutogenic model, a person with a strong sense of coherence is well prepared to handle stressful situations in life, and this is achieved through experiencing comprehensibility, manageability and meaningfulness. Comprehensibility concerns understanding situations and stress factors, meaning that stimuli is perceived as understandable, coherent, structured and clear rather than chaotic, unexpected and random. Manageability concerns to what degree one can see resources in oneself and one's surroundings to be able to deal with various expectations and requirements one meets. Rather than seeing oneself as a victim for unjust situation, one should see that there are ways to handle things and process what seems overwhelming and unwanted. The third component, meaningfulness, concerns being involved and experience that something is worth investing in and makes sense, not just cognitively but also emotionally. This is described as a motivation element and is the most important element when faced with difficulties. To be engaged in something opens possibilities for increased understanding and access to more resources. Hence, facilitating a sense of coherence, and robustness to deal with challenging situation, implies facilitating comprehensibility, manageability, and meaningfulness for students. In a description of health promoting workplaces [5], Antonovksy's [4]

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theory is further operationalized. Comprehensibility does not only concern understanding a situation, it also involves getting feedback from others, which influences how a situation is understood. Manageability is described as experiencing having competence, influencing decisions, and experiencing predictability in the workplace. Meaningfulness is described as being motivated, building relations, and having common values. This description of health promoting workplaces has inspired the work in this study, developing a model for how to facilitate sense of coherence in a school environment.

2. Methodology

The methodological approach included a mixed method design including interviews, workshops and questionnaires. The overall framework for the study is an action research design [6] where the development has occurred in an iterative process, with alternations between discussions with practitioners and development of tools to work on health promotion in school The four phases illustrated below (Figure 1) are described in the following.

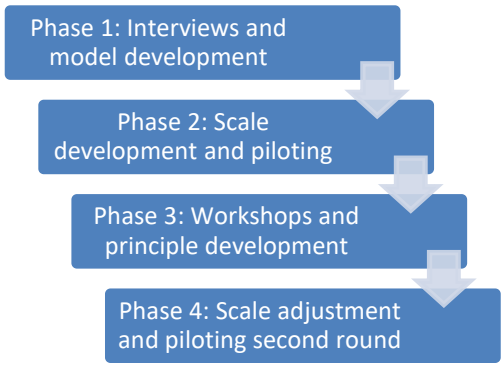

Figure 1. Research Design

The first phase of the project included developing a model for health promotion, operationalizing Antonovsky's [4] salutogenic theory. In this phase, four individual interviews and two focus groups interviews with five participants in each were carried out. The informants included two school leaders, one school nurse, one school counsellor and 10 teachers. The informants were asked about how to create a health promoting school, what type of health promoting work they practiced and what is important to create a health promoting school. Based on the interviews, and on a framework for health promotion working environments [5], a model, or framework, for health promotion in the school environment was developed (Figure 2).

The second phase of the project included developing items for a scale to measure school employees' health promotion competence and

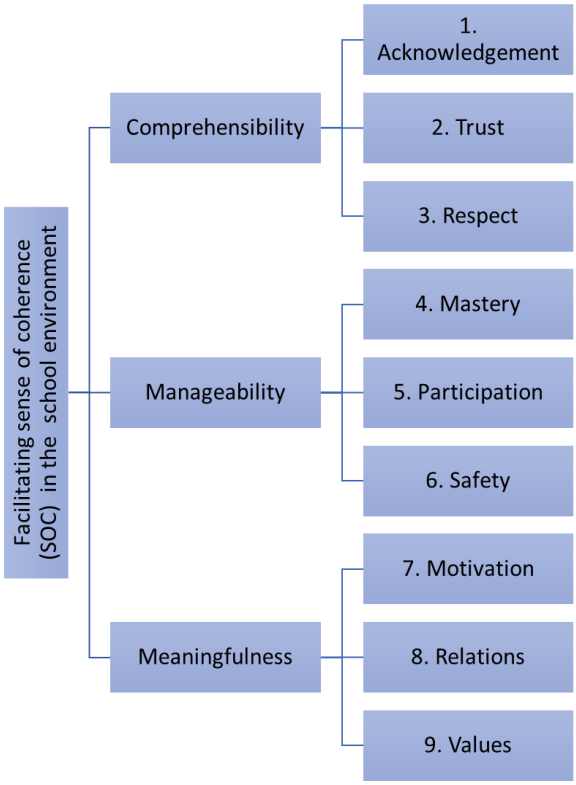

Figure 2. Framework for Health Promotion

practice and piloting the scale in a first round. Inspired by the interviews with practitioners, six items were developed for each of the nine keywords on the lowest level in the framework developed. The questionnaire included one section on competence, with 27 items concerning attitudes (To develop good relations with students is important), knowledge (I have knowledge of motivation and what it means for students) and skills (I have strategies to facilitate student mastery), and one section on practice, with 27 items including individual focus (I show my students trust), group focus (I teach the students to give positive attention to each other) and system focus (In our school, we show students respect). In line with health promotion theory, the questionnaire developed included a focus on positive practices that promote health, meaning that negative statements, or reversed items, are not included. The students answered on a 5-point Likert-scale from 'Completely disagree' to 'Completely agree'. The questionnaire was distributed to nine schools, including two adult learning centres, one upper secondary school, two lower secondary schools and four primary schools, through an open and anonymous link. This resulted in a sample of 104 respondents. Principal component analyses for each of the two main sections were performed to identify underlying variables in the dataset.

The third phase concerned working on developing health promotion principles for school employees. This was carried out through engaged

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scholarship, where researchers, experts from the health field and practitioners gathered and discussed the model developed in phase 1, and how the keywords there were reflected in various practices in school. Six workshops were carried out with different representatives from 14 schools, including five adult learning centres, one upper secondary school, two lower secondary schools and six primary schools. Every other workshop was for chosen representatives, one from each collaborating partner, and every other workshop open for more participants from the different schools and school administration, as well as parent representatives, school nurses and pedagogical psychological counsellors. There were 18 participants in the first workshop, 51 participants in the second, 19 participants in the third, 36 participants in the fourth, 9 participants in the fifth, and 39 participants in the sixth workshop. The first, third and fifth workshops were for the chosen representatives from each school. Between the workshops, the representatives from each school collected input to the process from their colleagues. Based on input from the workshops, researchers developed health promotion principles for schools.

The fourth phase included a second round of piloting the scale for measuring health promotion competence and practice. Based on the preliminary findings of the piloting of the scale, the questionnaire was adjusted before a second round of piloting. The 27 items in the health promoting competence section were organized in three sections in accordance with the underlying factors revealed in pilot round 1 – attitudes, knowledge, and skills, and the wording was adjusted somewhat so the items in each section were had more similar sentence structure. The number of items in the section on health promoting practice was reduced from 27 to 18, leaving out the system level based on preliminary findings.

As the factor structure was unclear, the 18 items were listed as one scale. The questionnaire was distributed digitally through an open and anonymous link. The sample included 318 respondents from the 14 schools that were represented in the workshops for developing health promotion principles. Principal component analyses with Varimax rotation were applied to identify possible underlying factors. Factor loadings over 0.45 are kept, in line with other studies (7). The results of the factor analyses of the two rounds of piloting, as well as the health promotion principles developed, are presented below.

3. Results

For each element in the framework for health promotion – acknowledgement, trust, mastery, participation, safety, motivation, relations, values – some main principles were developed, describing what a health promoting practice would entail in school (Figure 3). The principles include a short description of how the concept is understood, followed up by a more thorough description of what this would entail in practice in schools.

Figure 3. Health promotion principles

The principles were elaborated on in more details through several rounds and included in a routine for how to work health promoting to prevent school absence.

3.1. Case of health promotion in practice

Some of the schools that participated in developing health promoting principles reported on using a model called SAMM, a systematic approach to work with mastery, participation and motivation [8]. This approach included a five-step method including identifying 1) what is important, 2) success factors and 3) obstacles, and then 4) choosing focus and 5) concrete planning. In the first step, the students reflect on what is important both to them as individuals and to their group. In the second step, they focus on their success factors: What are their qualities and positive, personal resources? In the third step, the students are asked what they struggle

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with– in life or in class or in trying to learn the subjects. When starting on step four, the students reflect on what they need to focus on to overcome their obstacles. Step five is about making an action plan related to the chosen focus - do they have strategies to deal with the obstacles, or do they need help? Working on these steps facilitates especially the principles of mastering, participating and motivation. The approach is applied when working on life mastery skills and subjects, and in student council work focusing on the social environment in school.

A report from upper secondary school described how they had applied this method in student council work focusing on inclusion. The following five questions were applied: 1) Why is it important that everyone experiences being included? 2) What do we already do to create an inclusive environment in class? 3) What can be challenging when working with inclusion? 4) What does your class need to focus on? 5) What can your class do specifically to manage this? To the first question, the students said that it is important that *everybody* should be included to feel okay instead of feeling alone, because it affects mental health. To the second question, many students said that they see and respect each other, and that they are already quite good at including others. To the third question, the students said that it is challenging to distinguish between those who actually want to be alone, and those who do not. When choosing focus areas, the students had several good ideas, like arranging movie nights at school – in a neutral area together with the teacher – and to make at least one person smile, or to ask fellow students they do not know very well, to join them during breaks. Finally, they concretized their plans and strategies. Using the five-step method as a tool, as exemplified here relates to several of the elements in the framework for health promotion in school – such as acknowledgment, trust, respect, safety, participation and relations.

3.2. Scale piloting results

Preliminary findings from the first round of piloting (n = 104) confirmed that there were underlying clusters and that items within each cluster measured the same phenomena. In the section on health promotion competence, the items clustered on a) knowledge and b) skills, and to a certain degree, some items clustered on c) attitudes. In the section on health promotion practice, the results were less clear, but to a certain degree, the items clustered on a) individual level (own role as teacher), b) group level (own role in relation to students) and c) system level (the school's role).

Results from the second round of piloting (n= 318) partly confirmed the factor structure from the first piloting round. The factor structure in the competence part of the questionnaire confirmed the underlying factors revealed in pilot round 1 – attitudes, knowledge and skills.

The items describing health promotion skills all have values showing they belong to the same factor 1 (Table 1). Items expressing knowledge, mostly belong to factor 2. However, two items show cross loadings with an item under attitude (factor 4), (see Table 2).

Other items describing attitudes divide into factor 3, 4 and 5, revealing a somewhat unclear factor structure. The three theoretical constructs from the salutogenic theory which inspired the development of items - comprehensibility, manageability and meaningfulness (see Figure 2) – were not confirmed by the factor analysis (see Table 3).

Table 1. Skills

Item: I have strategies to	**Factor 1**
acknowledge students	.75
show trust to students	.75
show students respect	.72
facilitate mastery	.61
facilitate student participation in decisions in school	.59
give clear instructions and explanations to students	.67
to create engagement and motivation in students	.53
build good relations with students	.77
work with developing common values in school	.65

Table 2. Knowledge

Item: I have knowledge of:	**Factor**	
	2	**4**
what acknowledgment means in a school context	.65	
what trust means for individuals	.80	
what it means to show respect to individuals	.50	
mastery and what it means to students	.71	
student participation and what this implies in school	.68	
what clear leadership in class means	.52	.58
motivation and what it means for students	.68	
building relations and the importance of relations		.66
what it means to have common values	.52	

The factor analyses on the data from the second part of the questionnaire, concerning health promoting practice, revealed clustering that partly align with the framework for health promotion (Figure 2). However, there seem to be other

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underlying factors as well, partly relating to the individual versus the group perspective. Factor 1 includes items on both individual and group level (see Table 4, Ind.= individual, Gr. = group) concerning manageability (mastery, participation) and meaningfulness (motivation and values).

Table 3. Attitudes

Item: In school, it is important to:	Factor 3	4	5
acknowledge students	.82		
trust students	.77		
show students respect	.80		
facilitate mastery	.61		
facilitate participation			.58
perform clear leadership in class		.53	
create intrinsic motivation			.51
build good relations with students	.51		
develop common values			.56

Table 4. Health promoting practice factor 1

Item (factor loading)	Theme	Level
I facilitate for students to experience mastery in school (.52)	*Manage-ability:* Mastery	Ind.
I let the students work together to find strategies for mastering (.61)	*Manage-ability:* Mastery	Gr.
I let the students choose solutions concerning how to deal with own challenges (.73)	*Manage-ability:* Participa-tion	Ind.
I let students participate in finding solutions to common challenges in school (.68)	*Manage-ability:* Participa-tion	Gr.
I let the students use working approaches that they like (.73)	*Meaning-fulness:* Motivation	Ind.
I let the students participate in choosing activities they like (.73)	*Meaning-fulness:* Motivation	Gr.
I let the students work with what is important and valuable for them (.70)	*Meaning-fulness:* Values	Ind.

Factor 2 includes items on group level (see Table 5) concerning comprehensibility (acknowledgement, trust, respect) and meaningfulness (relations, values).

Factor 3 includes items on individual level (see Table 6) concerning comprehensibility (acknowledgement, trust, respect) and meaningfulness (relations). The item on respect also loads on factor 3 (.47).

Table 5. Health promoting practice factor 2

Item (factor loading)	Theme	Level
I teach students to give positive attention to each other (.71)	*Comprehen-sibility:* Acknow-ledgement	Gr.
I teach the students to give trust to each other (.73)	*Comprehen-sibility:* Trust	Gr.
I teach my students to show respect to each other (.59)	*Comprehen-sibility:* Respect	Gr.
I facilitate for social activities for the students (.59)	*Meaning-fulness:* Relations	Gr.
I work on developing a culture fore common values and attitudes in class (.76)	*Meaning-fulness:* Values	Gr.

Table 6. Health promoting practice factor 3

Item (factor loading)	Theme	Level
I am concerned with seeing and acknowledging students (.74)	*Comprehen-sibility:* Acknow-ledgement	Ind.
I show my students trust (.66)	*Comprehen-sibility:* Trust	Ind.
I respect my students (75.)	*Comprehen-sibility:* Respect	Ind.
I try to build good relations with my students (.70).	*Meaning-fulness:* Relations	Ind.

There are two other items that constitute a separate factor 4, both concerning safety (manageability); 'I give the students clear instructions concerning what to work on' (.79). and 'I am conscious about being clear in my role as class leader' (.84). The items both have a focus on the teacher's behaviour towards the students, or the class, so perhaps these items do not separate between individual and group level. Likewise, items on individual and group level are also integrated in factor 1.

4. Discussion

The current study investigates how to work on health promotion in school, and how to evaluate school employees' health promotion competence and practice. A model was developed, operationalizing Antonovsky's [4] concept sense of coherence into nine elements: acknowledgement, trust, respect, mastery, participation, safety, motivation, relations,

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values. This aligns with a description of what health promotion in the working environment would entail [5].

4.1. Health promoting principles

Concerning the framework for health promotion principles in school, the first category, comprehensibility, has been operationalized to acknowledgement, trust and respect, as a person perceives a situation based on evaluations from others [9]. There are other elements of comprehensibility in the description of health promoting workplaces [5] that are left out in the model developed in this study, such as understanding tasks and what to do. It is a conscious choice to emphasize a relational aspect concerning comprehensibility, as mirroring from others is central for perception. Whether one understands tasks is also related to mastery and could be said to be covered under the category of manageability. The nine elements included in the model will also overlap to a certain degree, as these concepts are somewhat related. The nine elements will be elaborated on and related to theory in the following.

Acknowledgement means to confirm the other through acceptance and empathy, and this must be expressed in practice [10]. According to Ryan and Deci [11] and Bandura [12], acknowledgement includes facilitating for students to use their resources, their competence and their interests, and that they get exercises that they can master. Acknowledgement concerns being valued as individuals, and as contributors in a social community. This means that each individuals' contributions, skills and competences are considered valuable, independent of performance. Students who experience being valued in a community based on who they are as people, can develop self-confidence, meaning a positive view on themselves and their skills [10]. They reflect themselves in their surroundings' positive vie won their contributions. Self-confidence relies on to what degree one is accepted socially by significant others [13]. This means that the subjective experience is important – not just the acknowledgement itself.

Trust is important in relations, especially for a person that might be vulnerable. Trust is crucial in a relation between a psychologist and a patient [13], and this may easily be transferred to the teacher-student relationship. Students are often in vulnerable positions and situation, and if they do not trust their teacher to be a safe and caring person, it may be difficult to perform their best in various challenging situations. It may therefore be crucial that the teachers take responsibility to build trust and good relations with students.

Respect includes understanding and acknowledging the students' situation, emotions and reactions [9]. By doing so, the teacher shows that the students are taken seriously. One way of showing others respect, is to have an understanding, and take the other's perspective seriously [14). This may include reflecting on how it would be to be in the students' situation and what one would do and need in different situations.

Mastery includes using own strengths and qualities to succeed [15]. Within positive psychology, own strengths are seen as both resources and solutions. For example, hope and curiosity could be resources that helps one see a situation from different perspectives. People with hope and curiosity will persevere longer than those who do not have these resources. When experiencing mastery in one situation, one may develop an expectation to master in new situations, which will create a faith in own abilities, or self-efficacy [12]. Having self-efficacy may increase the ability for agency and taking initiatives in one's own life.

Participation is understood in different ways, and several models have been developed to illustrate different degrees of participation [16]. What is common across models is that at the lower levels, it will be given an opportunity to express opinions, but the higher levels, there is participation in decision making. One could question whether getting a chance to express oneself is sufficient when talking about participation. Some definitions emphasize that participation concerns getting the chance both to express own opinions and influence situations [17], which is also what is expressed in the principle of participation in the framework presented in the current study.

Safety from a student perspective concern feeling safe in school, and that there are predictable structures and expectations adjusted to their abilities. When structures are clear, the students know what space they at their disposal to be independent and take initiatives [9]. A model illustrating children's need for security, called the circle of security [18], describes two basic needs humans have – the need to feel safe and emotionally calm through attachment to others, and the need to challenge oneself, which is conditioned by having a safe base – which may be the teacher in learning processes in school.

Motivation can be separated into intrinsic motivation, meaning a wish to do something, and extrinsic motivation, meaning a wish to achieve something beyond the action itself, for example a reward [11]. To achieve intrinsic motivation, the three basic needs of competence, meaning mastering, autonomy, meaning having control of one's own situation, and relatedness, meaning being in relations, must be met [11]. Motivation, as described in the health promoting principles, concerns facilitating intrinsic motivation.

Relations are closely related to belonging [14], a psychological need to create close relations to

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significant others. People need to show and be shown caring, to mean something to someone, to be valued and experience interest from others. A central factor in a good relationship is to be able to see what the other struggles with, and to show understanding through concrete support without judging or criticizing [15]. A high-quality relationship, with mutual respect, understanding, caring and appreciation may contribute to increased motivation. Educational research [19] also shows that the teachers' relations to students have significance for the students' agency and self-efficacy, and for being acknowledged as individuals and valuable contributors in the class community. This may also have a motivating effect.

Values in the Norwegian school system include human dignity, diversity, critical thinking, engagement, sustainability, and democracy [20]. The school is obligated to build practice based on these values. A central point in a multicultural context is that all people are equal independent of background, gender and abilities. Students also have different abilities and capacities, and it is important that the teacher appreciates and acknowledges the individual students independent of the differences between them.

4.2. Evaluating health promoting practice

To ensure a health promoting practice, as described above, evaluating own practices against the principles of health promotion is important. The purpose of the scale development described in the current study is to provide schools with a tool to do so, to support them in developing health promoting competence and practice.

The scale piloted in this study shows potential to become a scale measuring whether school employees' practices facilitate comprehensibility, manageability and meaningfulness in the learning environment. However, the first part of the scale concerning competence, particularly knowledge and skills, seems to be inflated, as the factor structure separates between items starting with 'I have knowledge of' and 'I have strategies for', and the underlying thematic structure of comprehensibility, manageability and meaningfulness is not confirmed by the data. Still, the results show that the items concerning knowledge and skills belong to some underlying construct, which could be having knowledge of and strategies for a health promoting practice. The underlying thematic structure of comprehensibility, manageability and meaningfulness is partly confirmed by the factor analysis of the data from the second part of the questionnaire – health promoting practice. Factor 1 mainly concerns manageability (mastery, participation) and meaningfulness (motivation, values). Factor 2 mainly concerns comprehensibility (acknowledgement, trust, respect) and meaningfulness (relations, values) on a group level. Perhaps this factor concerns working on developing social and emotional skills in class rather than on whether the teacher practice is health promoting. Factor 3 mainly concerns comprehensibility (acknowledgement, trust, respect) on individual level, as well as meaningfulness (relations). Items related to building relations generally appear to be the same factor as comprehensibility, and the reason for this could be that the aspect of comprehensibility that is focused on in the items concerns how one perceives input and behaviours from others in the environment (acknowledgement, trust, respect). The items loading on factor 4, concern manageability, more specifically safety, and are perhaps more about class management in general, than creating a safe atmosphere in class, and might need some rewording to reflect the concept of safety.

Further validation of the scale is needed, and the scale also needs to be tested for reliability over time. Still, it serves as a useful starting point for working on developing health promoting competence in a professional learning community. The questionnaire may also serve as a tool to help develop awareness among employees about what health promoting practices include.

5. Conclusion

The operationalization of health promotion presented here provides a theoretical framework for creating a health promoting learning environment. The model developed, together with the questionnaire on health promoting competence and practice, may be useful tools that professional learning communities can apply to adjust their practice to meet the increasing challenges of mental health issues among the young population. Through moving towards a health promoting practice in schools, students may be supported to develop robustness and coping to deal with stressful situations. There is a need for further investigation of how the health promoting principles may be applied, and whether this influences the learning environment – for this another scale measuring sense of coherence support in the school environment would be necessary, a work that is in progress [8].

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