Research Alignment:
Focus on Qualitative Research

Tsukuba Summer Research Institute 2012
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A point of clarification…

Healthy Active Living Programs

Fundamental motor skills
Sport and games
Sexuality
Drugs
Mental health
Identity
Diet
HOT TOPIC:
How can we teach & motivate individuals
to engage
In healthy living practices?

• Productive
• Happy
• Healthy
Australian Citizens
• Healthy
• Happy
• Productive

Healthy Active Living curriculum

Teachers of HPE

Individuals Healthy Living Practices
Research Overview

Enhancing Healthy Active Living through Quality Health Education

Health and wellbeing tools

Education Sector

Quality School Based Health Education
- Accountability & Sustainability
- What?: Curriculum
- How?: Pedagogical Practices
- Who: Teacher’s role, work and confidence/competence

Context of school curriculum development & implementation

Health Sector

Education practices of health care teams

Context of Lifestyle Disease Interventions
### Research trajectory: key question

<table>
<thead>
<tr>
<th>What and how is healthy living being taught in schools?</th>
<th>How do teachers enact health care imperatives within schooling?</th>
<th>How have teachers been shaped as teachers of healthy living?</th>
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</thead>
<tbody>
<tr>
<td>- Children’s health and wellbeing</td>
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<td>- Approaches to health promotion and health promotion in schools</td>
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<td>- Health Promoting schools: curriculum, policy and partnerships</td>
<td>- Health promoting schools: curriculum (HPE), policy and partnerships</td>
<td>- Health as a moral enterprise</td>
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<td>- Failure of school based healthy living programs</td>
<td>- Teacher’s work</td>
<td>- HPE and the development of social and moral knowledge</td>
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<td>- Alternative perspectives</td>
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<td>- Limitations of advocacy</td>
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Nationally and/or internationally, research would suggest that “high quality, strategically planned, and effectively coordinated school health programs and policies have not been widely implemented” (Basch, 2010, p. 7). Central to this failure is the perception by schools and teachers that health promoters and their organisations attempt to dictate school policy and practice, with schools viewing health and education sector goals as having competing agendas and languages (Macdonald et al., 2009; 2010; in press). As Ridge et al (2002) argue, the “language that emanates from the health sector is not central to the running of schools, or a part of teachers’ thinking” (p. 28).

Research identifying contemporary health issues informs the documents and policies that drive the health-related work expectations and practices of teachers. It is within this context that teachers, with a minimum of preparation and training, are required to deliver and oversee health work as part of the school’s role in creating healthy and productive citizens. Nonetheless, there is little research identifying what health work teachers currently do and to what extent teachers are ready and willing to engage in this health work.

So is this the very core of physical education? The evidence from [our] teachers, and from a range of literature, suggests that the physical education profession values its social and moral knowledge claims, which are developed through the three dimensions of caring teachers, inherently moral subject matter and a particular teaching and learning environment. More empirical support for these claims would not go amiss. (Armour & Jones, 1990).
<table>
<thead>
<tr>
<th>Research Questions</th>
<th>1. What is the response of school leaders, teachers, and students to health education using a health literacies approach?</th>
<th>1. What do national and state policies proscribe as health work to be undertaken in schools?</th>
<th>1. How did H-PE become a primary source for the moral training of western citizens?</th>
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<td>2. What are the constraints and enablers to school-based health education (SBHE reform)?</td>
<td>2. What health work do teachers do and how much time and resources are committed to it?</td>
<td>2. How do the subject matter and learning environments of HPE contribute to the moral training of western citizens?</td>
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<td>3. How prepared are teachers to undertake this work and upon what resources (intellectual, personal, external organisations) do they draw to undertake this work?</td>
<td>3. What is the significance of the caring HPE teacher within this moral enterprise, and how have they been constituted as moral educators?</td>
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<td>4. On what grounds could HPE claim its social and moral education of apprentice citizens as being a unique feature of modern schooling?</td>
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<tr>
<th>Paradigm</th>
<th>Interpretivist</th>
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<th>Interpretivist – originally Critical</th>
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<tbody>
<tr>
<td>Theory</td>
<td>Antonovsky’s Theory of Salutogenesis</td>
<td>Bourdieu – field and practice</td>
<td>Ethics/philosophy</td>
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<td>Health Literacy Framework (Nutbeam)</td>
<td>Foucauldian Theory</td>
<td>Art of Living Philosophy tradition - Hadot</td>
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<td>Bernstein’s message system</td>
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<td>Feminist care ethics - Noddings</td>
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<td>Foucauldian Theory</td>
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<td>Foucauld, Rose, Hunter</td>
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| Qualitative Methods | Discourse Analysis • School context documents Case Study • Survey • Interviews: teachers, students, school leaders • Analysis of student work | Discourse Analysis • Document Analysis Teacher Questionnaire • Daily time-use diary • Multiple choice and short answer Case study • Semi-structured interview • Non-participant observation | Discourse Analysis • Document/text analysis • Foucauldian inquiry framework – Ethical fourfold |