

EDUCATION FOR HEALTH – NEW PROFESSIONAL TRAINING FOR TEACHERS

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Abstract: *This article presents a new study programme for teacher education. The structure of education is connected with the practical requirements set out by the General Educational Programme.*

Our study attempts to discover how student teachers perceive their quality of life, and what value they attach to health in comparison with other aspects prioritised by students.

Keywords: *quality of life, life satisfaction, SEIGoL, WHOGOL, Graphical and numerical scale, teacher education, Education for Health*

Introduction

The changes to education at primary schools in the Czech Republic, implemented in the 2007–2008 school year, are based on the idea of close interconnection of education with its practical application. Schools have been given considerable autonomy in the development of their own educational programmes, and teachers now have a greater influence on both the form and, most importantly, the content of classes. This is, of course, countered by increased responsibility for the educational results achieved.

The basis theses of this new conception of education are set out in the General Educational Programme, which defines nine areas. With the exception of language teaching and mathematics, these educational areas are formed of a number of fields with closely related subject matter. The creation of larger content units, leading in practice to specific knowledge and skills, also places new demands on the preparation of teachers during the course of their university studies, for which reason new study fields, such as Education for Health (which is to incorporate requirements of the educational area Mankind and Health), are being offered by a number of faculties of education.

The research problem

The creation of the Bachelor study field Education for Health, with a focus on education, and the subsequent Master's degree field The Teaching of Education for

Health for Primary Schools has led to the question as to what is the position of “health” in the value system of student teachers, what other values and goals do future teachers prioritise, and how are these values associated with caring for one’s health.

The initial thesis

“Quality of life is defined in regard to the level of satisfaction of the person in question and the achievement of the goals determining the direction in which his or her life is headed. The goals relating to direction of life are assessed according to a hierarchy of values (the spiritual aspect). This hierarchy relates to the goals towards which the life endeavours of the person in question are directed.” (J. Křivohlavý, 2001: 40).

The subject of the research, research methods and the group investigated

In our study we have attempted to determine the relationship between the perception of the stress represented by university studies, the social integration of the student into his or her new university environment, and his or her quality of life.

We determined students’ quality of life using the SEIQoL method – Schedule for the Evaluation of Individual Quality of Life (J. Křivohlavý, 2001: 243), which does not define criteria in advance, but is based on the personal perception of those interviewed about what they consider to be important. Respondents are asked to state five life goals that they consider important to themselves and their level of satisfaction with them in percentage terms (0–100 %). The next step is to express the importance of each item within the given set of five goals in such a way that the total amounts to 100 %. This is followed by the indication of a position on the scale that corresponds to the respondent’s overall level of satisfaction with his or her own life (QLG).

We measured study-related stress using a Study Stress Questionnaire (D. J. Abramis), which determines the level of the following stressors using a four to seven-step scale: the role of uncertainty (RU), internal conflict (C1), external conflict (C2), depression (DE), anxiety (ANX), anger (ANG), technical performance (TP), social performance (SP) and study stress (SS). The second test of study-related stress was a “hardiness” questionnaire (C. Kolbasa), which determines: control – lack of control (CO), identification – alienation (CN), and challenge – treat (CA). The students’ social integration was determined using the Perceived Social Support Scale – PSSS (J. A. Blumenthal).

The data set consisted of student teachers from the Faculty of Education at the University of Ostrava in Ostrava and social pathology students from the Faculty of Arts and Science at the University of Silesia in Opava. Basic data is given in table 1.

Table 1: The data set

Faculty	Number	Male	Female	Age
FE UO	108	13	95	19–23
FAS US	68	20	48	20–26

Results and discussion

The quality of life measured by the SEIQoL method shows a positive correlation with the factor of quality of life measured using the QLG graphic scale in both groups – Group 1: +0.348, Group 2: +0.384. The closest positive relationship was found here. The quality of life of Group 1 students evaluated using the graphic scale shows a negative correlation with the role of uncertainty RU -0.3668 , anxiety ANX -0.6687 , depression DE -0.7050 and overall study-related stress SS -0.7657 . The value of SEIQoL shows a negative correlation with the role of external conflict C2 -0.219 and anxiety ANX -2.217 . The value of SEIQoL shows a positive correlation among Group 2 with support from friends SPC $+0.249$ and with the hardiness stress factors challenge – threat CA $+0.243$.

The hierarchy of life goals given by the SEIQoL method is shown in tables 2 and 3.

Table 2: The prioritisation of values by student teachers

Value	2. N 108	3. R rank	4. % of 108	5. evaluation of 100%	6. R rank	7. satisfaction in %	8. R rank
Health	84	1	77.8	27.25	2	78.63	2
Family	77	2	71.3	25.88	4	74.17	3
Education	68	3	63.0	17.63	5	69.67	5
Partner	66	4	61.1	26.45	3	73.00	4
Friends	58	5	53.7	15.38	7	79.47	1
Employment	45	6	41.7	14.04	8	53.29	10
Easy life	26	7	24.1	15.42	6	62.46	7
Material comfort	24	8	22.2	9.17	10	54.71	9
Freedom	19	9	19.6	10.37	9	56.00	8
Faith in God	12	10	11.1	36.25	1	63.00	6

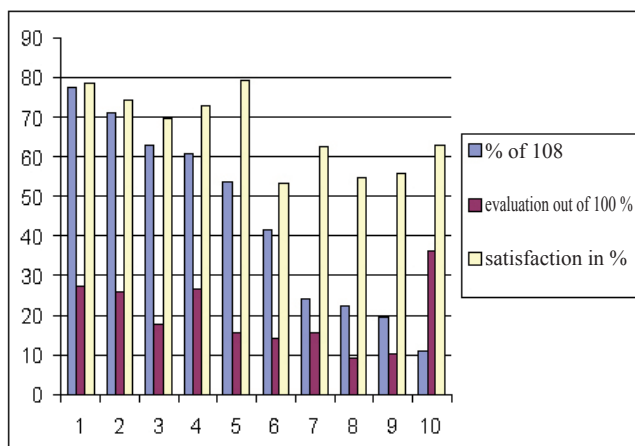


Chart 1: The prioritisation of values by student teachers 1 – health, 2 – family, 3 – education, 4 – partner, 5 – friends, 6 – employment, 7 – easy life, 8 – material comfort, 9 – freedom, 10 – faith in God

Table 3: The prioritisation of values by social pathology students

Value	2. N 68	3. R rank	4. % of 68	5. evaluation of 100%	6. R rank	7. satisfaction in %	8. R rank
Family	58	1	85.3	25.46	4	63.07	8
Friends	40	2	58.8	15.87	8	75.07	1
Love	38	3	55.9	24.48	5	65.72	6
Employment	37	4	54.4	15.00	9	38.24	12
Health	35	5	51.5	30.40	3	69.37	3
Education	31	6	45.6	18.37	6	66.29	4
Easy life	17	7	25.0	16.00	7	64.41	7
Financial security	13	8	19.1	8.07	12	57.50	10
Hobbies	12	9	17.6	11.17	10	60.42	9
Sport	10	10	14.7	8.50	11	66.00	5
Faith	7	11	10.3	40.00	1	70.71	2
Helping others	5	12	7.4	31.00	2	45.42	11

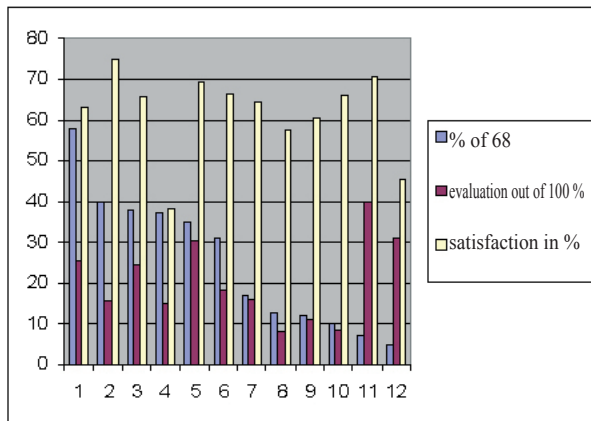


Chart 2: The prioritisation of values by social pathology students

1 – family, 2 – friends, 3 – love, 4 – employment, 5 – health, 6 – education, 7 – easy life, 8 – financial security, 9 – hobbies, 10 – sport, 11 – faith in God, 12 – helping others

We performed basic statistical frequency sorting on the values prioritised by at least 5 respondents (2 – absolute frequency, 3 – rank according to absolute frequency, 4 – relative frequency, 5 – calculation of value importance, i.e. evaluation by respondent as a proportion of 100%, 6 – rank of importance of value, 7 – level of satisfaction with achievement of value, i.e. level of satisfaction in percent, 8 – rank according to level of satisfaction).

Health lies in first or second place among the ten values prioritised by student teachers. The majority of students state it as an important life goal, and we can consider it the most important value. The overall ranking of values (goals) shows characteristic features of age, with education (as training for a profession) being considered more important than employment. The overall structure of values shows significant links to the social environment, family and friends. In addition to frequency, the importance

attached to individual values is also interesting. Respondents declaring faith in God attach a high level of importance to this value, though its frequency in both groups amounts to little more than 10 % of respondents.

The value profile of social pathology students shows the same structure, though a different ranking of priorities and a different level of importance attached to their choices. Health again holds a firm place among the first three values. The importance of spiritual values associated with faith in God is also similar. Greater variability among the values given may be a result of the higher age of this group, the different focus of their study field, and the larger number of men within the group than is the case for the group of student teachers.

The results show considerable agreement between the two groups. The students' priorities are health, family and a partner. Their professional values are harmony and interconnection, which creates a favourable psychosocial climate for the health of the individual. This aspect of our investigation was backed up by the calculation of the correlation coefficient between current satisfaction QLG and quality of life measured by SEIQoL. There was a significant positive correlation between the value of SEIQoL and QLG among both groups (student teachers 0.348, social pathology students 0.384).

We are aware of the fact that the data presented here is merely an initial exploration of the issue under consideration. The SEIQoL method does, however, provide a basis for qualitative analysis and creates the right conditions for obtaining information on the value orientation of the population investigated, and may be used to determine what the given population considers important. The results obtained show that health is valued extremely highly by students preparing for the teaching profession. The results we have obtained are similar to those obtained by other authors investigating the evaluation of teachers' health and quality of life or personal prerequisites for satisfaction (M. Blatný, L. Osecká, P. Macek, 1998; J. Mareš, 2005; K. Paulík, 2004; B. Vašina, 2004; E. Řehulka, 2003; V. Mužík, 2003).

Conclusion

Schools have an important role to play, in addition to the family, in shaping and supporting health, principally by means of the quality of their educational programme in the area Mankind and Health. The training of specialists in the area of education for health will be important to the development of such programmes at schools. The Faculty of Education at the University of Ostrava began educating teachers to actively support physical, mental, social and spiritual health in the current academic year. Two fields in study programmes specialising in pedagogy have been accredited.

Our study attempted to determine the quality of life of university students using the SEIQoL method and QLG graphic scale. We also used a study-related stress questionnaire to find anticipated connections between the role of uncertainty and conflict roles as a possible source of stress among university students and to determine the impact of stress diagnosed by the given questionnaire. The quality of life measured by SEIQoL does not seem to reduce the subjective level of stress, but rather mobilises the strength required to cope with this stress. Evidence of this is provided by the significant correlation with sub-factor CA (challenge – threat) from the “hardiness” questionnaire, which can be interpreted as higher stress triggering a challenge to overcome it without reducing quality of life.

We believe the SEIQoL method reveals a certain permanent core dimension to quality of life. The graphic scale, on the other hand, would seem to represent a more changeable aspect, revealing a more superficial element to the satisfaction or lack of satisfaction of current needs. We are aware of the fact that the data presented here suggests this rather than proves it. We consider this research as an exploration of the issues outlined here, which we would like to target further in the future. We consider the results presented as data providing a positive assessment of the university population from this viewpoint, though with no great claim at offering a generalisation of the given findings.

VÝCHOVA KE ZDRAVÍ – NOVÁ PROFESNÍ PŘÍPRAVA UČITELŮ

Abstrakt: Příspěvek představuje nový studijní program vzdělávání učitelů. Struktura vzdělání souvisí s požadavky praxe zakotvené v Rámcovém vzdělávacím programu. V naší studii jsme se pokusili ověřit jak vnímají studenti učitelství kvalitu svého života a jakou hodnotu má zdraví mezi jinými dimenzemi, kterým studenti dávají priority.

Klíčová slova: kvalita života, životní spokojenost, SEIQoL, WHOQOL, Grafická a numerická škála, vzdělávání učitelů, výchova ke zdraví