

## EDUCATIONAL NEEDS OF ELEMENTARY SCHOOL WOMEN TEACHERS IN HEALTH EDUCATION AREA

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**Abstract:** *This study examines educational needs of elementary school women teachers in the health education area by means of a specially prepared questionnaire. The results show that the women teachers are very interested in health education area but at the present time they do not fully appreciate new possibilities and duties for health education that arise from new health concepts and Framework Education Programmes. The educational needs of the health education area can be built on self-reflection of teachers; they can deepen the teacher qualification both cognitively and also from a personal development aspect. Those educational needs should find an adequate offer in additional education of teachers which would be composed with the concept of the current health issues organically included into the pedagogical theory and practice and would bring progress in the health literacy of the teachers.*

**Keywords:** *health education, education of teachers, educational needs, Framework Education Programme*

### Topic

Each profession has its own evolutionary dynamic which is determined by many factors. These are especially historical-social circumstances, topical social-political tasks, current development of the respective scientific field within which the profession is realized and existing technical resources to accomplish the profession. Of course, additional detailed factors could be found that can determine activities and character of a certain profession.

It is the teaching profession that can be studied from this point of view, because of its long history and significant tradition; it can express many characteristics of a given society, it represents fully practical activity but it has also a deep theoretical anchorage and enables (if it does not demand) a great personal involvement and creativity (see e.g. Průcha 2002, J. Vašutová 2004 and others).

Such aspects can be considered in training of teachers and also in the career growth in this profession. Different tasks can be distinguished in individual develop-

ment of teachers that can be imposed on teachers by external institutions and organizations; the teacher must fulfil those task because to meet public order and also he should correspond with tasks following from his/her own professional aims and conceptions to be managed. Just in those resources we can find motivation structures specified as educational needs of teachers whenever an officially fully qualified and relatively experienced teacher recognizes what theoretical areas or practical skills he should manage to be satisfied with his job execution. This process is never ending in every profession but can be studied “cross-sectionally“ always for each prospective situation.

The educational needs of teachers, from our viewpoint presented here, are more complex than cognitive needs; it is necessary to comprehend them also with self-realization needs, needs to be appreciated and needs of good working efficiency.

Subjective educational needs of teachers go out mainly from the self-reflection which has been less often investigated from this point of view. The teacher’s self-reflection itself is often described in the literature but, as J. Vašutová (2004) quoted, it is usually focused on the analysis of “the level of a professional self-consciousness developed from perception of external evaluation and self-evaluation“. By the author a shortage of the professional self-consciousness is a cardinal problem of the teaching profession of our days. The most research results obtained in our country consider the increase of the social prestige of teachers as a very important factor connected with an adequate financial evaluation of the teaching profession - though the most research results quote also importance of pedagogical expertness and social insubstitutability. A specific feature of the teaching profession is - and it is also the main value and the ethos of teaching - that the teacher’s qualities are connected with a personality development and self-improvement.

By our opinion, the implementation of *Framework Education Programmes* (hereinafter FEPs) was a significant impulse which could initiate new educational needs of Czech teachers. Here we do not want to deal neither with evaluation of those programmes nor the consecutive discussion or results of the whole reform – let’s such questions be answered by other specialists. We go out from the fact that FEPs bring new and significant impulses for the teacher’s professional development. By preparing individual FEPs the teachers create the School Education Programme in each of the schools; in this programme they can:

To create the profile of the school and in this way to distinguish it from other schools

- To form own conception of education forms in the school
  - To remove useless duplicity in curriculum contents
  - To cooperate better within interdisciplinary education
  - To intensify the team spirit in the teaching staff
  - To teach creatively
- (School education program by WIKIPEDIA)

These possibilities stimulate the teachers to consider what new information and skills they could obtain both in theoretical and practical areas. In this study we are interested in the issues that are very up-to-date in our school system and that we had studied before - namely the health education. It is a relatively new field which has been signifi-

cantly and newly initiated in FEP; there it is included in the important chapter 5.8 HUMAN AND HEALTH. This chapter is connected - among others - with knowledge and programmes of the World Health Organization as it can be seen from the first paragraph quoting *“Human health is understood as a balanced state of physical, emotional and social well-being. It is created and influenced by many different factors, including lifestyle, healthy conduct, interpersonal relationships, the environment, and the individual’s safety and security. Because health is a fundamental condition for leading an active and satisfied life and for optimum work productivity, learning about one’s health and promoting health and prevention represent a priority of basic education.”* (FEP, p. 72)

The education area Human and Health comprises two education parts, i.e. Health Education and Physical Education. In our study we deal only with Health Education which is focused on the primary prevention and should teach pupils to develop and protect actively their health.

For illustration we transmit here the target scope of the whole education area as quoted in FEP (p. 73):

*Instruction in this educational area focuses on the formation and development of key competencies by guiding pupils towards:*

- *recognizing health as the most important life value*
- *understanding health as a balanced state of physical, emotional and social well-being and feeling a sense of joy from physical activities, a pleasant environment and a climate of positive interpersonal relations*
- *recognizing human beings as biological individuals dependent, in the various stages of their life, on their own behaviour and decision-making, on the quality of interpersonal relationships and on the quality of their environment*
- *gaining a basic orientation in opinions on what is healthy and can benefit personal health, as well as threats to health and what causes damage to health*
- *applying the acquired preventative methods in order to influence their health in daily life, strengthening decision-making and behaviour in order to actively promote health in all life situations and learning about and making use of sites related to preventative healthcare*
- *combining behaviour and activities related to health and healthy interpersonal relationships with basic ethical and moral attitudes, willpower etc.*
- *understanding fitness, good physical appearance and mental well-being as important preconditions for choosing a professional career, partners, social activities etc.*
- *becoming actively engaged in activities which promote health and in promoting healthy activities at school and in the municipality*

More information can be found in the FEP materials.

From the conceptual and professional viewpoint we can essentially state that all educational area of Human and Health in FEP is well and competently elaborated and its realization can be very useful. By means of identification of basic key competences the FEP materials are naturally concentrated on pupils. Another question is to what extent the teachers are prepared to work pedagogically in this education area which is, especially in its concept, still quite new. We consider, of course, a university qualification

of the teachers in certain specializations and preparation for implementation of FEP as ensured by school authorities. In parallel the idea of J. Průcha (2002, p. 46) is valid that in all innovations of education systems it is necessary to examine “if the teachers are professionally prepared for desired changes, if they are able to realize them in existing conditions and first of all if the teachers can positively accept requirements demanded and are willing to perform them”.

The still pertinent question is how and by whom the health education subject should be taught. Health education can be a separate subject or it can be “spread“ in various subjects, e.g. biology, physical education, civics etc. From viewpoint of teaching specializations, health education can be taught - as a separate subject - by the teachers of various specializations, biology, physical education etc., or by the teachers that are graduated in health education as a separate field of study, e.g. at Faculty of Education, Masaryk University (E. Řehulka 2006) The most researches show that teachers are enormously interested in the health issues and are convinced about importance of this subject in their educational work (E. Řehulka, O. Řehulková 1998). In the present time many Czech guide books exist for health education, e.g. the authors E. Marádová (2006), J. Machová, D. Kubátová et al. (2009) and others.

From the viewpoint of self-reflection of the teachers we interpret our problem as education needs that the teachers can feel if they should teach health education at elementary schools.

In health education we do not start from a zero point because nowadays health issues represent a category broad enough so each of the teachers can present it didactically from position of his/her specialization; we do not suppose that this situation can induce limitation but it can, on the contrary, bring an advantage. In this context it is convenient to work with the term *health literacy*; it was defined by J. Holčík (2009, p. 145) as “ability to accept proper decisions in the everyday context - at home, in a society, at workplace, in health service institutions, in business and policy environments. It is an important method increasing influence of people on their health state and enforcing their ability to get and use information, to accept and bear their personal part of responsibility.”

## Research

The goal of our research was to find education needs of women teachers at elementary schools by health education teaching - in case that they must deal with this subject in their educational work.

We performed our research for 82 women-teachers of elementary schools; they had not studied the health education specialization but they had met this topic and included it in their lessons. Their field experience was minimally 5 years and the age from 30 to 54, the average age 34.45. It was a coincidence that only women teachers participated in this research - because prevalence of women is a typical feature of the Czech school system but this fact must be taken into account in the interpretation of results (E. Řehulka, O. Řehulková 2001).

The research was performed in the second half of the year 2009 during postgraduate studies, in the lessons of psychology of health and psychohygiene where issues of health education teaching were also informally discussed.

Investigated persons (hereinafter IP) answered question of a questionnaire in the written form. The questionnaire (given below) was administered in groups within a study workshop. Our results are shown in tables and diagrams; they were processed by the most simple statistic calculations which we consider to be adequate for this research.

The questionnaire on educational needs of the teachers for health education teaching:

1. *For health education teaching I would need information*
  - a) *Theoretical*
  - b) *Practical*
  - c) *Didactic*
2. *For health education teaching I would need information from the area of*
  - a) *Physical health*
  - b) *Mental health*
  - c) *Social health*
3. *To improve quality of health education teaching, I would need*
  - a) *Graduate in a special study*
  - b) *Pass training courses*
  - c) *Spend individual time in study hours*
4. *For health education teaching I would need better knowledge on treatment of diseases and defects concerning*
  - a) *Physical health*
  - b) *Mental health*
  - c) *Social health*
5. *For health education teaching at the elementary school*
  - a) *It is necessary to be graduated in this special education area*
  - b) *Additional study is sufficient in case of any teaching qualification*
  - c) *Personal experiences of graduated teachers are sufficient*
6. *In health education teaching at the elementary school*
  - a) *I can well distinguish scientific knowledge from alternative information*
  - b) *The boundary between scientific knowledge and alternative information is fuzzy*
  - c) *Sometimes alternative information can be helpful and it is useful to know it*
7. *In case of customary health problems of pupils at school*
  - a) *I can cope with them*
  - b) *I am not sure*
  - c) *It is out of my competences*
8. *Elementary school teachers should master first aid principles*
  - a) *In a compulsory basic first aid course*
  - b) *In a compulsory advanced first aid course*
  - c) *In an optional first aid course*
9. *In case of mentally demanded and stress situations of pupils*
  - a) *I can cope with them*
  - b) *I would like to cope with them better*
  - c) *It depends on practical experience*
10. *Psychohygiene of pedagogical work at school:*
  - a) *It is a well-considered component personally for me*

- b) *It is a part of my theoretical qualification*
  - c) *I work with it intuitively*
11. *I think that today graduated pedagogues should have competent knowledge on health topics*
- a) *Certainly*
  - b) *It is the domain of other professionals*
  - c) *Health is a part of education*
12. *When I find out all that belongs to health education area*
- a) *I am surprised*
  - b) *I agree with it*
  - c) *It means too many tasks*
13. *Primary health prevention at school should be first of all the task for*
- a) *Teachers*
  - b) *Health workers*
  - c) *Other specialists*
14. *Health literacy of elementary school teachers is*
- a) *Sufficient*
  - b) *Above-average*
  - c) *Below-average*
15. *In self-education the elementary school teachers would need the most knowledge in the area of*
- a) *Physical health*
  - b) *Mental health*
  - c) *Social health*

1. Answers of the question: “For health education teaching I would need information a) Theoretical b) Practical c) Didactic“

	occurrence	Percent
theoretical	53	64,6
practical	20	24,4
didactic	9	11
TOTAL	82	100

Table 1

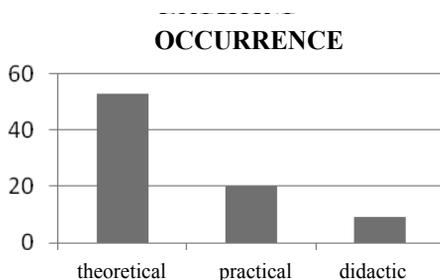


Diagram 1

The answers of Table 1 and Diagram 1 show that our respondents mostly need theoretical information. Health education should mediate many health knowledge that are not, in principle, a part of qualification of the teachers and therefore the teachers feel insufficiency; in parallel the answers demonstrate that the teachers see their role in health education mainly in information level. The teachers are less concerned about practical items of health education and, as expected for graduated pedagogues, they have minimal needs in didactic education area.

2. Answers of the question: *“For health education teaching I would need information from the area of a) Physical health b) Mental health c) Social health”*

	occurrence	percent
physical	49	59,8
mental	12	14,6
social	21	25,6
TOTAL	82	100

Table 2

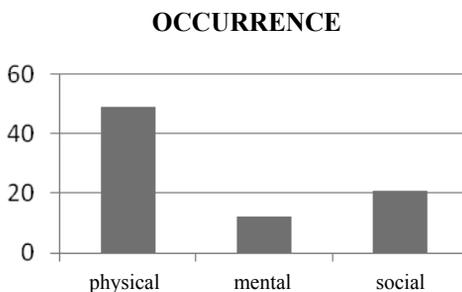


Diagram 2

Table 2 and Diagram 2 show expected results; health is taken first of all as physical health and teachers feel that for preparation of health education they need the most information from the somatic health area. Also public usually thinks in this way and so similar expectation of pupils can be supposed. In relationships with other data of the table this result can be explained also in another way, namely that teachers qualified in psychology and pedagogy have more knowledge in mental and social areas than in physical health area.

3. Answers of the question: *“ To improve quality of health education teaching, I would need a) Graduate in a special study b) Pass training courses c) Spend individual time in study hours.”*

	occurrence	percent
study	26	31,7
courses	31	37,8
individ.study	25	30,5
TOTAL	82	100

Table 3

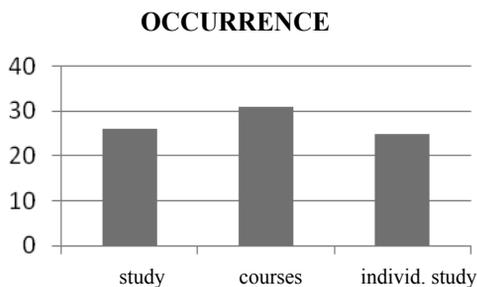


Diagram 3

For improving quality of health education the teachers need certain additional educations; they prefer mostly courses, the special study is in second position; individual study hours are in the last position. However, there are small differences in the responses and they are probably influenced by a personal study style and perceptions of individual respondents than by the form and contents of additional education.

4. Answers of the question: “*For health education teaching I would need better knowledge on treatment of diseases and defects concerning a) physical health b) mental health c) social health.*”

	occurrence	percent
physical	30	36,6
mental	20	24,4
social	32	39
TOTAL	82	100

Table 4

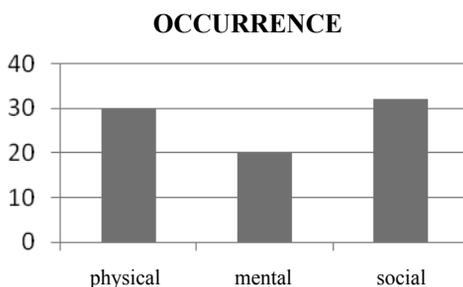


Diagram 4

Health knowledge is understood mainly negatively in the contemporary population - we are informed on our health in case of health difficulties, i.e. when we are ill. For such consideration of health education there are minimal needs of respondents in mental health area; that can be apparently connected with the fact mentioned before – the teachers are relatively well professionally educated in psychology, psychopatho-

logy, consultancy and other similar branches. It is noticeable that quite the same is the occurrence of the answers on needs concerning physical and social health, for the social health the occurrence is slightly higher. We suppose that it reflects a weak ability of teachers to intervene in bullying, lack of discipline, troublesome communication and similar problems that are very difficult to be coped with.

5. Answers of the question: *“For health education teaching at the elementary school a) It is necessary to be graduated in this special education b) Additional study is sufficient in case of any teaching qualification c) Personal experiences of graduated teachers are sufficient.”*

	occurrence	percent
grad.study	23	28
addit.study	40	48,8
experience	19	23,2
TOTAL	82	100

Table 5

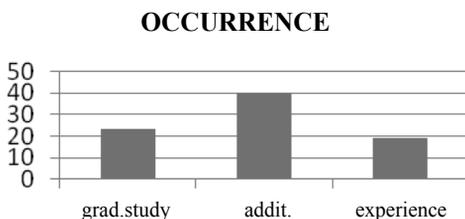


Diagram 5

The answers summarized in Table 5 and Diagram 5 are interesting – majority of the women teachers consider additional studies to be sufficient for health education. For a less orientated reader it is necessary to mention that nearly always professional trainings of the teachers give opportunity to pass courses on biology of child, school hygiene and psychological subjects that are also focused on health issues. In any case, we can see from the answers that the teachers require a certain study for their pedagogical work in health education and only a sole reliance in experiences is the least frequent response option.

6. Answers of the question: *“In health education teaching at the elementary school a) I can well distinguish scientific knowledge from alternative information b) The boundary between scientific knowledge and alternative information is fuzzy c) Sometimes alternative information can be helpful and it is useful to know it.”*

	occurrence	percent
distinguish.	17	20,7
not distinguish.	33	40,2
alternat.used	32	39,1
TOTAL	82	100

Table 6

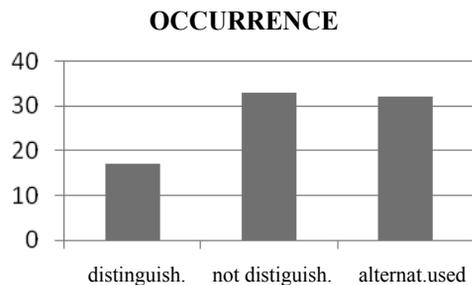


Diagram 6

In several previous researches we could see that the teachers are adequately motivated, they are interested in health topics and pay them attention. Sometimes troubles appear in determination of a boundary to distinguish scientific knowledge and principles of healthy lifestyle from alternative findings that can exist in a broad scope, from naive to prejudicial attitudes. Separation of “scientific“ and “unscientific“ areas can be really difficult sometimes, often it is not easy to find a consensus even among specialists; but for teachers, who work with children and youth, it needs to be considered more seriously and teacher’s recommendations, advices and guidance become competent directives in that the teachers should be fully responsible. The answers of Table 6 and Diagram 6 demonstrate how complicated this issue can be. Only 20.7% of the women-teachers can distinguish scientific knowledge from alternative information, 40% of IP are not able to differentiate and even almost the same part of women teachers considers extra-scientific knowledge and information to be useful! We take this observation as a very considerable fact that should be investigated more deeply because in some situations it should be a base for very dangerous pedagogical measures.

7. Answers of the question: “ *In case of customary health problems of pupils at school a) I can cope with them b) I am not sure c) It is out of my competences.* “

	occurrence	percent
I can	22	26,8
not sure	31	37,8
out of compet.	29	35,4
TOTAL	82	100

Table 7

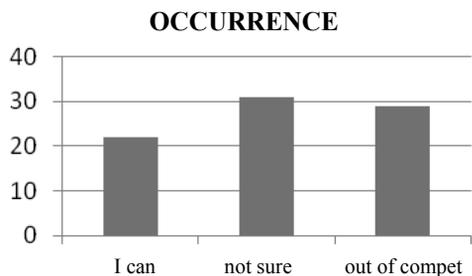


Diagram 7

Readiness of the teachers for health education can be also discovered by estimation of their own competence in solution of pupils' health problems. Table 7 and Diagram 7 indicate that only one third of the women teachers can cope with such situations, the most part of them feels uncertainty and 35.4% of them mean that they are not competent for resolution. Although the question is rather general and can be interpreted in various ways, it is interesting that the answers are heterogeneous and the teachers are too little ready to manage health problems of pupils.

8. Answers of the question: *“Elementary school teachers should master first aid principles a) In a compulsory basic first aid course b) In a compulsory advanced first aid c) In an optional first aid course.”*

	occurrence	percent
compuls. basic	20	24,4
compuls. advanced	46	56,1
optional	16	19,5
TOTAL	82	100

Table 8

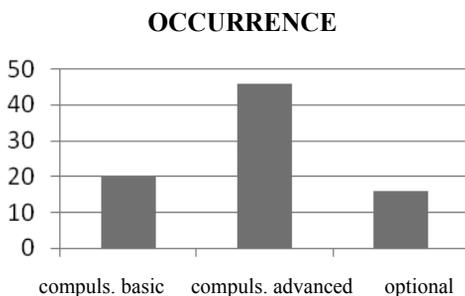


Diagram 8

In variant stages of teaching education the first aid principles have been a part of teaching qualification in various scopes. Generally it can be stated that instructions of the first aid principles belong to a basic knowledge of each human, especially those responsible for care of other persons and competent in child care especially. First aid know-how is very important for teachers, the respective training scope and teacher's duties can here be discussed. Our findings can be considered as positive because 80 % of IP take the first aid courses for compulsory; among them 56.1 % of women teachers prefer first aid courses in an advanced version.

9. Answers of the question: *“In case of mentally demanded and stress situations of pupils a) I can cope with them b) I would like to cope with them better c) It depends on practical experience.”*

	Occurrence	percent
I can	22	26,8
wish of better	34	41,5
practice	26	31,7
TOTAL	82	100

Table 9



Diagram 9

We have mentioned previously that the teachers feel most sure in the mental health area and by coping with mentally demanding and stress situations which are a permanent part of their education work. Nowadays the teachers complain about great requirements just in this area. In professional teacher training more and more attention is paid to dealing with the load and stress. However, Table 9 and Diagram 9 show that the teachers would like to cope better with such problems - almost 42% of IP. Besides theoretical training, they also prefer practical experiences. In this direction it is also necessary to appreciate the ability of the pedagogues because more than one fifth of them suppose that they can cope with the mentally demanding and stress situations.

10. Answers of the question: *“Psychohygiene of pedagogical work at school*  
*a) It is a well-considered component personally for me b) It is a part of my theoretical qualification c) I work with it intuitively.*“

	occurrence	percent
personal	24	29,3
learned	22	26,8
intuitive	36	43,9
TOTAL	82	100

Table 10

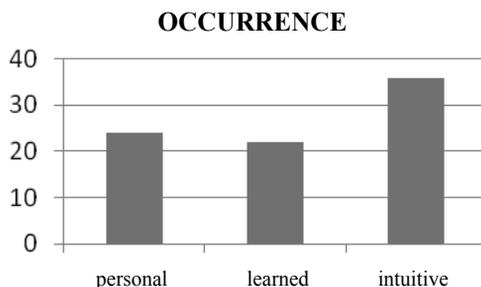


Diagram 10

Psychological readiness of teachers enjoys great and well-deserved attention; it can be stated (as it is confirmed by research results) that teachers are interested in theoretical and practical psychology training and really appreciate it. Psychohygiene is very important for the teacher because it can integrate knowledge on keeping and development of mental health or - more precisely - it deals with health from mental aspects. Each human has own psychohygienic principles based on personal experiences and occasional information that can be but need not be systematically processed. Most of our IP work with such implicit personal psychohygiene in the responses. If we summarize the responses of the questions 2 and 3 in this sense, we can count more than 80%. Only 72 % of IP rely on psychohygiene professionally supported. This number seems to be very small – although, on the other hand, we must consider the fact that the other responses do not imply unambiguously harmful behaviour means. It is a pity only that the teachers do not use more scientifically founded psychohygiene.

11. Answers of the question: *“I think that today graduated pedagogues should have competent knowledge on health topics a) Certainly b) It is the domain of other professionals c) Health is a part of education.”*

	occurrence	percent
knowledge need	20	24,4
other profes.	35	42,7
in educ.	27	32,9
TOTAL	82	100

Table 11

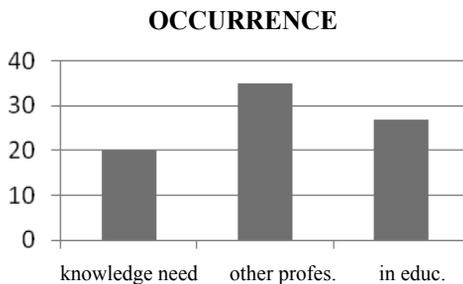


Diagram 11

In the answers of this question we can observe again a traditional understanding of professional competences when health issues are transferred to other specialists than pedagogues. We do not consider this concept to be wrong, nevertheless for our question formulation the b) responses demonstrate that health issues do not belong to duties of pedagogues. Although this answer is most frequent one, the majority of the women teachers think that they must be engaged in health issues on account of their profession or - more concisely, from the viewpoint of our school system programmes - they are convinced that health education issues are a part of teaching work.

12. Answers of the question: *“When I find out all that belongs to health education area a) I am surprised, b) I agree with it c) It means too many tasks.”*

	occurrence	percent
surprised	35	42,7
agree	31	37,8
too many	16	19,5
TOTAL	82	100

Table 12

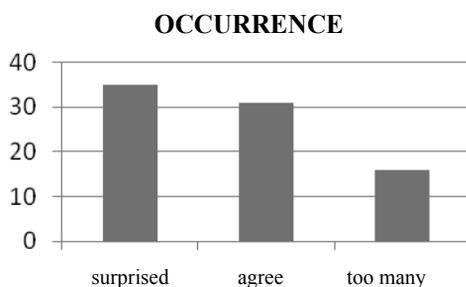


Diagram 12

How the teachers understand, manage and accept new conceptions of our school system? - this question is included in our research goals, in the sense expressed in Frame Research Programmes where health education is defined newly and significantly. The new perception of health issues is also described in the programmes of the World Health Organization (WHO) and is closely connected with new conceptions of health psychology, preventive and social medicine and other branches. In all these materials the important and unsubstitutable role is played by education which is professionally institutionalized at schools and realized mainly by teachers. With a certain simplification we can say that the success of these concepts could depend, in a decisive measure, on acceptance and realization by teachers. This situation is also characterized by the above given answers. It is obvious that most teachers (42.7%) are surprised by multifarious tasks demanded in health education; in parallel it is gratifying that one third of the teachers agrees with the tasks and in spite of one fifth of respondents consider the tasks to be excessive.

13. Answers of the question: *“Primary health prevention at school should be first of all the task for a) teachers b) health workers c) other specialists.”*

	occurrence	percent
teachers	32	39,1
health workers	38	46,3
other spec.	12	14,6
TOTAL	82	100

Table 13

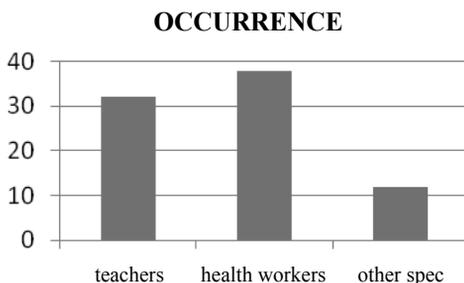


Diagram 13

The primary prevention is an important social mission and it belongs to school principle duties to participate in it. Building of a primary prevention system at schools - it is one of targets of teachers' work because the education is the most important way of primary prevention and first of all pedagogues are the relevant professionals. Prevention is usually comprehended in health care tradition; in this way we can understand 46% of the responses that ascribed the primary prevention to health workers. Although 40% of women teachers are here appreciated because they assume the primary prevention as their own task; only 15% of the respondents suppose that the primary prevention belongs to other specialists. This answer can be related to participation of school preventists, which is useful but it should not comprise lack of interest and remission of responsibility of other teachers in the prevention area.

14. Answers of the question: *“Health literacy of elementary school teachers is a) sufficient b) above-average, c) below-average.”*

	occurrence	percent
sufficient	43	52,4
above-aver.	36	43,9
below-aver.	3	3,7
TOTAL	82	100

Table 14

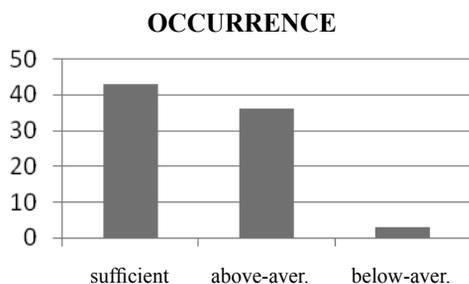


Diagram 14

Table 14 and Diagram 14 demonstrate good results obtained from the examined teachers for the evaluation of health literacy of elementary school teachers. Only 3.7% of respondents (i.e. 3 women teachers of the whole inquired set) are of opinion that health literacy is below-average, the remaining respondents consider health literacy to be sufficient (52.4%) and 43.9% even above-average. These results are stimulating and they indicate that generally the teachers are well prepared for health education. It is of course only a subjective evaluation of health literacy but we explained this term to the respondents properly so that they could perform an adequate self-reflection in this sense.

15. Answers of the question: *“In self-education the elementary school teachers would need the most knowledge in the area of a) physical health b) mental health c) social health.”*

	occurrence	percent
physical	30	36,6
Mental	29	35,4
Social	23	28
TOTAL	82	100

Table 15

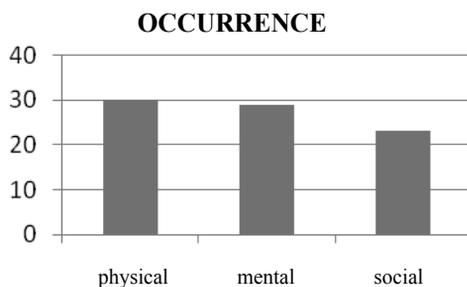


Diagram 15

In the last question we tried to find out the health area for that the women teachers would need the most knowledge. Almost equal responses concern the physical and mental health - obviously the areas of the highest load in the teaching profession.

Such results we obtained formerly (E. Řehulka, O. Řehulková 1998; O. Řehulková, E. Řehulka 1998). Rather fewer responses concern social well-being, which can reflect the fact that it is a new area of self-education usually included in the mental health area. The result can be understood positively, in the sense that the women teachers are orientated in the self education "in a holistic perspective" and they comprehend mutual relationships of individual aspects and components of health.

## **Discussion and conclusions**

The results obtained in this study are not extraordinary and not surprising for those who know our recent school system. Nevertheless we have found out several data that could be a starting point for a next deeper and more extensive research or could inspire a reflection of managers of our school system.

Especially it is an underestimation of the topical health concept which means expansion of options and duties of non-health workers mainly in the school system. The majority of teachers perceive health mainly in the sense of physical health, in part also as mental health but the dimension of social well-being is not usually identified. A likeable fact is the interest of the teachers in additional education in health area that is noticeable in the whole research; this interest is focused also on getting theoretical knowledge and not only practical skills - as it could be expected from the practising teachers. Health issues are very recognized topics of edification, education and common knowledge - in such a measure that also risks can appear of non-scientific or even dangerous data penetration at transferring opinions and information into health care knowledge and health information. These complicated problems are often not fully resolved even among professionals. Such problems are more crucial for teachers because their decisions concerning human health and healthy lifestyle principles must be competent and responsible even if such topics are out of their professional qualification. For this reason teachers are interested in health issues but their interest is connected with certain doubts about correctness of knowledge and its practical applications. Teaching is a profession in which self-reflection is recommended as a way of professional development, and a creative performance of the teaching profession tends spontaneously to self-reflection. From this point of view the teachers often use well-considered own implicit methods and procedures concerning health, psychohygiene and mastering stress; they can form concepts of own self-education. Such reality is displayed in the research. A great part of such health behaviour consists of own individual experiences, which we consider to be a lack because these experiences can sometimes express doubts whether they are clearly professional. The whole conception of preparation and education of teachers must be arranged specifically for the teachers; health education knowledge must be built so as to use it in pedagogical practice and to accept it in the professional pedagogical qualification of the teachers.

We suppose that the research results and their interpretation offer the following conclusions:

A great part of the women teachers understands health in its traditional sense, i.e. orientated with respect to physical health and without fully comprehension of pedagogical possibilities of new health conception.

Health education is highly evaluated by the women teachers; they understand its usefulness and are interested in additional education in this area.

The women teachers are becoming acquainted with new options and duties in health education rather slowly and even more slowly they accept them.

Health literacy of the women teachers is very good, it consist in individual experiences and self-reflection; the women teachers are interested in getting deeper professional knowledge.

Educational needs of the women teachers at elementary schools in health education area are a positive motive in their professional development but must correspond with a sufficient offer which should be arranged for the teachers and organizationally classifiable into the system of pedagogical qualification.

## **VZDĚLÁVACÍ POTŘEBY UČITELEK ZÁKLADNÍCH ŠKOL V OBLASTI VÝCHOVY KE ZDRAVÍ**

**Abstrakt:** Ve studii jsou prostřednictvím speciálně připraveného dotazníku zkoumány vzdělávací potřeby učitelek základních škol v oblasti výchovy ke zdraví. Výsledky ukazují, že učitelky mají velký zájem se v problematice zdraví vzdělávat, ale prozatím zcela nedoceňují nové možnosti a povinnosti ve výchově ke zdraví, které vyplývají z nových koncepcí zdraví a také z Rámcových vzdělávacích programů. Vzdělávací potřeby v oblasti výchovy ke zdraví mohou být budovány na sebereflexi učitelů, mohou prohloubit učitelskou kvalifikaci jak kognitivně, tak z aspektu rozvoje osobnosti. Tyto vzdělávací potřeby by měly nacházet adekvátní nabídku v dalším vzdělávání učitelů, které by bylo koncipováno tak, aby současná problematika zdraví byla organicky zahrnuta do pedagogické teorie a praxe a vedla k rozvoji zdravotní gramotnosti (health literacy) učitelů.

**Klíčová slova:** výchova ke zdraví, vzdělávání učitelů, vzdělávací potřeby, Rámcový vzdělávací program