The effectiveness of the professional teacher development for principals in the promotion of healthy school environments

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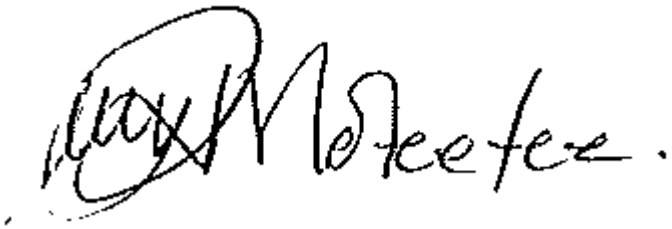
DECLARATION

I the undersigned hereby declare that the work contained in this study is my own original work and that all sources used or quoted have been indicated and acknowledged by means of complete references.



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DEDICATION

I dedicate this dissertation to my late grandparents, Matsemela Elias Kubheka and Mamile Elsie Kubheka, who from an early age inspired me to pursue my interest in education. I thank them for their prayers, love and encouragement in all my endeavours.

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ABSTRACT

Key words: Professional development, Learning community, Learning organisation, Health promotion, Health promoting school

The main aim of the study was to investigate the effectiveness of professional development of principals in the promotion of healthy school environments.

The literature review focused on school health-promotion, professional development for principals and a theory of learning organisations. It focused on the essence of health-promotion, revealing its importance and the multiple strategies used. The section on professional development revealed the importance of continuity of trainings and a focus on specific aspects including those of health-promotion. This study used the theory of learning organisations as a framework. Health promotion in its nature can only be effective if teachers are willing to learn and relearn.

A qualitative purposive sampling method was used as only principals who attended the continuous professional development that was conducted by SACE between 2013 and 2016 were approached to participate. The study revealed that the promotion of healthy school environments was not understood the same way by participants; the programmes were implemented according to their understanding of health-promotion; and the lack of inclusion of specific topics in the principals' professional development activities impacted negatively on the implementation and resulted in their inability to address the challenges faced by the schools. It was also discovered that the lack of professional development led to ineffectiveness in endeavours of the schools to promote healthy settings. The study provided recommendations for the enhancement of professional development for principals to focus on health promotion.

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND RATIONALE

The continually changing education landscape in South Africa, in line with global trends pushes school principals to learn new ways of doing things in pursuit of quality education. The Department of Basic Education (2011) determines that the primary concern should be to ensure that all learners receive quality education. The approaches to achieve the desired levels of teaching and learning and sustained good academic performance could no longer be those used in the past. One such tactic could include a focus on making schools to function effectively in healthy environments. Davidoff and Lazarus (2002) suggest that the challenge lies in developing effective and healthy schools that are capable of delivering quality education. This proposition provides a context for this study, to explore whether professional teacher development (PTD) for principals plays a role in the promotion of healthy school environments (PHSEs).

The creation and promotion of healthy school environments in South Africa as elsewhere in the world, is supported by a legislative framework. The legislation includes the Constitution (RSA, 1996a) which indicates a right to a clean environment as fundamental and connected to the health and well-being of learners. Several health policies have been developed over the years in line with international trends to address the issue of health promotion in South African schools. The National Policy on HIV/AIDS, Act 27 (RSA, 1996b), centres around the prevention of communicable diseases including HIV/AIDS and the Policy Guidelines for Youth and Adolescent Health (RSA, 2001) and mandates the prevention of specific health problems in adolescents and promotion of healthy development of all adolescents and youth. The Integrated School Health Policy (RSA, 2012) concerns the promotion of healthy school environments (PHSEs) and the provision of health services at schools. The implementation of health policies according to Kwatubana (2018b:9) “demand for collaborations with community members, other governmental organisations, parents and non-governmental organisations”. Collaborative implementation of health policies “provides a new and complex terrain for school managers, leading to challenges in policy implementation” (Kwatubana, 2018b:9).

The roles of the principal in the PHSE is to advance health promoting programmes, provide guidance in the development and implementation of school-based health policies as indicated above and support learners and educators in their activities to ensure health

promotion in schools (RSA, 2002). Furthermore, Denman, *et al*. (2002) add the role of developing partnerships between the school and its local community. According to the Department of Health and Wellness (2008), there is a need to address health issues through a coordinated approach that ensures compliance with comprehensive policies. As a result, the principals' roles would include frequent assessment and monitoring of the implementation of school health policies and programmes to ensure that the initiatives are effective and benefit learners.

However, principals in public schools in South Africa struggle to maintain the above roles effectively. Research indicates that schools in South Africa are limited in their ability to implement programmes that promote healthy school environments due to factors including principals' lack of knowledge and understanding of how to implement health policies (Chigona & Chetty, 2008). In a study conducted in three Western Cape Primary schools, lack of professional teacher development (PTD) was cited as one of the contributing factors to lack of implementation of health-promoting programmes (Mohamed, 2015).

Moreover, the need for the PTD has been emphasised by researchers who identified the lack of qualified staff for health promotion, especially principals, as a challenge to the PHSEs (Aldinger *et al*., 2008; Bruce, Klein & Keleher, 2012). Lochman (2003) argues that the level of professional training of principals needs to be considered if an innovation is introduced into the school, as it might influence their involvement, and therefore recommends that training is essential to enable teachers to implement such innovations. Furthermore, it has been advocated in the literature that principal training or PTD is necessary to enable principals to act as catalysts for change (Aldinger *et al.,* 2008; Hoyle, *et al*., 2010; Pommier *et al*., 2011) such as that brought about by the call for creation of school health promotion by the World Health Organisation.

A survey of related literature indicates that studies which have been conducted regarding healthy schools and healthy school environments internationally (Cargo *et al.,* 2006; Inchley, Muldoon & Currie, 2006), and nationally (Mohamed, 2015, Public Service Commission, 2008) focused on evaluation of the determinants, problems and consequences of school health promotion. It is for this reason that this research focuses on the effectiveness of PTD for principals in ensuring healthy school environments.

1.2 PROBLEM STATEMENT

School health promotion is an important component of any education and public health programme, complementing and supporting various health policies, services and environmental changes (WHO, 2003). Ensuring that children are healthy and able to learn in a conducive environment, is essential for any effective education system. Schools worldwide are regarded as important settings for health education and health promotion. The school environment provides a perfect opportunity to promote health and well-being of learners as learners spend most of their time at school.

The school principal is mandated to provide guidance to teachers and learners so that they can work towards promoting healthy school settings. Research suggests that schools that make wellness a priority are better positioned to become high performing schools as school wellness contributes directly to student academic achievement (Leithwood, Harris & Hopkins, 2008). Louis, Leithwood, Wahlstrom and Anderson (2010) continue to indicate that healthy schools do not just happen but are created. Healthy schools are created by people who care deeply about the success of learners (Fullan, 2010). Significant improvements in school wellness happen only when school leaders get actively involved as they hold the keys to the long-term success of any school wellness initiative (Dadaczynski & Paulus, 2015). The policy on the South African Standard for Principalship (RSA, 2016) also concurs as it states that “the principal is required to create an environment that is trusting, disciplined and conducive to teaching and learning and that the principal should take responsibility for a safe, secure and disciplined school environment”.

Several authors have observed that there is an implementation gap regarding school health-promotion programmes (Gugglberger & Dur, 2010), for instance Mohammadi, Rowling and Nutbeam (2010), showed that there is a lack of common understanding regarding the PHSE as well as confusion among school leaders in comprehending school health-promotion. Burt (2015) holds the view that this gap may be created by the fact that principals have not been adequately trained for their task of promoting healthy school environments.

To address these deficiencies, the National Department of Education embarked on various PTD programmes for principals in South African schools to provide them with skills. Workshops, seminars and conferences are traditional approaches to professional

development (Boyle *et al*, 2005). However, these approaches proved to be ineffective since they did not sufficiently change principals' content knowledge or pedagogical skills and did not consider the developmental needs of principals or the contextual factors of schools (Moswela, 2006). According to Mathibe (2007), these professional development programmes for principals in South Africa are fragmented and not co-ordinated and sometimes irrelevant. Boyle *et al.,* (2005) posit that programmes for principals are unsatisfactory and have not met the intended goals. According to Steyn (2010), official PTD programmes presented by the Department of Education "had little or no impact on their schools" since they were too theoretical in nature with little practical value.

Currently, there is very limited information reported on the effectiveness of the PD of principals in health promotion in schools. This is a challenge, especially, as schools are one of the key settings shaping the health and well-being and development of learners (Zubrick *et al*., 2000) and the principal is expected to act as a catalyst in promoting a healthy school environment.

1.3 RESEARCH QUESTIONS

The main question guiding this research is: How effective is professional development of principals in the promotion of healthy school environments? The research sub-questions that directed this study are as follows:

Secondary research questions

- What does the promotion of healthy school environments involve?
- How is health-promotion implemented in schools?
- How does professional development of principals contribute to the promotion of a healthy school environment?
- What possible strategies can be recommended for effective professional development of school principals in promoting healthy school environments?

1.4 AIM AND OBJECTIVES OF THE STUDY

The main aim of this study was to investigate the effectiveness of professional development of principals in promoting healthy school environments.

This aim has been operationalised in the following objectives:

- To determine what promotion of healthy school environments entails.

- To explore how health promotion is implemented in schools.
- To investigate the contribution of professional development of principals in the promotion of healthy school environments
- To recommend possible strategies to enhance professional teacher development for principals to assist them in promoting healthy school environments.

1.5 THEORETICAL FRAMEWORK

The theory of learning organisations was used as a framework to guide this research. The rationale behind the choice of this theory is that: school health-promotion is still new in South Africa; it is not clearly understood and yet it has to be implemented in all schools in poor communities which have been given a health-promoting status by the Department of Education. The belief is that schools are learning organisations, there is always something new they have to learn and implement. Health-promotion is one such programme. The theory of learning organisations presented in Senge's (2006) five disciplines of the learning organisation provided a strong theoretical framework for this study. The importance of learning organisations is based on the view that learning organisations develop the capacity to learn and reflect, and the capacity to innovate (Senge *et al*, 2011). A learning organisation uses these competencies to mobilise and to use resources efficiently, and to achieve the larger task of managing the changing environment inside and outside the school to improve the quality of teaching and learning (Williams *et al*., 2012). Senge *et al*. (2012) suggest that practising the five disciplines of "personal mastery", "mental model", "shared vision", "team learning" and "systems thinking" can empower schools to meet the challenges of educational improvements. These competencies are important in the PHSE as elaborated in the following section.

In school health-promotion individuals' commitment to learning new ways of doing things and of thinking is important. The PHSE is an innovative initiative to improve the health of the school community. Therefore, it needs to be managed and led by school managers with knowledge and expertise. The inherent beliefs and views they have based on life and professional experience, will influence their actions. The PHSE also calls for a shared vision which is the ability of the individual, or group of individuals, to understand and adopt a common goal or objective (Senge, 2006). The school community learns together as a team, a situation that allows them to think and process various scenarios and situations together in order to determine the most effective solution to a problem. Team learning

according to Senge (2006:218), is the “process of aligning and developing the capacity of a team to create the results its members truly desire”.

The following sections elaborate on the research methodology, participant selections, data collection methods, trustworthiness and ethical considerations employed in this research.

1.6. RESEARCH METHODOLOGY

1.6.1 Literature Review

A literature study was essential in order for the researcher to have a global yet exhaustive picture about the topic she intended to research. McMillan and Schumacher (1993), maintain that a literature review adds to one’s understanding of selected problems and helps place the study in a historical and associational perspective.

The literature study incorporated both primary and secondary sources and included articles in newspapers and peer-reviewed journals, papers delivered at educational conferences and public gatherings, as well as circulars of the Department of Education and Government publications.

1.6.2 Research paradigm

This study was based on an interpretivist perspective which attempts to “understand phenomena through the meanings that people assign to them” (Maree *et al*., 2007:59). Interpretivist researchers begin with individuals and set out to understand their interpretations of the world around them (Cohen, Manion & Morrison, 2005). Knowledge was not only constructed by the observation of the phenomenon under investigation (the effectiveness of PTD for principals in the PHSE), but also by descriptions of the intentions of the participants as well as their beliefs, values, reasons, meaning-making and self-understanding as suggested by Henning (2004). Interpretivism is based on the assumption that there is not one reality but many (Maree, *et al*. 2007:37) hence the involvement of different groups in this study. Cohen *et al* (2005) assert that interpretative and naturalistic inquiry is the belief that reality is looked at from the perspective of the researched, and that the setting must not be disturbed by the presence of researchers. The researcher therefore, performed the investigation in natural contexts (schools where the participants taught) to reach the best possible understanding. The research design discussed below was based on this interpretive paradigm.

1.6.3 Research Design

A qualitative research design was employed since this approach is one in which the inquirer often makes knowledge claims based primarily on interpretivist perspectives (Creswell, 2003). Furthermore, this approach is useful because multiple meanings of individual experiences are socially and historically constructed with the intent of developing a pattern (Creswell, 2003). Research design refers to a plan for selecting participants, research sites and data collection procedures to answer the research question (Somo, 2007). The design indicated which individuals were studied, as well as when and where and under which circumstances as elaborated in Chapter 3. The data collected were presented in the form of words instead of numbers. The use of qualitative research was relevant to this study, since the intent was to understand the participants' lived experiences of the effectiveness of PTD in the PHSE. The identification of an appropriate research design for the study led to the choice of a strategy of inquiry.

1.6.4 Strategy of inquiry

A phenomenological research was conducted in this study. Creswell (2003) explains that in phenomenological research the researcher identifies the "essence" of human experiences concerning a phenomenon as described by the participants in the study. Merriam (2002) states that a phenomenological study focuses on the essence or structure of an experience. Phenomenologists do not assume that they know what things mean to the people whom they are studying (Biklen & Bogdan, 2003). The researcher had to probe so that participants could give explanations and clarifications on their articulations of their experiences. In a phenomenological study the subjective aspect of the behaviour of people is emphasised (Biklen & Bogdan, 2003).

This strategy was used in this study because the researcher wanted to determine, describe and understand the effectiveness of PTD on the PHSE by involving a small number of participants through extensive engagement to understand the phenomenon being studied (Creswell, 2003). The sample of the study was selected based on this research enquiry.

1.6.5 Population and sampling

Population, as illustrated by Creswell (2009), is the entire group of people onto whom the investigation is intended to offer insight. The population in this study was made up of all the principals of primary schools in the Sedibeng districts in the Gauteng Province who attended PTD workshops that were conducted by the South African Council of Teachers. A sample was selected from the population as it would not have been feasible to conduct research on all such principals in South Africa.

Niewenhuis (2007) explains that sampling refers to the process used to select a portion of the population for the study. Qualitative research is "generally based on non-probability and purposive sampling rather than probability or random sampling" (Maree *et al.,* 2007:79). Sampling is an essential part of research because the results of the investigation come from the targeted population, in this case, the principals in the Sedibeng districts because "they are the holders of data that is relevant for the study'' (Maree & Pietersen, 2007: 79). The researcher used snowball sampling method, which is a process of selecting sample using networks. In snowball sampling, the researcher collects data on the few members of the target population that can be located, then seeks information from those individuals that enable the researcher to locate other members of that population (Babbie & Mouton, 2008). This process was continued until the required number was reached, in terms of the information sought.

The researcher contacted a few principals and interviewed them, and then asked for information about others who had the same characteristics, whom the researcher contacted next. The researcher continued to collect data until to a point where she was not getting new information or reached data saturation point. That stage determined the sample size which was four principals, four HODs, four nutrition committee coordinators and four coordinators of health programmes.

1.7 DATA COLLECTION METHODS

McMillan and Schumacher (2001:408) claim that "most interactive researchers employ several data collection techniques in a study, but usually select one as the central method". The authors furthermore stipulate that these multi-method strategies permit triangulation of the data across inquiry techniques and the different strategies may yield different insights about the topic of interest and increase the credibility of the findings. The two data collection methods that were used in this study were interviews and document

analysis. Data were stored in a locked cupboard in the office of the supervisor as per university rule.

1.7.1 In-depth interviews

In-depth interviews were employed as data collection strategy in this study. Open ended questions were used to obtain data which gave an indication of how the participants perceived the effects of PTD on the PHSE and how they explained and made sense of the important activities of the principals with relation to the PHSE.

In general terms, Nieuwenhuis (2007) defines interviews as a two-way conversation where the interviewer asks the participants questions to collect data and learn about the ideas, beliefs, views, opinions and behaviour of the participants. The aim of the researcher was to see the world through the eyes of the participants. The researcher sought to encourage principals to relate their experiences of the PTD workshops and define their meaning and effects on the PHSE. Questions were planned in an interview guide, but the sequence of questioning was guided by the way participants responded. An interview guide enabled freedom to the researcher to ask follow-up questions, even if they did not follow the documented sequence. McMillan and Schumacher (2006) maintain that in an interview guide, topics are selected in advance, but the researcher decides the sequence and wording of the questions during the interview. The interviews were conducted at the schools at a time convenient to the participants as elaborated in Chapter 4.

1.7.2 Document analysis

Document analysis was used as a second method of data collection. Documents relating to PTD for principals and the PHSE that were available at the selected schools, such as circulars, memoranda, school policies, government gazettes and minutes of meetings were studied. Henning (2004) argues that even though the collection of documents and other artefacts is often neglected in qualitative research, they are a valuable source of information if available. Any document, old or new, whether in printed format, handwritten or in electronic format that related to the research question was of value. The analysis of these documents provided information that filled the gaps that were left open by interviews.

The data that were gathered by means of interviews and documents were transcribed and analysed. After every interview at a selected school, the researcher transcribed the data before commencing with the next interview.

1.8 DATA ANALYSIS

McMillan and Schumacher (2001) describe qualitative data analysis as primarily an inductive process of organising the data into categories and identifying patterns (relationships) among them. According to Maree *et al*. (2007: 37) “researchers in the interpretative (naturalistic) paradigm mostly prefer inductive data analysis which is more likely to help them identify the multiple realities potentially present in the data”. The aim of the researcher in analysing the data was to interpret and make sense of the meanings of the inferences made by the participants. The initial step in the analysis of the qualitative data in the study was for the researcher to be immersed in the data with an aim of becoming familiar with the collected information. The responses from the interviews and the audio recordings were transcribed into text after reading and listening to them repeatedly. Those transcriptions (text from audio recordings and interviews as well as the observational notes) were then analysed manually as indicated in Chapter 3.

A key process involved in analysis is the act of ‘dwelling’ with the minutiae of data (Wertz, 2005). Dwelling is the process by which phenomenology makes room for the phenomenon to reveal itself and speak its story into researchers’ understanding (von Eckartsberg in Wertz, 2005). It forces them to slow down, to pause, to re-examine taken-for-granted assumptions and the idea that people already know about a phenomenon. In the dwelling the researcher lingered by taking time to read the transcripts, thought about the data and what it meant and became absorbed in what was being revealed by the participants.

To get at the essential meaning of the experience, an approach that was used was to extract themes. Themes became essential aspects that were discovered through a thoughtful engagement with the description of the experience to understand its meaning. The process of thematic analysis is discussed in detail in Chapter 4.

1.9 QUALITY CRITERIA

According to Lincoln and Guba (1985) cited in De Vos, Strydom, Fouche and Delport (2012), trustworthiness of a research study is important for evaluating its worth. The

authors also posit that trustworthiness involves credibility, transferability, dependability and conformability.

Credibility refers to the value and believability of the findings and involves two processes: conducting the research in a believable manner and being able to demonstrate credibility (De Vos, *et al:* 2012). The researcher ensured that the findings of the study reflected the opinions and feelings of the participants accurately and this was done by taking the findings to them for confirmation, congruence, validation and approval.

Transferability refers to whether findings can be transferred to another similar context or situation, while preserving the meanings and inferences from the completed study (Kumar, 2011). Transferability in this research was promoted by extensively and thoroughly describing the process the researcher adopted so that others can follow and replicate as suggested by Kumar (2011).

Dependability is often compared to the concept of reliability in quantitative research and is concerned with whether same results can be obtained if the same phenomenon can be observed twice (Kumar, 2011). Dependability in this study was established by keeping an extensive and detailed record of the research processes for others to replicate.

Confirmability- the degree to which the results are shaped by participants and could be confirmed or corroborated by others (Kumar, 2011). The researcher guaranteed conformability by using member checks and giving participants a chance to confirm the analysis and the findings of the research.

1.10 ETHICAL CONSIDERATIONS

De Vos (1998) stipulates that ethics are a set of moral principles that are suggested by an individual or a group. Furthermore, the author mentions that these are widely accepted rules of behaviour and expectations about the most correct conduct towards experimental subjects, respondents, employers, sponsors and other researchers, assistants and students. Maree *et al*. (2007) further stipulate that it is essential that throughout the research process the researcher follows and abide by ethical guidelines. Based on this the researcher adhered to the following ethical measures:

- Permission was requested in writing from the following authorities: the North West University ethics committee; the Gauteng Department of Education (GDE) through the Sedibeng districts offices; and the school principals of the sampled schools. Permission was granted by all these bodies. The intention of the study was communicated to all relevant participants and the times during which they would be involved in the study were discussed.
- Informed consent was obtained from the participants - This was done before commencing with the interviews. This included explaning of the research and its processes and ascertaining whether the volunteer would be available and willing to participate in follow-up interviews at a later stage. Furthermore, the researcher presented the participants with letters of consent, in which the research process as well as information in terms of withdrawing from the study at any given time was described in detail.
- The safety of participants was ensured. - The researcher ensured that the participants did not get exposed to any undue psychological harm. The researcher protected the participants, as De Vos *et al.* (2007) advise, by thoroughly informing them beforehand about the potential impact of the investigation, as such information offered participants the opportunity to withdraw from the investigation at any stage of the investigation without giving reasons for their decision.
- Confidentiality and anonymity were ensured. - Maree *et al*. (2007) mention that "both the researcher and the participant must have a clear understanding regarding the confidentiality of the results and findings of the study". The researcher ascertained that the information about the participants and their schools will not be shared with others other than for purposes of research. Their names and schools are not mentioned in this research.
- The non- betrayal of participants was determined. - Cohen and Manion (1994) as quoted by Somo (2007) mention that the term 'betrayal' is usually applied to those occasions where data is supplied in confidence and revealed publicly in such a way as to cause embarrassment, anxiety and perhaps suffering to the participants' disclosure of information. As the researcher regarded betrayal as a breach of trust that is often caused by selfish motives, she used the information for research purposes as per agreement with the participants.
- The rights and privacy of the participants were respected - The right to privacy extended to all information to a participant's physical and mental condition, personal circumstances and social relationships. The researcher gave the participants the

freedom to decide for themselves to what extent their personal opinions, habits, eccentricities, doubts and fears were to be to be included in the research. The researcher made the participants aware of the information that was included in the research. After transcribing the data, the transcripts were returned to the participants to check for accuracy and also whether they were comfortable or not with the information that was included in the transcripts. The researcher acted with sensitivity with regards to the privacy of participants.

1.11 DIVISION OF CHAPTERS

Chapter 1 contains the introduction and background to the investigation, the problem statement, aims and motivation for the research, as well as an overview of the research design and methodology.

Chapter 2 provides a review of the literature on health-promotion in schools. The chapter dwells on the essence of PHSE, the policies, programmes, involvement of teachers and learners and collaborations and partnerships with the school community. The above-mentioned are the components of health-promotion of which the health-promotion initiative cannot be sustainable and effective without.

Chapter 3 provides the theoretical framework of the study which is embedded in Senge's learning organisations. The chapter starts by elaborating on what the theory entails, then it talks about how it can be implemented in schools by explaining personal mastery and its components.

Chapter 4 explains the research design and methods used to conduct the investigation. A qualitative research method was regarded as appropriate for this research. A phenomenological design was used and participants recruited by means of snowball sampling method. Sixteen participants responded to semi-structured individual interviews, this data was augmented with another that came from document analysis.

Chapter 5 consists of the presentation and discussion of the research results. Four themes emerged from the data that was analysed by means of content analysis. Inductive analysis was therefore, used to develop the themes.

Chapter 6 provides the findings, conclusions and recommendations. The limitations of the study are also outlined.

1.12 CHAPTER SUMMARY

This chapter presented the rationale and purpose statement. References to the primary research question and the secondary research questions were made. These were

translated into pursuable research objectives. Furthermore, this chapter presented overviews of the theoretical framework, research methods and an outline of chapter divisions. The next chapter presents a literature review of the effectiveness of the continuing professional development of principals on the promotion of healthy school environments

CHAPTER 2
HEALTH PROMOTION AND PROFESSIONAL DEVELOPMENT OF PRINCIPALS

2.1 INTRODUCTION

This chapter intended to investigate the effectiveness of PTD for principals on the PHSE. The primary focus of this chapter is therefore on the essence of PHSE and the importance and implementation of PTD by the South African Council of Educators to aid health-promotion. The basic concepts like, inter alia, the health-promoting schools, the whole-school approach for implementing PTD programmes and promotion of healthy school environments as well as the professional development (PD) of principals are defined and explained.

2.2 SCHOOLS AS CENTRES FOR HEALTH PROMOTION

Schools are recognized worldwide as settings for health-promotion (WHO, 1986) and because of that acknowledgement there is an increased attention on schools as health-promoting settings (Kwatubana, 2017). Nutbeam (2000) and James (2010) posit that the link between learner health and well-being, and schools meeting their educational goals, made health-promotion in schools to become even more essential. The importance of promotion of healthy schools has “encouraged the European region to declare in their target document Health for All that by the year 2020 at least 95% of all young people in the region should have access to education in a health-promoting school” (Persson & Haraldsson, 2013:232). Learners in health-promoting schools are enabled to learn how to make better choices in life, become healthier and to better take an active part in the community and in society (WHO, 2002).

South Africa has been aspiring to develop national public health targets, partly building upon the ‘Health for all’ (WHO, 2000), also emphasizing the importance of establishing good living conditions for children and young people and prioritizing the school setting. The Department of Education (DoE, 2002) states that health plays a key role in educational development. Healthy schools are pivotal to the provision of quality education for all and understanding how health can be promoted and developed in schools is an indispensable part of the education provision process.

In line with this thinking, St Leger (2004) suggests that schools can be powerful health-promoting sites; which foster a sense of well-being, all-inclusive for enhancing the status of

health and potential for teachers and learners. In almost every community the school is a place where many people learn, live, play and work. WHO (2001) in the Jakarta Declaration acknowledges that health is compounded and lived by people in the settings of their everyday life – where they live, learn and labour. Schools are therefore the most important institutions and settings in which changes conducive to health can be created.

In this respect, schools are essential in fostering the health of learners because schools represent, together with families, one of the most important educational agencies. It is vital that schools equip learners with high level knowledge and skills to enable them to play an active role in shaping the practices that impact their health (St Leger, 2001).

According to Leger (1999) health, as part of schooling, has been promoted since 1910. Ever since then, the focus of school health has gone through three phases:

- health instruction (1910 to mid-1950s) - where learners were instructed to be fit (called physical culture), not use alcohol (temperance instruction), and have 'pure thoughts'-the first foray into moral education;
- health education (mid-1950s to 1980s) - where emerging health knowledge was incorporated into the curriculum (particularly in the fields of nutrition and biological sexuality), and focused on classroom-based education with few formal links to the health sector; and
- Health-promotion (early 1980s until the present) - where health-related interventions in schools are incorporated into the curriculum, school-based policies and links to the local community.

The basis for an extended view of school health in the latter phase can be found in the concept of the health-promoting school (HPS). This study is informed by the HPS conceptual framework based on the action areas for health-promotion outlined in the Ottawa Charter (WHO, 1996). In 1995, the World Health Organisation produced a set of guidelines towards which schools aspiring for the status of health-promotion were required to work. Rather than focusing on individual behavioural change, the HPS concept was developed from a socio-ecological perspective in which health is considered to emerge from a range of individual, social and political considerations (WHO, 1996). The following section conceptualises the essence of HPS.

2.3 THE CONCEPT OF THE HEALTH PROMOTING SCHOOL (HPS)

The concept of the HPS was first coined at a World Health Organisation European Conference in Scotland in the early eighties and has since been widely advocated as an effective approach to health-promotion in the school setting (WHO, 1996). The HPS are therefore international in their development. Many countries around the world are working on programmes that support schools and their communities to engage in improved health actions (WHO: 2009). The HPS model, based on the Ottawa Health Charter for Health Promotion (WHO, 1997) refers to those strategies which are designed to reduce disease and promote health in schools. A global HPS goal is to improve the health status of learners as well as the development of quality education (WHO: 2009). It is also aligned with similar movements such as the healthy hospitals, healthy workplace and health-promoting universities (WHO, 1986).

According to the WHO (1996) a HPS views health as encompassing physical, social and emotional well-being. It strives to build health into all aspects of life at school and in the community. Schools have distinct strengths and needs which they have to build on and draw on the imagination of learners, parents, teachers and administrators in order for every school to find new ways to improve health and address problems. WHO (1996) states that a HPS is also a setting where all members of the school community work together to provide learners with integrated, positive experiences and structures that promote their health. This includes both formal and informal curricula in health, the creation of a safe and healthy school environment, provision of appropriate health services and the involvement of the wider community in efforts to promote health (Lee, 2002).

According to the Australian Health Promotion Association (AHPSA, 2008) a HPS may be defined as a school which displays in everything said and done, support for and commitment to enhancing the emotional, social, physical and moral well-being of all members of a school community. Additionally, it can be viewed as a school that is constantly in the process of strengthening its capacity as a healthy setting in which an individual can work and learn. A HPS also provides school health education, which enhances learners' understanding of the factors that influence their health, enabling them to make healthy choices and adopts healthy behaviours as a lifelong process. Moreover, health education includes critical health and life skills, a focus on promoting health and well-being and the prevention of health problems (WHO, 1999).

Schools are ideally suited for the implementation of comprehensive strategies to promote health (SA, 2000). Health and quality of life rely on many community systems and factors, not simply on a well-functioning health and medical care system. Making changes within existing systems, such as the school system, can effectively and efficiently improve the health of a large segment of the community (United States Department of Education, 2012). The AHPSA (2008) also states that a HPS is one which has an organised set of policies, procedures, activities and structures, designed to protect and promote the health and well-being of learners, staff and wider school community members (Australian Health Promotion Association, 2008). The implementation of a HPS initiative becomes multi-pronged. Although international and national theoretical frameworks have influenced the development of a HPS in South Africa, the guidelines have arisen primarily from practical experiences of developing a HPS and provincial networks, therefore, they are context-based. The school projects and wider development of networks of schools adhere to this approach in the implementation of their health programmes. The next section deals with principles and conditions of HPS.

2.3.1 Principles of Health Promoting Schools (HPS)

The HPS is built on the premise of five core principles: an integrated, holistic, collaborative and co-ordinated approach; quality assurance; capacity building; utilisation of existing resources, ownership and sustainability; and equity and redress (St Leger, 2006).

1. An integrated, holistic, collaborative and co-ordinated approach

An integrated, holistic, collaborative and co-ordinated approach implies that in a HPS these concepts are integrated into existing health policies and that holistic, comprehensive programmes are developed. Furthermore, it allows for inter-sectoral, inter-governmental and all forms of collaborations to take place in order to enhance health programmes and their implementation.

2. Quality assurance

Quality assurance refers to the fact that political commitment and involvement to promote accountability at all levels be implemented, and that health-promoting programmes be informed by research. In addition, monitoring and evaluation needs to take place at all levels (St Leger, 2004).

3. Capacity building and the utilisation of existing resources

Capacity building and the utilisation of existing resources requires that capacity building be incorporated into a HPS programme and that international experience, local expertise, existing material and human resources be utilised wherever possible.

4. Ownership and sustainability; and equity and redress

With regards to ownership and sustainability, active participation of teachers, parents, learners, community organisations and people in health-promoting programmes or projects is imperative. Finally, according to the Department of Health (SA, 2000), equity and redress demand that HPS programmes address equity and redress needs wherever possible.

Anderson (2005) suggest that additional guiding principles be employed in order to establish a HPS. Firstly, strong support from school communities is crucial in the initial stages. It is of the utmost importance that the school gains an active commitment from provincial and district education levels as well as school principals and senior teachers for support and acquisition of resources for health programmes. Secondly, schools need to keep records of school-specific data-based profile of the health status of the learners and current health-promoting actions. Such information represents an important vehicle for demonstrating the need for intervention and hence, the potential for action. Thirdly, key individuals in school communities who are interested in and motivated to become involved must be identified (Kwatubana, 2018b). It becomes the responsibility of the school principals to encourage and facilitate the involvement of the aforementioned key individuals by allocating them time during work hours where they are able to meet with health workers/coordinators within the schools and plan to carry out health-promoting actions. Fourthly, a minimum set of actions should be developed in order to assist the coordinators who serve as liaison officers between the school and the community. Table 2.1 provides an indication of the core conditions for an enabling school environment, characterised by health-promotion (Deschesnes, Martin & Hill, 2003).

Table 2.1: Core conditions for an enabling school level environment

Areas	Core Conditions
Physical Environment	Safe and secure Intact buildings and facilities Clean and healthy environments and surroundings
Psycho-Social Environment	Respectful, caring and friendly relationships between teachers and learners and among teachers and learners Safe forum for expressing feelings and opinions
Management and Leadership	Decentralised Participatory Innovative and transformational Collaborative
Use of Critical Thinking	Self-reflection and enquiry Understanding self and school organisation Problem solving skills
Identity	Shared educational philosophy and vision Involvement of all stakeholders Sense of ownership
Planning	Goal setting Strategic approach
Resources	Inclusive Sufficient material resources available Sufficient human resources available
Development	Ongoing staff development

Adapted from Kirsten and Viljoen (2002)

The eight areas indicated in Column 1(Areas) represent the core school-based conditions that are important in the creation of healthy schools. The table indicates the importance of leadership and management in the PHSE which has to be guided by critical thinking. The roles of leaders and managers include planning, securing resources and development of staff members involved in the PHSE. Their actions have to lead to healthy physical and psycho-social environments that would lead to the creation of an identity unique to a particular school.

2.3.2 The aim of HPS

Schools are ideally placed to make a valuable contribution to the health and well-being of children and their families, because schools have a captive audience where children

spend most of their time for up to 15 years in countries like South Africa where basic education is compulsory. The aim of implementing HPS is to equip future generations with the appropriate knowledge, abilities and skills necessary to care not only for their own health but also for the health of their family and community (Roux, 2013). Learners where the HPS initiative is implemented effectively, can reach optimal health and social development, through active participation (WHO, 1997). The intention of HPS is to build the capacity of the school by building the capabilities of the various actors, in order for them to participate in HPS development as partners in the process. The participation empowers them to bring about change at a whole school level and to feel a sense of ownership over the process and the achievements, which in turn will make HPS sustainable (Deschesnes, Trudeau, & Kébé, 2010; Hoyle, Samek & Valois, 2008). A HPS therefore, aims to create and maintain healthy supportive environments where learners, teachers and the rest of the school community learn, work, live and play (WHO, 1998). Different core components for creation and promotion of healthy schools are highlighted in the literature. Within the context of the Ottawa Health Charter (Coulson, 2000), the following key objectives provide direction for the development of HPS, they include:

- building education and school policies which support health and well-being;
- creation of safe and supportive teaching and learning environments which encompass the creation of human rights;
- strengthening community action and participation through enhancing and expanding the relationship between schools and the community;
- promoting or enhancing personal skills of members of the school community, with a particular emphasis on influencing health knowledge, attitudes and practices through a culturally appropriate health and life skills curriculum, and encouraging healthy physical activity and recreation; and
- providing access to and re-orientate health and education support services towards an accessible, integrated, systemic, preventative and health promotive approach, with a particular focus on reducing the number of learners affected by learning impairment or experiencing barriers to learning and development, reducing the incidence of disease or injury and addressing all factors that place learners at risk.

The above core components are also included in some school health policies in South Africa. The National Guidelines for the Development of Health-Promoting Schools/Sites in South Africa (SA, 2000), compiled by the Department of Health in collaboration with the

Department of Education and Welfare, outlines five key components in health promotion. The aforementioned five components of health promoting schools are discussed below:

1) Developing education and school health policies which support well-being

Developing education and school health policies which support well-being, entails analysing and engaging in the development of education at all levels of the education system (Anderson, 2005). The implication is that, strategies need to be determined at national, provincial, district/regional and school level, in order to ensure that they support the development of health and well-being of all members of the learning community (SA, 2000). Principals of schools have collaborative responsibility for implementing and developing health policies in education (Deschesnes *et al.,* 2003).

Mokhobo (2007) describes school health policy as clearly defined and broadly promulgated directions which influences schools' actions and resource allocation in areas which promote health. The HPS framework emphasises that the school health policies should be documented and approved (St Leger, 2001). According to WHO (1996), the policy directions ensure that the school has policies on healthy food, maintaining drug-free schools that prohibit alcohol and illicit psychoactive substances in all activities. The policy pillars on drug-free schools in South Africa include providing enabling environment, primary prevention, early detection and treatment, care and support. These policies should also provide guidance on how to uphold equity principles by ensuring that girls and boys have equal access to school resources. Policies on a safety plan for implementation in the event of natural or other disasters and on the control of HIV/Aids, including its safe management, are also part (WHO, 1996).

According to Han and Weiss (2005) many factors govern the ways in which school health policies are developed and these include amongst others: the political will to develop a health policy allowing sustainable commitment on the part of institutions and communities; a favourable environment such as the support and facilitation of school management, existing teaching practices and the importance given to the well-being of learners; beliefs of staff and perception of their role in health promotion, their perception of effectiveness and acceptability of health programmes and belief in their own effectiveness; and factors linked to the policy itself such as training and assistance given to staff.

2) Creating supportive teaching and learning environments.

This component links directly to the educational need to develop a culture of teaching-and-learning, learning and services in schools. Implied in this, is the need to provide a safe and supportive environment where teaching-and-learning can occur (SA, 2000). This includes the challenge of developing an inclusive environment, where members of the teaching and learning community respect and accept one another. All human resources are valued and utilised in the teaching and learning environment, all learners, teachers, parents and other community members feel welcome and where a culture of human rights and responsibility presides (Kirsten & Viljoen, 2002; Konu & Rimpelä, 2002). A supportive teaching and learning environment ensures that historically marginalised members of the community can participate fully in the teaching and learning community (SA, 2000). In creating a supportive teaching and learning environment the physical and the social environment of the school are also crucial to consider as they have a strong influence on the health of the child (Sindhi, 2013).

A physical environment encompasses a learning environment. A HPS draws on the school's full organisational capacity to improve the health of the school community by focusing on the physical environment of the school and educating the school community about the health threats in their environment. Physical improvements can serve as an entry point for the development and enhancement of health policies, planning groups, and various components that serve as a framework for a health-promoting school (WHO, 2004). Lee (2002) maintains that a HPS goes beyond addressing behavioural change and takes into account organisational structural change, for instance, improving the school's environment, both social and physical, to foster school effectiveness. It also takes into account social outcomes, such as attitudes and behaviours, and does not focus only on the academic achievement of learners.

The physical school environment encompasses buildings, grounds, equipment for both indoor and outdoor activities, and the areas surrounding the school, including the air, water and materials with which children may come into contact, as well as nearby land uses, roadways and other hazards (Ntagungira 2014; Nhlapo, 2006:13). This component requires schools to provide a safe, secure, clean, sustainable and healthy environment for learning. It also ensures that the school provides a safe environment for the school community and adequate sanitation and water, upholds practices which support a sustainable environment in which learners are encouraged to take care of the school

facilities, and endeavours to enrich learning by ensuring that the physical conditions are the best they can be (WHO,1996). Additionally, there is a direct link between a healthy school environment and improved children's health and effective learning.

3) Promoting the social and emotional well-being of learners

The third component promoting the social and emotional well-being of learners is an important determinant of their positive development, enabling them to achieve positive outcomes in school and in life in general (Barry, Clarke, Jenkins & Patel, 2013). The school's social environment has been found to be important in fostering good relationships among and between students, staff, parents and the wider community (St Leger, 1998). It is a combination of the quality of the relationships among staff, among students, and between staff and learners and is often strongly influenced by the relationships between parents and the school, which, in turn, are set in the context of the wider community. It is also influenced by senior staff from within the school and the health and education personnel who visit the school, all of whom provide role models for learners and staff by the attitudes and values they display in their social behaviour (Ntagungira, 2014). This component can ensure that the school ethos or climate is supportive of the mental health and social needs of learners and staff.

Reddy and Tobias (1994) mentioned in Le Roux (2004) argue that strengthening social networks and emotional supports is an essential way of contributing towards the promotion of health for teachers and learners within a school. They claim that social networks are a valid source of emotional support. Deschesnes (2014) also suggest that social support has a positive role to play in countering some of the adverse influences on health.

A school should create an environment of care, trust and friendliness that encourages learners' school attendance and involvement in their learning and all the activities and programmes of the school. It needs to provide appropriate support and assistance to learners who are at a particular disadvantage relative to their counterparts and ensure a fully inclusive environment in which all learners are valued and their differences respected. The school should be attentive to the education needs of parents and how these can influence the well-being of students (WHO, 2004). The Dakar Framework for Action recommends that schools implement "policies and codes of conduct that enhance the psycho-social and emotional health of teachers and learners because positive reactions to school may increase the likelihood that learners will stay longer in school, develop a

commitment to learning, and use the institution to their advantage" (World Education Forum, 2000). It can therefore be concluded that a positive and supportive climate at school can make a critical contribution to the academic achievement.

According to Tjmosland *et al*. (2009), a HPS recognises that the health and well-being of learners and staff are not only influenced by individual choices but are also based on the context in which they learn and play. In the opinion of Tjmosland *et al*. (2009), a HPS is a multifaceted approach that attempts to build supportive physical and social school environments that promote learner capacity to make healthy choices.

4) Strengthening community action participation within the education context

The fourth component - strengthening community action participation within the education context: this component focuses on empowerment through community action and participation, and may be regarded as the cornerstone of South Africa's commitment to democracy (SA, 2000:23). This component is also clearly reflected in health, welfare and education policies in South Africa. Within education settings, this entails optimising the involvement of role players in the development and provision of education, and the development of strong relations between schools and communities for the purposes of promoting community ownership (SA, 2000). This commitment to community action and participation in education is highlighted in the Call to Action (DoE, 1999). The emphasis is on the development of community-based support services, with the inclusion of parents and community organisations and leaders being of particular importance (Anderson, 2005).

The school community is composed of "parents of the learners in the school, members of the business community, the Non- Governmental organisations, a network of agencies, the church community and government departments" (Kwatubana, 2014). According to WHO (1996), a health-promoting school is one where parents are closely consulted about and involved in the school's health-promotion activities. Kwatubana (2014) warns that it would be unwise to ignore the vast experiences of community members central to a successful health-promotion at schools.

Community participation is seen as the active involvement of people from communities preparing for, or reacting to health-promoting initiatives (Deschesnes *et al*., 2003). True participation means the involvement of the people concerned in analysis, decision-making,

planning, and programme implementation, as well as in all the activities, not only consulting but engaging communities in decisions about things that affect their lives (Burns, Heywood, Taylor, Wilde & Wilson, 2004). Community participation means the involvement of people from the earliest stages of the development process, as opposed to simply asking their opinion of project proposals that have already been developed, or for their contribution to the implementation of projects imposed from outside (WHO, 2003). Therefore, both research and practical experience have shown that people are most committed to implementing programmes that they have helped plan. This is as true of school programmes as of any others. According to research (Preiser *et al*., 2014) there are many ways in which the community can be involved in the promotion of healthy schools. The main principles listed by the WHO (2003) are that: communities can and should determine their own priorities in dealing with the problems that they face; the enormous depth and breadth of collective experience and knowledge in a community can be built on to bring about change and improvements; when people understand a problem, they will more readily act to solve and that people solve their own problems best in a participatory group process. Community participation is therefore, according to Kwatubana (2014), a critical element of health-promoting schools where partaking in shared decision-making, responsibilities and outcomes is the norm.

While past studies have taught the value of community participation, a number of studies (Clarke *et al.,* 2010) have also shown that attempts to increase the involvement of families and the community is one of the most challenging aspects of implementing a health-promoting school ethos (Senior, 2012). For example, Senior (2012) found in the evaluation of health-promoting school planning in Australia that, whilst schools made efforts to involve parents in different ways including school audits and in programme steering committees, parent involvement in the planning and implementation of a health-promoting school initiative proved challenging.

The reasons for non-participation of the community in school health-promotion according to Kwatubana (2014) are among others, that schools do not create much space for communities to participate, and where they are involved the participation of the community is limited to instances where they are informed about the decisions taken and are only consulted about health policies when expected to endorse the decisions thus, rendering shallow participation in just few areas. In a qualitative case study conducted in Ireland to understand the contextual factors influencing the implementation of a comprehensive

emotional well-being programme in disadvantaged school settings, Clarke *et al*. (2010) highlight the importance of socio-economic and cultural influences of the local communities for the implementation of the programme. They found that lack of parental and community involvement in the programme was affected by lack of social cohesion due to the high percentage of single parents, ethnic minority families, unemployment and low levels of education (Clarke *et al*., 2010). Parents with lower levels of education were found to be less likely to be involved in their children's educational activities in a study by (Kwatubana & Makhalemele, 2015). Specifically, parent involvement can be a key protective factor that fosters cognitive and emotional resilience in the face of multiple stressors (Stewart *et al*., 2004).

On the other hand, in a study by Wang *et al*. (2014) it was found that, where the school was in a close-knit community, there was active parental involvement in many aspects of the school life, despite the challenging socio-economic conditions. Also, Denman *et al*. (2002) highlights that in general, parents are interested in their children's health education and want to be consulted on school health related activities. In practice however, school policies in this regard are often not consistent and contact between schools and families can vary considerably across schools. Therefore, understanding the organisational and cultural contexts of schools is critical for implementation and sustainability of health interventions because learners, teachers and other school staff are embedded in this shared environment (Ringeisen, Henderson & Hoagwood, 2003). Despite these difficulties, Deschesnes *et al*. (2014) acknowledge that there would appear to be a general consensus on the importance of community partnership with schools and its centrality to establishing an effective health-promoting school ethos in schools.

5) Health education as a curriculum-based programme.

The fifth component is about health education as a curriculum-based programme. Health education in South African schools is offered in Life Skills in the Foundation Phase and Life Orientation in all other phases. The specific content of Life Skills education is determined by local needs and demands, within the context of the Life Orientation and other subjects in the Curriculum Assessment Policy Statement (CAPS), although national and local priorities are likely to dominate these programmes (DoE, 2011).

The syllabus of Life Orientation contains interdisciplinary subject matter which was arrived at by integrating knowledge, values, skills and processes embedded in various disciplines

such as Sociology, Psychology, Political Science and Human Movement Science (DoE 2011:6). The subject itself is defined as: a study of the self in relation to others and to society. It addresses skills, knowledge, and values about the self, the environment, responsible citizenship, a healthy and productive life, social engagement, recreation and physical activity, careers and career choices.

Life Orientation is one of the four compulsory subjects required for the National Senior Certificate (NSC) and it has as its aim the "development of a balanced and confident learner who can contribute to a just and democratic society, a productive economy and an improved quality of life for all" (DoE 2011:6). Six topics are covered in the subject (DoE, 2011:9): development of the self in society; social and environmental responsibility; democracy and human rights; careers and career choices; study skills; and Physical Education.

Furthermore, Life Orientation aims to provide the learner with an opportunity to engage in the development and application of the following skills: problem solving, informed decision-making, taking appropriate actions for meaningful living in a changing society, and participating in physical activities and community initiatives (DoE, 2011). In order to achieve these aims, Life Orientation also encompasses the following specific aims according to DoE (2011:10). Life Orientation aims to:

- guide and prepare learners to respond appropriately to life's responsibilities and opportunities;
- equip learners to interact optimally on a personal, psychological, cognitive, motor, physical, moral, spiritual, cultural and socio-economic level;
- guide learners to make informed and responsible decisions about their own health and well-being and the health and well-being of others;
- expose learners to their constitutional rights and responsibilities, to the rights of others and to issues of diversity;
- equip learners with knowledge, skills and values to make informed decisions about subject choices, careers, additional and higher education opportunities and the world of work;
- expose learners to various study methods and skills pertaining to assessment processes; and
- expose learners to an understanding of the value of regular participation in physical activity.

Health education and human movement is located within the broader Life Skills education programme, and, as has been highlighted previously, Life Skills education is one of five components of the development of HPS. This location is important for the purposes of proper co-ordination, but also for the purposes of locating health issues within an integrated inter-sectoral Life Skills framework. This is a strategy that has been recognised as being necessary for effective implementation and outcomes (DoE, 2011).

The sixth component is that of the education support services which comprise a number of health (physical and psychological), welfare and learning support services which need to work together in a co-ordinated and collaborative framework at all levels of service delivery (RSA, 2012). Konu and Rimpelä (2002:81) argue that "while psychological and learning support services, and some health services (such as therapists), fall within the Department of Education support structures, most of the health and welfare workers are employed under the Department of Health in particular school health services and the Department of Welfare, in particular school social work services". As many of these services are not formally or organisationally located within the Department of Education structures, "there is a need for inter-sectoral structure that facilitates appropriate collaboration between relevant government departments to provide comprehensive support services to schools" (Kwatubana, 2014).

Ideally, a partnership between the health and education sectors of government is pivotal for HPS implementation and has worked in countries such as England (Wicklander, 2006), Canada (Deschesnes *et al*., 2010), Scotland (Gugglberger & Inchley, 2014); Netherlands (Wisner & Adams, 2003:205) and South Africa (Shasha, Taylor, Dlamini & Aldous-Mycock, 2011). In Netherlands the school beat strategy is based on sharing whole-school health promotion advisory tasks between organisations from the public health, welfare, mental and health domains (Wisner & Adams, 2003).

The literature also discusses collaboration with various professionals for school health-promotion, such as school mental health professionals (Weare and Markham, 2005), nurses (Kwatubana, 2018a), social workers (Testa, 2012) and universities (Preiser *et al*., 2014), including researchers (Dumka, Mauricio & Gonzales, 2007).

The collaboration of universities with schools has been shown to be a beneficial reciprocal learning process for both parties (Dumka *et al*, 2007). A study by Dumka *et al*. (2007) describe how a university used a district liaison person to be the link between the university, the school district and the school. This collaboration led to all stakeholders, from the school district administration to students, participating meaningfully in the planning and implementation of the programme. This in turn resulted in collective control over the process and integration into the school.

There is evidence that, even if there is a diverse range of stakeholders working as a team, this approach can be successful for HPS. The strengths and values of such collaborations have been demonstrated. A successful partnership between a wide-range of stakeholders was illustrated in a five-year school-based programme in Northern New South Wales, Australia, to minimise harm in 11– 16-year-old school children (Elkington, Van Beurden, Zask, Dight & Johnson, 2006). The diverse range of stakeholders included the health and education sectors, local councils, Catholic Education (an NGO), the roads and traffic authority, the local police, ambulance, emergency services, and the university. Elkington *et al*. (2006) assessed this partnership in terms of satisfaction with its aims and processes, and also its strength. The value of the partnership was indicated in more operational terms: shared goals and respect for each other's viewpoints; approach to and level of communication; scope for critical questioning and debate; mix of organisations and skills represented; strategic planning, regular meetings and agendas that include the different organisations' issues (Elkington *et al*., 2006).

All the components discussed above need to be implemented using a whole school approach.

2.3.3 The whole-school approach in the implementation of HPS

The HPS approach draws on the Ottawa Charter as its framework and includes developing healthy school policies; creating healthy social and physical environments at school, building individual health skills and action competencies; making community links; and accessing services appropriately and effectively (IUHPE, 2009). These action areas indicate that an integrated and coordinated approach needs to be adopted to implement HPS. In order to achieve this, the whole-school approach has been promoted. Studies have shown the value of a whole-school approach for addressing the health and well-being of the school community (Preiser *et al*., 2014) including the implementation of HPS.

It has been recognised that the school system is complex, with hierarchical multi-components including, but not limited to, the school structure, ethos and climate of the school, curriculum, dynamic relationships of teachers, students, parents, the community, district officials and other agencies (Waters, Cross & Runions, 2009; Keshavarz *et al*., 2010). From a systems thinking perspective, a whole-school approach takes a multi-level approach, which involves all the sub-systems in the school system (Donald, Lazarus, & Lolwana, 2002). HPS, as whole-school approach, places great emphasis on creating an environment that is health-promoting for all participants and, at the same time, sees to the needs of individuals in the school community (Wyn *et al*., 2000). This approach promotes the combination of top-down strategies from leadership and management, such as policies, and bottom-up strategies, where those targeted for the intervention actively participate in the process (Larsen & Samdal, 2008).

According to Clarke, O'Sullivan and Barry (2010), "the many factors which affect programme implementation are whole-school practices whose particular combinations create a unique school culture within which programme implementation occurs". Weare and Markham (2005) claim that the whole-school approach is synergistic with the HPS approach because it regards health as a holistic concept and aspires to the comprehensive HPS principles. Similarly, Nilsson (2004) concludes that: "when focusing on participation and democracy, health- promotion work and school development becomes allied with one another…", even though they come from different paradigms. Although research indicates that the prospects of using a whole-school approach in HPS are good, there are challenges in its implementation.

The importance of aligning the HPS approach to the broader mission of schools with their educational and social outcomes and ongoing school improvement has been emphasised for HPS integration to occur (Hoyle *et al.,* 2010). This will ensure that the innovation is not regarded as an add-on but rather as another way of doing what they are already meant to be doing (Hoyle *et al.,* 2010). Richardson (2007) highlights the fact that, no matter how well a plan is conceived by the health sector, if it does not align with the goals of the education sector, it will be a challenge to implement it in schools. However, one of the main challenges that has been identified by many studies for integrating HPS, is the competing academic priorities for schools, with many regarding HPS as an "add-on" to their already full academic schedules, and the continuous changes demanded by the education authorities (Aldinger *et al*., 2008; Deschesnes, Couturier, Laberge & Campeau,

2010). For example, Clarke *et al.* (2010) found that finding the space, time and resources to support HPS implementation in an already overburdened timetable was difficult. Teachers are often in survival mode at school because of the academic demands on them, thus impacting on the time that schools can devote to HPS implementation. Gugglberger (2011) found that teachers did not have time to plan for HPS, and therefore preferred to be told what to do so that they could just implement actions, contradictory to the HPS approach of participatory and collaborative working. In addition, teachers' entrustment to external stakeholders because of their expertise can be seen as a way of relieving the teachers of some of their duties (Rowling & Jeffreys, 2006). However, according to Rissel and Rowling (2000), this reliance on external stakeholders suggests that there might not be ownership at school level, which is important for integration and sustainability. Several other challenging factors that have been identified for integrating HPS, include lack of co-ordination, collaboration and commitment of different partners and structures, limited leadership and management support, lack of understanding and lack of political will (Adamowitsch *et al*., 2014).

2.4 PROMOTION OF HEALTHY SCHOOL ENVIRONMENTS AND THE PROFESSIONAL DEVELOPMENT OF PRINCIPALS

A healthy environment where education is easily attained and prevalent is crucial in schools (Kwatubana & Kweswa, 2014) and according to the Department of Basic Education (2013:64), in order for schools to be efficient and effective in terms of health-promotion, the requirement is to make sure that safe, healthy, inclusive and equitably resourced educational environments are created that are conducive to excellence in learning.

The importance of principals in creating this healthy environment is key to the transformation of schools (Persson & Haraldson, 2017). Principals nowadays are required to enact a wide range of functions such as developing staff, coordinating the school curriculum, creating a conducive environment for learning, balancing school budget, and so on (Mestry, 2017; Steyn, 2011). Research worldwide has consistently acknowledged the importance of principals in building effective schools and enhancing student achievement (O'Connor, 2014; Bush *et al*., 2011).

More countries are expecting higher performance and greater achievements from their schools, and are granting greater autonomy to schools in designing their curricula and

managing their resources to achieve school goals, which in turn has expanded the role of the principal beyond that of being a school administrator (Nguyen *et al*., 2015; Mestry *et al.,* 2009). In view of these ever-increasing responsibilities of principals, it is thus necessary to provide principals with the necessary skills, knowledge and attitudes through professional development that will enable them to respond to changing contexts and ever-changing economic, social and technological society (Mestry & Singh, 2007; Van der Westhuizen & Van Vuuren 2007). According to Kwatubana (2018a), these are additional leadership directives placed on school managers that exceed their traditional capacity for action.

In trying to understand why there is a need for professional development of principals, many questions can arise, one may be pertaining to the resources or trainings received by principals to help develop the fostering of a healthy environment at schools. Do principals receive enough resources or training? Lack of support for principals can cause them to burn out and to leave the principalship, as they are not prepared to meet the challenges of the position (Burt, 2015). Principals need support in order to meet the challenges of their new position with ease. Research on new principals suggests that professional development and support emphasize the needs of a principal in order to ensure longevity in the position (Gamage, 2006). Since the principal is the one person who has the greatest impact on a school, creative, practical ways to assist the principal must always be explored to enable the principal to do their jobs better, because the job is important (Burt, 2015). To this end, the CPD activities enable school principals to play a dynamic role to ensure a safe school environment besides leading to an efficient administration (Mokhele & Jita, 2010).

A large body of studies on educational research indicate that school principals have a strong influence on the success of educational change processes and the effectiveness of the school (Huber, 2011; Steyn, 2013). School principals are of key importance in initiating school innovations, but also in successfully implementing and anchoring these innovations (Mestry & Grobler, 2002). The same can be assumed with regard to activities on school health promotion, which also present very complex innovations and change processes.

Despite the progress school health-promotion has made in recent years, principals and their roles have scarcely been examined in theory and practice (Dadaczynski & Paulus, 2015). Slowly emerging evidence indicates that principals as ‘gatekeepers’ to school

innovations have significant influence on whether or not a school will become and remain a healthy organisation (Samdal & Rowling, 2011).

In their study on the evaluation of the Promoting Alternative Thinking Strategies curriculum (PATHS), a delinquency prevention programme (Kam, *et al*. 2003), evaluation results of three schools revealed that high principal support and a high quality of implementation contributed to greater reductions of pupils' aggression, behavioural dysregulation and significant gains in emotional competencies.

Fagan and Mihalic (2003) report the results of a process evaluation of the Life Skills Training (LST) drug prevention programme from 292 schools and approximately 130 000 pupils. Based on classroom observations and reports of different parties such as teachers, administration, and LST instructor, the findings indicated that strong support by the school principal facilitated the implementation of the LST programme. Successful schools had active principals who motivated their teachers to attend the training, attended at the teacher training workshop themselves, observed and even taught programme lessons, and informed the teachers about the implementation progress.

In a Dutch study, Leurs *et al*. (2007) examined factors associated with high numbers of health-promotion activities addressed by 180 primary school teachers during the previous 12 months (social skills, diet and mental health). Compared to less active teachers, teachers who addressed more than two health issues per year perceived less disadvantage in terms of time and responsibility, they had a higher self-efficacy, taught higher classes, and perceived more staff support, especially from the school administration.

Larsen and Samdal (2008) employed personal interviews with principals and teachers of four primary schools to examine the principals' role in implementing and sustaining Second Step, a social skill programme that was widely disseminated in Norwegian primary schools. Results revealed great variance between the schools, while principals from less successful schools exclusively used management strategies such as resource planning, a principal from a school that successfully implemented Second Step combined management and leadership strategies. This included the communication of common goals and visions, but also the development of a collaborative culture among the teachers.

Additionally, the principal from this school spent a significant amount of time preparing the programme realisation by collaboratively developing an own implementation model.

As suggested in another research by Kwatubana (2018a), a health programme implementation is more successful when anchored at both the top and the bottom levels of the school. This, according to the author has implications for power sharing. Kwatubana (2018a:17) opines that “the success of policy implementation depends on power sharing that runs counter to the hierarchical perspective and procedures”. Furthermore, principals from successful schools maintain a focus on the programme through giving feedback and supporting teachers, constantly reminding teachers of the need to continue with the programme, or familiarizing new teachers with the programme (Steyn, 2011).

The preceding research is evidence of the important role the principal play in promoting healthy school environment. Within all phases of the school health development process, from its beginning to the end, principals are responsible for building and maintaining high motivation (through vision building), supporting their school staff in developing the skills needed for successful change, coordinating the processes and activities, and encouraging the school staff to sustain new practices and activities.

2.4.1 The concept of Professional Development in education

Professional development (PD) has become a common word recently in the education system. The concept of PD is variously defined, for example, as in-service education and training (INSET), staff development, continuous professional development (CPD), training, professional growth, organisational development and so forth. These processes all have the aim of equipping principals and teachers to improve the culture of learning in schools. Several terms used in this regard have similar meanings, but there are also many terms which are used differently, depending on the subject that is being discussed. This is an indication that it is not easy to find a single word that explains professional development explicitly. In support of the above view, Steyn (2008) acknowledge professional development as a broadly defined concept.

Bizzell (2011) defines PD as any activity designed to enhance a principal’s professional competence through the improvement of skills, knowledge or disposition. Zepeda (2008) views PD as part of a support system designed for principals, teachers and students in order to contribute to school improvement and learning. Similarly, Mestry (2017) state that

PD is an ongoing process which is designed to train principals with the aim of enhancing quality of schools. According to Samuel (2008) and Maistry (2008), PD is an effective way for principals to gain new knowledge, develop new skills and model self-renewal. In agreement with this definition is Fullan (2001) who maintains that PD implies activities that develop an individual's skills, knowledge, experience and other characteristics as a principal.

According to Browell (2000) PD is concerned with the continuous updating of professional knowledge and skills throughout a staff member's career, requiring self-direction, self-management and a sensitivity to development opportunities offered at work. It focuses on the knowledge, skills and attitudes required of all educators, leaders and other staff to enable them to assist all learners to learn and to develop their human potential. Khumalo (2016) concurs that PD entails the acquisition of knowledge, skills, values and qualities that enable the recipients of such attributes to function optimally in the workplace. It seeks to empower professionals like principals to improve their practice and in the process contribute to the growth and development of learners and the improvement of learning outcomes.

Moletsane (2004) argues that PD should be seen as more than the mere learning of knowledge and skills. Rather, it should include personal development, enabling principals to grow in character and maturity, and allowing them to cope with the multiple challenges placed on them. Thus, as contended by Mathibe (2007) PD is not an event, but is rather a continuous and career-long process. Some authors such as Bubb and Earley (2007) trace PD from initial training through to induction, career development and eventually retirement; and others such as Wallace and Gravells (2007) emphasise the continuous nature of professional development. This continuous nature of PD can enable the principal of a HPS to keep abreast of local, national and international developments in school health promotion and to improve their practice and contribute to the growth of their schools.

In the above definitions, it can be deduced that PD expands theory and improves practice. First, in expanding theory especially with regards to HPS, PD can be regarded as a process spanning a principal's career, whereby the principal continues to develop the knowledge and skills required for effective health-promotion. Second, improving practice can include the notion that knowledge acquisition and skills development should be more

directly related to the substantive problems faced by principals in trying to position their schools as health-promoting.

The definitions of PD highlighted above can be woven into the definition of this concept for this study. PD refers to an on-going process to acquire knowledge, skills and abilities that enable the participants to provide management and leadership that promotes quality teaching and learning in order to improve learning outcomes. PD should be regarded as a never-ending commitment by principals to update their skills and knowledge in order to remain professionally competent.

In this study, only the term PD will be used through-out but although it is similar to continuing professional development (CPD) and in-service training (INSET) as all are types of professional learning undertaken by principals beyond the point of initial training, the latter will not be used.

2.4.2 The importance of PD

Different scholars and researchers have different views regarding the importance of PD of principals for improving teaching practices (Ono & Ferreira, 2010). The same can be said about their training for school health-promotion. However, many researchers concur that there is a need in the South African education system for the PD of school principals so that they can make a difference in their communities and the external environment (Mathibe, 2007; Mestry & Singh, 2007; Van der Westhuizen & Van Vuuren, 2007).

Van Driel (2010) posits that the purpose of PD is to promote more effective principals' practices that in turn, improve student outcomes. In related literature, it is widely accepted that school principals need continuous developmental opportunities in order to ensure school improvement and student success (Mestry, Hendricks & Bischoff, 2009). Steyn and Van Niekerk (2002) note that it is possible to develop leadership practices that have an effect on student achievement through PD activities. Goldring, Preston and Huff (2010) similarly state that the importance of PD for principals is paramount as principals are expected to lead teachers and students to achieve new levels of performance and learning, with school health-promotion as one of the enablers.

The remodelling of schools in terms of organisation and management and their subsequent positioning in complex, diverse, accountability and compliance-driven contexts

has created a plethora of leadership constructs (Wills, 2015). School principals in today's climate are expected to take a lead in: setting expectations; collecting; interpreting and utilizing data in the construction of school improvement plans; creating conditions for professional learning; monitoring progress of staff in achieving professional standards; and keeping parents involved and updated on educational matters (Mestry *et al.* 2009). In addition to that, school leaders are to ensure that goal-driven development is experienced as a need for developing teachers. They are, further to use effective communication to change the attitude of teachers from resistance against external goal-driven development.

Van der Westhuizen and Van Vuuren (2007) emphasise the necessity of providing PD opportunities to school principals in order to have them effectively perform their complex leadership roles. The authors indicate that, today's school leaders need to have a comprehensive understanding of school and classroom practices, be able to work with teachers to provide continuous student improvement, and should know how to provide support for staff to implement curriculum, instructional practices and other innovative initiatives that support teaching and learning (Van der Westhuizen & Van Vuuren, 2007).

Principals play a key role in the implementation of educational policies and need to be professionally equipped to meet the challenges associated with those policies. Not all school leaders in education possess the necessary skills to interpret the complex demands that their work expect of them. Therefore, it is important that they be trained and developed in many leadership and management strategies to stay abreast of the challenges that they are faced with and continuously develop individually and professionally towards the advancement of the schools they lead. This view is succinctly supported by the South African National Policy Framework for Teacher Education and Development (DoE, 2007) that says: 'a professionally confident, fully capable and continually learning community of teachers is the necessary requirement for success.'

PD is needed to ensure that its beneficiaries, namely learners and parents, are given the best possible service, which implies an improvement in learning outcomes. Hargreaves (2000) makes the point that the PD of school leaders should be undertaken to "assure greater professionalism of school leadership and improve its status and standing". The need for PD can also be justified as getting a return on the investment that the government makes in the skills development of school leaders. The relevance of PD for the occupational lives of principals nowadays is due to the fact that they work in an

environment of “heightened accountability for learning outcomes” (Tallerico, 2005), so they need to be professionally developed to understand the micro-politics of the education system. PD is therefore viewed as a strategy to ensure that principals become productive and lead more capably.

PD is aimed at ensuring that principals progress from what Bubb and Earley (2007) describe as “novice or advanced beginner status to that of an expert”. The progression from new or novice principal to expert is a process that takes time and Bubb and Earley (2007) on that account caution that “expert status is not a once and for all achievement, it is on-going because there are new demands, a changing curriculum and various other changes that mean that learning and development are never-ending”. The PD of staff is regarded as the best strategy to sustain an organisation and to ensure its effectiveness. Gamage (2006) recommends the optimum utilisation of employees in order to ensure the success of the organisation. The PD of principals seeks to develop these professionals in order to enable them to perform their duties optimally and to improve the performance of the school. In fact, PD seeks to optimise employee performance, and principals can benefit from its activities that are provided so that they can become competent and productive employees.

Government policies also justify the need for PD in South African school (SA, 2011). The over-arching need that drives PD is that principals have to enhance their skills for the optimal delivery of the curriculum and the ability to tackle new developments in education. The Department of Education envisages a CPD system that seeks to ensure that the PD of school leaders contributes more effectively and directly to the improvement of the quality of teaching (SA, 2011). It is expected that principals will benefit from departmental initiatives because it regards the PD of school leaders as imperative. Gamage (2006) reports that an international study on PD for school leaders showed that they needed PD in leadership and management in education, in areas such as “decision making and communication, developing an appropriate school culture, human resources management, interpersonal relations and group dynamics, employing information technology for teaching and management, managing conflicts as well as leading and managing organisational change and strategic planning”. These areas are critical for principals to enable them to adapt to their leadership role and to be effective. There is broad international agreement about “the need for school leaders to have the capacities needed to improve teaching, learning and learners’ development and achievement” (Huber & Hiltmann, 2010). One way

in which the education system can have effective principals such as the ones envisaged in Gamage's (2006) study is by affording them opportunities for PD.

PD for teachers and school leaders in health-promoting schools is one of the major factors in supporting the initiative. Teachers have little understanding of many health concepts and issues, and the complexities of school health-promotion. A research by Kwatubana (2017) on harmonising the efforts of school nurses and teachers in school health promotion indicated a need for the training of teachers and school managers. Moreover, training and re-orientation of the staff members involved in the implementation of the PHS is mandated in the ISHP policy (South Africa, 2012). According to Jourdan *et al*. (2008) teacher training is often considered to be a central factor linked to the quality of any project implementation.

Although the importance of PD for school principals is well emphasised in the literature, there have also been some criticisms. Criticisms mainly focus on the following aspects of the traditional type of PD activities: being short-term and topic specified (Nicholson, Harris-John & Schimmel, 2005), being incoherently planned (Mathibe, 2007), not providing necessary coaching for principals (Joyce & Carlhoun, 2010) after the training, focusing on narrating information from instructors to practitioners, and not providing job-embedded learning opportunities (Steyn, 2011). Solutions that have been indicated in research conducted in South Africa include finding ways to understand what the teachers want and what they will find personally meaningful, and to design CPD programmes that respond to teachers' needs (Mokhele & Jita, 2010), the use of expert presenters in PD trainings (Geldenhuys & Oosthuizen, 2015) and engagement in long-term in-depth learning opportunities (DoE, 2011).

2.4.3 The characteristics of PD

The corpus on the characteristics of PD comprising authors such as Yendol-Hoppey and Dana (2010) identify the common characteristics of the phenomenon of PD. According to these authors the PD of principals should be job-embedded, instructionally-focused, collaborative and on-going. Each of these characteristics of PD receives attention in the ensuing discussion.

2.4.3.1 Job-embedded PD

PD for principals should be job-embedded to make it authentic and relevant. Yendol-Hoppey and Dana (2010) emphasise this need for job-embedded PD, which differs from the traditional 'sit-and-get' model of PD. The benefit of making PD job-embedded is that this will address the specific needs and concerns of principals directly. PD may also be relevant when there is a relationship between a learning experience and the daily responsibilities of principals. If PD takes place within the context of the school, it promotes active learning and improves the school's performance. Encouraging job-embedded PD can assist principals to adapt their textbook knowledge of leadership to a practical leadership situation. In support of a job-embedded PD Valois, Slade and Ashford (2011:34) argue that "if schools are focusing on an empowering, engaging school improvement initiative, professional development should align with that goal and follow that improvement process".

2.4.3.2 School priority activities and use of multiple methods

Each school has its own requirements when it comes to health-promotion, it is therefore context-based. Effort should be made by the school leadership and staff collectively to determine the needs of the school so as to target PD activities that address such issues. Mihalic, Fagan and Argamaso (2008), suggest that teachers can learn about the programme theory, key content and mechanics of delivery during face-to-face workshops, but mastery of the skills and comfort required for implementation of programmes can be achieved only when teachers have other opportunities. For instance, LaChausse, Clark and Chapple (2014) advocate for trainings that use multiple approaches: online, follow-up skill-building sessions, onsite technical assistance and two-day training.

2.4.3.3 Collaborative PD

Collaborative PD enables principals to participate actively and interactively in professional learning communities. The aim of collaboration is to create an environment where principals work together to find common solutions towards problems in school management and leadership. The collaborative model of PD is deemed to have benefits such as increasing the learning and implementation of selected knowledge and skills (Joyce & Calhoun, 2010). Collaboration may enable principals to work together towards a common goal of optimising learning. Areas in which principals may learn from one another include planning, instruction, peer observations (Mundry, 2005), health programme implementation, collaborations in health-promotion, monitoring and evaluation of health

programmes. The rationale for collaboration amongst principals and other members of school management teams is accentuated by what Kwan (2009) calls “a general conception in the literature that shared leadership is an important element of school effectives”. This collaboration is a crucial component of the PD of principals.

2.4.3.4 On-going PD

The PD of principals is supposed to be an on-going exercise and not a once-off event that is forgotten on the second day following such a PD activity. In similar vein, Bubb and Earley (2004:5) sum up the continuous nature of PD by saying that “one of the hallmarks of being identified as a professional is to continue to learn throughout a career”. The substance of the argument presented in the preceding statement is that principals should engage in a process of self-improvement and development with the aim of making them better practitioners. Constant changes in the curriculum require principals to keep themselves abreast of local and national issues that are relevant to their role and purpose within the school and the Department of Education as an organisation (Wallace & Gravells, 2007).

The PD of principals should be a process that adds value to their personal and school development. It is therefore crucial to understand how PD should unfold. Having explored the characteristics of PD, it is necessary to look at its implementation in different countries and contexts as elaborated below.

2.5 KINDS OF PD OPPORTUNITIES FOR PRINCIPALS IN SOUTH AFRICA

One method to improve principals’ own abilities and strengthen the skills is through in-service training which can be provided through further education. Higher Education institutions in South Africa present many post-graduate courses in education management and leadership. Although this can be valuable for principals’ development, it is not compulsory and accessible to all. The other challenge with post-graduate courses is that they do not always provide the necessary capacity and competence to practically help school principals with everyday management and leadership shortcomings, challenges and problems. Bush *et al*., 2011; Mathibe, 2007; Van der Westhuizen & Van Vuuren, 2007, recommend that an entry-level qualification should be developed for all new principals in South Africa, which could aid in providing the necessary attributes to lead schools effectively. Van der Westhuizen and Van Vuuren (2007) also support the view that compulsory training should be provided to all school principals. The Department of Basic

Education (DBE) does offer some assistance with PD activities, although these activities are somewhat limited at the moment.

The South African Council of Education (SACE), which regulates the teaching profession in South Africa, have introduced the CPTD (Continuing Professional Teacher Development) in 2011 whereby all teachers and principals need to obtain PD points as evidence of PD in the teaching profession. The system is managed in collaboration with the nine provincial education departments and with the support of the DBE (SA, 2011). The aim of the management system is to increase the professionalism of teachers in South Africa and ensuring that the quality of PD programmes and activities is of the highest standard (Mokgalane, 2015; Steyn, 2012). The CPTD management system is made up of the following three pillars (Horn, 2015):

- Continuing: Learning never ceases, regardless of age, seniority or status.
- Professional: The management system is focused on developing all teachers professionally.
- Development: Educators are provided with clearly defined goals of improving teaching and enhancing professional practice by means much wider than formal training courses.

These pillars, as presented above, coincide with the focus and problem statement of this research study. The importance of the continuous professional development of school principals was elucidated earlier and these pillars correspond with the views of the researcher about this aspect. The implementation of the CPTD management system is still somewhat problematic as elaborated in the paragraph below. The main aspiration of SACE, together with the DBE, is to assure that all principals' development needs are aptly catered for by providing accessible and quality professional activities in strategic ways, in order to strengthen the capacity of all principals (Steyn, 2014).

The South African Standard for Principalship (SASP) was designed to improve professional standards of leadership and management for the benefit of the learners and the quality of the education system as a whole. The standard for principalship has merit and could be valuable, but in reality the implementation of this creditable standard principalship at the moment can be viewed as highly idealistic at best. The functioning thereof is still problematic as there is no current compulsory training on the standard for principalship. The researcher also anticipates challenges in monitoring the operation and success of the implementation of the standard for principalship. Other challenges that

could hamper the implementation of the proposed standard for principalship can be financial and capacity related restraints in the provisioning of the programme towards the development of school principals

The different education unions in South Africa also attempt to develop principals through the provision of short programmes. Although very helpful, these short programmes are also limited and not always supply continuous development opportunities for principals. These programmes are also not regulated thoroughly. Each union can decide their own content for professional development. This fact makes these programmes unfocussed. The National Professional Teachers Organisation of South Africa (NAPTOSA) is one union that provides programmes that can be helpful towards principals' development. They offer short courses, workshops and a symposium for principals each year, where principals can not only listen to and engage with education experts and authorities on relevant topics, but also link up and relate with other principals on current issues. This can be very helpful towards developing principals' skills, attributes and thinking-processes, making them more effective leaders.

Mathibe (2007) has observed that the PD programmes in South Africa are mostly fragmented, uncoordinated and sometimes irrelevant. In order to improve the situation in South Africa there should be more control over PD programmes provided by the different state and private organisations. The training of school principals should be considered compulsory (Van der Westhuizen & Van Vuuren, 2007). PD programmes for principals should also provide relevant and practical solutions and assistance with everyday challenges that they are confronted with. Mathibe (2007) is of the opinion that in the present dispensation principals should be schooled to understand that schools should have functioning linkages with their external environment and that they cannot do everything on their own. Together with this, it is important that principals shift their leadership style towards participative leadership to solve complex workplace problems.

2.6 CHAPTER SUMMARY

This chapter explored school health-promotion by elaborating on what it is about and, how it is implemented. In other sections the essence of professional development, its importance in education, how it is implemented and its relevance to school health-promotion were discussed.

The next chapter looked at the theoretical framework that underpinned this research.

CHAPTER 3
THEORETICAL FRAMEWORK

3.1 INTRODUCTION

As indicated in Chapter 1, the theoretical perspective that informs this study is Senge's learning organisations (LO). In this chapter learning organisations theory and its concepts are described. The fundamental ontological assumption of the theory is that learning is located in the socially constructed meanings by actors. These actors are able to understand and harness the combined efforts of moral purpose and skilled change activities in the contexts of their schools, to be able to build learning organisations (Fineman, 2003).

There is a growing consensus that successful schools are led by principals who are committed to personal and professional development (Goldring, Preston & Huff, 2010). This growth can be achieved through various strategies. One of these strategies is a clear sense of purpose regarding continuous learning, development and sustained improvement (Gamage, 2006). A highly successful approach to developing such a purpose is to see schools as learning organisations (Moloi, 2010). This argument confirms a link between PD and schools as learning organisations especially pertaining to PHSEs. While schools should be regarded as learning organisations, most research on the theory is from an economic perspective and it involves studies on market valuation (Brennan, 2001) and financial aspects of organisational performance and profit making by business companies (Senge, 2006). The findings of these studies do not apply to education generally. However, the learning organisations theory is increasingly becoming widespread in modern education institutions. It is for this reason that the researcher deems this study to be important because it fills a gap on how the concept of a learning organisation can be applied to schools to analyse the factors that are necessary to promote healthy schools. The following section provides information on how a learning organisation is conceptualised.

3.2 CONCEPTUALISING THE LEARNING ORGANISATION

Much of the literature concerning the learning organisations differs from the traditional organisational learning literature which is "analytic and concentrates on understanding learning processes within organisational settings, without necessarily trying to change those processes" (Easterby - Smith, 1997:1086). It is descriptive rather than prescriptive.

According to Easterby - Smith (1997:1103), “the applied area of organisational learning is normally associated with the label of the learning organisations”. Learning organisations are centrally concerned with implementation. They are more “committed to the achievement of a desirable end state; they are eclectic in evaluating ideas according to their applicability’’ (Easterby – Smith, 1997:1103).

Scholars and researchers working in the field of learning organisations tend to define them according to their own experiences (Park, 2008) and each organisation in their studies has its own characteristics and conditions that require it to develop its own version of a learning organisation. According to Garvin, Edmondson and Gino (2008:110), a learning organisation is “a place where employees excel at creating, acquiring and transferring knowledge”. For Kim (1998) a learning organisation increases an organisation’s capability to take effective action. Mulford (1998) defines a learning organisation as a “group of people pursuing common purposes (individual purposes as well) with a collective commitment to regularly weighing the value of those purposes, modifying them and continuously developing more effective and efficient ways of accomplishing those purposes”. Watkins and Marsick (1996:91) defines a learning organisation as “one in which learning and work are integrated in an ongoing and systematic fashion to support continuous improvement at the individual, group and organisational levels”.

While there are different ways of defining a learning organisation, Senge’s definition has a humanistic perspective and is linked to learning that focuses at the individual, group and organisational level. Senge *et al*. (1996) defines a learning organisation as one in which people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to learn together. Senge (1990) notes that a learning organisation is one that possesses not only adaptive capacity but also ‘generative’ capacity. In learning organisations, adaptive learning conforms to current norms and ensures survival, but generative learning develops new understanding and capacities that enhance people’s “capacity to create” (Senge, 1990:14). Generative learning leads to a shared vision that increases an organisation’s capacity to change and adjust system processes and structures.

Such an organisation focuses its attention on developing the conditions that motivate people to do great things for themselves and for their organisations. Retna and Ng (2016)

believe that organisations work the way they work because of how their members think and interact. In an organisation, new business capacities can be developed only by changing the deeply embedded thinking and habitual practises of employees (Senge, 1990). The concept of learning organisation therefore, is that any successful organisation must continually learn in order to adapt to changes in the environment and grow (Al- Abri & Al- Hashmi, 2007). Senge's definition acts as an overarching framework to understand how people learn in this study.

The importance of learning organisations is based on the view that they develop the capacity to learn and reflect, and also to innovate. A learning organisation uses these competencies to mobilise and use resources efficiently, and to achieve the larger task of managing the changing environment inside and outside the school so as to improve the quality of teaching and learning (Williams *et al*., 2012). It has been established in the literature that where schools are perceived to be learning organisations, learner outcomes tend to be high. One of the reasons is that in such organisations, everybody is committed to life-long learning and where people continually learn how to learn together (Moloi, 2010).

Senge (2006) believes that learning organisations are possible because not only is it people's nature to learn but people love to learn. Senge (2000) suggests that people are able to learn because leaders in learning organisations are designers, teachers and stewards who lead every member of the organisation in managing the tenuous relationship between vision and current reality. The learning organisation is thus a valuable tool for facilitating knowledge management to improve teaching and learning in schools (Moloi, 2010). Senge *et al*. (2012) suggest that practising the five disciplines of ''personal mastery'', ''mental model'', ''shared vision'', "team learning'' and "systems thinking'' can empower schools to meet the challenges of educational reforms and improve their performance. Each of these learning disciplines has to do with how people think, what they truly want, and how they interact and learn with one another. The term "discipline" indicates an "innovation in human behaviour" (Senge, 1990:10). It encompasses several features including "a body of theory and technique that must be mastered;" a "developmental path for acquiring certain skills or competencies;" and the sense that one never arrives but is always "in the state of practicing" (Senge, 1990: 10).

When learning organisation theory is applied in the school context, the school is referred to as a learning school (Ng & Feldman, 2009). The school builds new capacities for deep learning and adaptation to social changes. According to Senge *et al*. (2012), a learning school is one that is "re-created, made vital, and sustainably renewed not by fiat or command, not by regulation, but by taking a learning orientation". This means involving everyone in the system in expressing their aspirations, building awareness and developing their capabilities together. In a school that learns, people who traditionally may have been suspicious of one another: parents, teachers, local business people, administrators, union members recognise their common stake in the future of the school system and the things they can learn from one another (Senge *et al*. 2011).

In the South African context, Moloi *et al*. (2006) explains the philosophy of a learning school as an organisation that is able to respond creatively to changes in the environment. Such an organisation has embedded capacities for school-based curriculum changes, for staff development and has established the process of ongoing school assessment (Moloi *et al*., 2006). For schools as learning organisations to grow professionally, both the individual and the organisation in the collective sense must continue to learn and improve their skills.

The role of the school as a learning organisation can only be furthered by teachers if school leaders are committed to transforming their schools into better institutions. The role of the school leaders in a learning community is to promote opportunities for learning to teachers and learners alike. School leaders should show a very strong commitment to teachers' continuous learning by giving them opportunities to develop personally and professionally, building a collaborative learning culture, embracing a collective vision and forming a committed team dedicated to achieving school objectives (Barnett, McCormick & Conners, 2001).

The following section, analyses the characteristics of learning organisations.

3.2.1 Characteristics of schools that are learning organisations

In the last two decades organisational scholars have focused their work on conceptualising the learning organisation. There are different models and approaches to developing learning organisations. Different learning organisation proponents approach it from different angles but all have implications for leadership and management. Argyris (1999)

focuses on double-loop learning over single-loop learning as a way to achieve a quantum leap. On one hand Huber (1991) suggests a four-step approach to learning organisation development: knowledge acquisition, information distribution, information interpretation and organisational memory. On the other hand, Senge (1990) advocates for the five disciplines of Personal Mastery, Mental Models, Shared Vision, Team Learning and Systems Thinking, as mentioned in the introduction in this chapter. Moreover, Ortenblad (2004) proposes another learning organisation developmental framework that comprises three integrated aspects of organisational learning, learning at work, learning climate and learning structure. Integration of these three aspects, in particular, underscores the role of leadership. What is achieved by this philosophy depends considerably on one's interpretation and commitment to it (Al- Abri & Al- Hashmi, 2007).

Brandt (2003) lists the following as characteristics of schools that are learning organisations:

- They have challenging but achievable shared goals.
- They have members who can accurately identify the organisation's stages of development.
- They gather, process, and act upon information in ways best suited to their purposes.
- They have an institutional knowledge base and processes for creating new ideas.
- They get feedback on products and services.
- They continuously refine their basic processes.
- They are ‘'open systems" sensitive to the external environment, including social, political, and economic conditions.

As indicated above, Senge (1990) emphasizes a perspective of five organisational disciplines that may be recognized in learning organisations, which will be discussed in the next section.

3.2.1.1 Systems thinking

Kowalski (2002:37) defines a system as "essentially a set of units with the capacity to interact within the scope of their environment to achieve certain goals". Systems thinking is considered by various scholars as the conceptual cornerstone of the learning organisation concept (OECD, 2010). Senge (2006) defines systems thinking as a discipline for seeing wholes. It is a framework for seeing interrelationships rather than things, patterns of

change rather than static “snapshots.” It is the ability to blend personal mastery, mental models, shared vision and team learning into a single entity by integrating knowledge from across these disciplines, fusing them into a coherent body of theory and practice. The belief is that they are not independent entities: instead, they work in congruence with one another to create a larger picture of the learning organisation. According to Senge (1990), organisations are systems in the process of continuous adaptation and improvement, and the means to that improvement is through the individual employees. While the focus is on the individual’s ability to learn and adapt to the changing organisation, the ultimate purpose of individual learning is to benefit the system as a whole. When examining a learning organisation, systems thinking ignites a shift of mind (Senge, 2006). The shift of mind set comes when either an individual, or a group of individuals, realises the need for all disciplines, and works to understand how each one operates both independently and dependently within a system.

Arnold and Wade (2015:675) opine that systems thinking is “a set of synergistic analytic skills used to improve the capability of identifying and understanding systems, predicting their behaviours and devising modifications to them in order to produce desired effects”. These skills work together as a system. The systems’ thinking is important as Senge *et al*. (2012) state that changes, planned or unplanned, in one part of the organisation can affect other parts of the organisation with surprising, often and negative consequences. DuFour (2015:7) believes that organisations are “bound by invisible fabrics of interrelated action, which often take years to fully play out their effects on each other”, and because of this, it is essential that people begin to think about their organisations in holistic terms rather than as a series of smaller units, each with its own set of problems and possible solutions.

Al- Abri and Al- Hashmi (2007) also view systems thinking as the foundation of any learning organisation. They describe systems thinking as the ability to see the bigger picture, to look at the interrelationships of a system as opposed to simple cause-effect chains thus, allowing continuous processes to be studied rather than single snapshots. Al-Abri and Al- Hashmi (2007) further assert that this discipline shows that the essential properties of a system are not determined by the sum of its parts, but by the process of interactions between those parts. This is why according to Al- Abri and Al- Hashmi (2007) systems thinking is fundamental to any learning organisation as it is the discipline used to implement other disciplines. Systems thinking is applied in order to pull together all disciplines as without it, each of the disciplines would be isolated and consequently not

achieve their objective. Thus, systems thinking enables the formation of an integrated system, whose properties exceed the sum of its parts as indicated by DuFour *et al*. (2008). DuFour *et al*. (2008) also maintain that it is the mainstay of a true learning organisation, integrating the other disciplines and is a way of discovering solutions to complex problems. This discipline enables interrelationships between systems and teams; at the same time, it allows the organisation, through linear and logical thinking, to understand the source of and the solutions to modern problems (DuFour *et al*. 2008).

According to Flood (1999:13), "systems thinking explores things as whole and is highly relevant because the world exhibits qualities of wholeness". These qualities of wholeness relate to every aspect of people's lives at work and at home. Life events can be made sense of in a meaningful way only in the knowledge that actions contribute to patterns of interrelated actions. According to Flood (1999), the world is whole and the whole is complex. It is increasingly complex with more and more information, intense interdependency, and relentless change.

Moloi (2010) considers that education is a system comprised of factors, such as learners, teachers, parents, administrators, courses, curriculum, legislation, funding and buildings together with a host of related elements, or sub-factors, such as perceptions, ambitions, entrepreneurism, competition, marketization, and cultural and spiritual beliefs. This "system" in turn relates to other systemic factors in society, such as workforce or education leadership. The meaning of this therefore, is that anything that happens in the school should not be viewed as isolated phenomenon, rather it should be seen in relation to other issues, events and forces. An effective school will therefore strive to reinforce positive relationships among these components (Moloi *et al*., 2006). School leaders who face today's educational leadership complexities are among those who could benefit from systems thinking (Senge *et al*., 2012). Senge (1990) suggests that both leaders and their subordinates should have collective aspirations in order for the system to readily adapt to change.

Despite the absence of a commonly accepted definition for systems thinking, these diverse definitions clearly yield two main complementary meanings: rising above the separate components to see the whole system and thinking about each separate component as a part of the whole system (Shaked & Schechter, 2014). According to literature, systems thinking has a value and its importance is subsequently discussed.

- **The value of systems thinking in the school as a learning organisation**

People in learning organisations engage in systems thinking as they view their role in their work teams, the roles of their work teams in the organisation, and the organisation's relationship to the larger environment (Spector, 2006). At the heart of systems thinking is an awareness of the interconnectedness and varying levels of interdependency of people in teams, of teams in organisations and of organisations in the larger environment (Senge *et al*., 1990). Thus, systems thinking allows the viewing of the entire system while it is in motion so that it can be understood how each piece interacts with and affects the others. Without systems thinking, changes that are made quite often result in new problems which can have serious unintended consequences (Moloi *et al*., 2006).

Systems thinking is important for creating vision, shaping policy, and the development of solutions to address problems of the organisation. As teams address these issues, team functioning and learning are limited unless a shared language for dealing with complexity is developed (Portfelt, 2006). There is simply no more effective way to learn a language than through use, which is exactly what happens when a team starts to learn the language of systems thinking (Senge, 1990). As new language is developed and the subconscious begins to change from thinking of the world in a linear format, participants become systems thinkers. The importance of systems thinking in the organisation is underscored by Schein's (1992:372) postulation that: "the learning leader and the learning culture must therefore be built on the assumption that the world is intrinsically complex, nonlinear, and overdetermined".

Systems thinking has implications for changing schools by offering "a language that begins by restructuring how people think" (Senge, 1990: 69) and an opportunity for seeing the whole and the underlying parts. Senge (1990:44) describes systemic structures as "the key interrelationships that influence behaviour over time … these interrelationships are among the key variables," such as, vision of results and current realities. Through the processes of reinforcing feedback, even small changes can produce significant effects towards the shared vision (Senge, 1990). Seeing the organisation as a whole, the structures that have strong influences on behaviour and "thinking in terms of processes of change" are ideas from systems thinking that have profound implications for professional development and change in schools (Senge, 1990: 65).

Dyehouse, Bennett, Harbor, Childress and Dark (2009) argue that systems thinking can provide a framework for representing many of the components in a complex curricular programme and may serve as a more precise and explicit method of interpreting and assessing programme results than existing methods. Wells and Keane (2008) demonstrate how Senge's (2006) "laws" of systems thinking may be implemented to develop professional learning communities in school systems. Within the context of the No Child Left Behind federal legislation in the United States, systems thinking was proposed as useful for improving public relations (Chance, 2005). Systems thinking was claimed to help educational leaders to see public relations as a continual, systematic process that is essential for engaging the school community's support to improve learning.

Using the Strategic Thinking Questionnaire, Pisapia and Reyes-Guerra (2007) found that according to Hong Kong principals' self-reporting, the school principal's holistic leadership approach based on systems thinking was the strongest predictor of school leaders' effectiveness, distinguishing between more effective and less effective leaders. In addition, school leaders who demonstrated more extensive use of systems thinking also reported taking more frequent actions to accomplish the school's goals to develop a learning organisation that continuously transforms itself and ensure trust as well as emotional commitment to the school's aspirations and values among the teaching staff.

Focusing on the sustainability of educational reform, Fullan (2005) asserts that sustained improvement of schools requires ''system thinkers,'' addressing the entire system comprising three levels: school and community, district or local education authority, and state or national policy. These system thinkers, regardless of their own level in the system, know that all three levels influence one another. Furthermore, they proactively and naturally take into account large portions of the educational system because they know that context matters, for better or for worse, and that part of their work involves changing the context, which can only be accomplished by taking action in the broader contexts. According to Fullan (2014), principals must understand not only their own reality and work but also re-imagine the whole system at the same time, thus, expanding their perspective beyond school boundaries. Being a district and system player, looking out to improve within, is one of the keys to maximizing the principal's impact (Fullan, 2014).

Similarly, Daly and Finnigan (2016) argue that in order to raise education outcomes, a system-wide rather than school-by-school improvement is required. Without a broad

leadership view of the whole system, there will be no real change in schools that do not function properly. Systems thinking could provide a frame of reference for comprehensive school reform, enabling strategic planning that focuses on predetermined measurable outcomes, encompassing the organisation's total resources and purpose and defining how goals will be accomplished (Miller-Williams & Kritsonis, 2009).

King and Frick (2000) claim that schools cannot be effectively redesigned without the employment of systems-thinking skills, which enable those concerned to analyse existing schools and to design alternative systems by exploring how people and elements in the school environment interact. Thus, the answer to the question of how schools may become places of transformation lies in systems thinking (Zmuda *et al*., 2004). Regarding parent–school relationships, systems thinking may help reframe parent–school partnerships as learning communities that aim to create new knowledge and innovation by enabling the experiences and capabilities of teachers and parents to interact in order to make tacit knowledge explicit (Price-Mitchell, 2009).

Systems thinking may also foster teachers' collective learning (Cheng, 2011) which emphasizes the interrelatedness of goals. Teachers thereby review the system to identify its interconnections and then form solutions based on this deeper understanding and developing professional learning communities (Wells & Keane, 2008). Systems thinking may also be significant in evaluating curricula and educational programmes. Curriculum evaluation via systems thinking can ensure district-wide uniformity and consistency in evaluation (Jasparro, 1998). Kensler *et al*. (2011) assert that because educational leaders have access to large volumes of data but lack the skills to use it effectively for continuous school improvement. Systems thinking might help facilitate the development of evidence-based practice.

Likewise, Hopkins (2007) argues that in order to realise the potential of system leadership, one should move from individual school improvement efforts and short-term objectives to a sustainable system-wide response, which seeks to re-establish the balance between national prescription and school leading reforms. Thus, ‘‘system leadership’’ is a required leadership that goes beyond a single school, where leaders work directly for the success and welfare of learner in other institutions as well as their own (Higham *et al*., 2009).

Hoban (2002) concentrates on systems thinking and teachers' learning, claiming that one of the reasons for the disappointing results seen for many efforts toward educational change is an overly simplistic view of teachers' own learning, which is incompatible with its complex nature. Zmuda *et al*. (2004) emphasise that systems thinking is the gateway to school staff members' continuous improvement, aiming to make schools a place where all staff can constantly improve their teaching, learn, and work to increase learners' achievements.

Shaked and Schechter (2014) called school leadership that is characterized by systems thinking (Systems School Leadership), defining the approach whereby principals lead schools through the systems thinking concepts and procedures, applying the systems view and performing at the systems level. The researchers identified four characteristics of systems school leadership. These characteristics are the practical ways in which principals implement systems thinking in educational leadership. The four characteristics are: leading wholes – a holistic view of the big picture and not only its separate parts; adopting a multidimensional view – seeing several aspects of a given issue simultaneously; influencing indirectly – the ability to address the school's tasks and challenges circuitously and evaluating significance – the ability to consider elements of school life according to their significance for the entire system, distinguishing between important and less important issues to be resolved and identifying patterns.

3.2.1.2 Personal Mastery

The concept of mastery in general is well-applied to education (Wong & Wong, 1998), less so is the concept of personal mastery. Personal mastery refers to the personal commitment of continuously clarifying and deepening of: a personal vision, focusing energies, developing patience and the ability to see reality as objectively as possible (Barnett *et al*, 2001). The discipline of personal mastery drives people to expand their ability to achieve their goals (Mulford, 1998). According to Senge (1990: 141), "it goes beyond competence and skills, though it is grounded in competence and skills. It goes beyond spiritual unfolding or opening, although it requires spiritual growth. It means approaching one's life as a creative work, living a life from a creative perspective as opposed to reactive viewpoint". Members of the organisation bring their sense of personal vision to bear on the organisation (Barnett *et al*, 2001). Senge (2000) defines personal mastery as "learning to expand personal capacity to create the results that are most desired and an organisational environment which encourages all its members towards the

goals and purposes they choose". It is a process of personal commitment to vision, excellence and life-long learning (Park, 2008). Senge regards it as "the learning organisation's spiritual foundation" (Senge, 1990: 7). Employees with high level of personal mastery often have better performance (Bolam, 2002).

Personal mastery involves gaining a deeper sense of self and values, while one focuses their energy on developing the necessary patience to see reality objectively (Senge, 2006). This kind of personal mastery leads people to make unique contributions because of their deepening understanding of and commitment to their personal visions, expressed together with others who are also pursuing personal mastery (Moloi *et al*., 2006). Watkins and Marsick (1996:92) also emphasizes the importance of personal mastery by asserting that "when individuals increase their capacity to learn, either through workplace literacy programmes, retraining, cross-training, educational programmes, and so on, they (collectively) enhance the overall capacity of the organisation to learn". Barth (2001) states that the most central duty of a teacher is to model being an active learner.

Senge's (1990) defining characteristics of the personal mastery discipline includes lifelong learning, proficiency/competence, creative tension, personal vision and organisational support. Each of these characteristics are defined below.

Lifelong learning according to Moloi (2010), is the willingness to grow in one's ability to complete a particular skill or task, which is an essential aspect of personal mastery. Consequently, lifelong learning is displayed when members of the organisation are committed to personal and career growth and take initiative to make sure of such growth. Members are inspired to be involved in continuous learning (Senge, 2006), and on a regular basis learn how to expand their own ability to affect the world. According to Moloi (2010), members in an organisation need to have a good self-knowledge of what they wish to achieve because the personal attitude to learning is the basis for organisational learning.

Proficiency/competence is the discipline of personal mastery which pertains to the expertise and passions of individuals. Members of the organisation contribute to the organisation to gain self-fulfilment while helping the organisation grow and develop. Members seek and attain a special level of proficiency in both personal and professional areas of their lives (Hoe, 2007). This learning is not only restricted to the areas related to

the product or service of the organisation, but includes such areas as enhancing interpersonal competence, personal awareness, emotional maturity and enlarging one's understanding of the ethical/moral dimensions of the organisation (Moloi *et al*., 2006). In that way, personal mastery prepares one to be part of the group, and what one learns needs to prepare receptivity from one's colleagues' learning experiences, questions and the manner of thought.

Creative tension is the term used by Senge (1990) to describe the "connection of vision (what people want) and a clear picture of current reality where people are relative to what they want". Creative tension is the idea that disagreement and discord can produce more creative ideas and outcomes (Moloi, 2010). Members of a learning organisation demonstrate a sense of creative tension by continually clarifying what is important while at the same time acknowledging that they are not there yet (Senge, 1990).

The ability to challenge assumptions enables people to see how the world functions from the perspective of other people. According to Senge *et al*. (1996:195), the deliberate patience, creative tension and the awareness of what goes around the world, produces a sustained sense of energy and enthusiasm, which often yields tangible results that will strengthen the enthusiasm and the energy which often opens the individuals' eyes to reality. This energy and enthusiasm will enhance personal commitment to the truth and a strong vision that turn the wheels of meaningful change in school.

Personal vision involves how members of a learning organisation feel that their work is a special calling and "have a special sense of purpose that underlies their vision and goals" (Senge, 1990:142). Their work is extremely personal, and they continually focus and refocus on what they want to create in their work lives. Joint inquiry into other peoples' views of current reality, expressing a personal vision and listening to the personal visions of others at work should be a regular part of the workday (Senge, 1990:173).

Personal mastery cannot be built without personal goals and vision (Senge, 2006). Personal vision is the "groundwork" for continually expanding personal mastery (Senge, 2006). For those with a high level of personal mastery, a vision is a calling, not just a good idea, and behind their goals is a sense of purpose (Retna & Ng, 2016). The difficulty, according to Senge (1990), is that people are often confused between goals and vision. Vision is developed on the basis of goals (Senge *et al*., 1996). Personal vision relies not only on individuals, but also on the support of their employing organisations.

Personal mastery involves gaining a deeper sense of self and values, while one focuses their energy on developing the necessary patience to see reality objectively (Senge, 2006). This kind of personal mastery leads people to make unique contributions because of their deepening understanding of and commitment to their personal visions, expressed together with others who are also pursuing personal mastery (Moloi *et al*., 2006).

In fact, members of a learning organisation "become servants to the vision they have chosen, partners in the process of making it come to life" (Senge, 2000:65). Connectedness is the characteristic of personal mastery whereby members of a learning organisation "feel connected to others and to life itself. Yet they sacrifice none of their uniqueness" (Senge, 1990:142). As they experience this sense of connectedness and compassion, a vision broader than their own also increases (Senge, 1990: 171). In fact, members are so connected to others in the organisation that they "want not only to increase their own capabilities, but to improve the capabilities of the other people around them" (Senge *et al*., 1996). In mastery, there is a sense of effortlessness and joyousness in creating great work (Watkins & Marsick, 1996). This mastery stems from the individual's abilities and willingness to work with the forces around them (Senge: 2006). Therefore, the central practice of personal vision and mastery involves learning to keep a personal vision and a clear picture of current reality before oneself (Senge *et al*, 1996). Personal mastery also apply to school leaders as the next sub-section indicates.

Development and training is the last forebear to personal mastery. Development and training are perceived as important for employees' personal mastery (Kiedrowski, 2006). Blackmore and Castley (2005) purport that PD will benefit from development and training when these are carried out effectively. Additionally, Bui and Baruch (2011) explain that the positive outcomes of personal mastery can easily be recognised in management. Self-confidence and self-efficacy which can be developed during training are important factors in developing individuals' performance and subsequent career (Baruch *et al*., 2005).

- **Personal mastery and school leadership**

Leaders and the learning organisation itself support the discipline of personal mastery by creating a work climate in which the principles of personal mastery are practiced daily. In this work climate, it is safe for members of a learning organisation to "create visions, where inquiry and commitment to the truth are the norm, and challenging the status quo is

expected" (Senge, 1990:172). Leaders and the organisation value the personal growth of members. The organisation and its leaders provide on-the-job-training, "personal vision, commitment to the truth and willingness to face honestly the gaps between the two" are supported (Senge, 1990:173). In a learning organisation, leaders provide members with a context in which to reflect on their vision (Senge, 2000:60). Finally, leaders in learning organisations are models of personal mastery, recognizing that "there is nothing more powerful a leader can do to encourage others in their quest for personal mastery than to be serious in their own quest" (Senge, 1990:173). To establish a climate such as that described above, "organisations must invest time, energy and money far beyond what most managers today consider appropriate" (Senge *et al*., 1996). Moreover, school leaders have to be committed and motivated, having personal values that direct commitment and motivation.

- **commitment and motivation**

It is important for principals to commit to personal mastery. Commitment to personal mastery is about acknowledging one's ability to create a certain pattern of behaviour that can contribute optimally to effective teaching and learning. Senge *et al*. (1996:196) contend that people who exhibit the discipline of personal mastery are continually expanding their abilities to grow and to create. Thus, they help their schools to learn by being committed to what is important to the individual and to the school. Moloi *et al*. (2006) indicates that school principals who support the enhancement of personal mastery will create contexts where staff members will be:

- encouraged and supported to pursue those things that are most important and meaningful to them;
- exposed to staff development programmes that are people- orientated and project-orientated;
- respected as a valuable human resource; and
- made to feel that their lifelong learning is a goal for fostering lifelong learning in learners

Commitment to personal mastery in the daily lives of principals has to do with the familiar competencies and skills associated with school management. Personal mastery also has to do with spiritual growth and continual learning which enables the individual to open oneself up to a progressively deeper reality. It enables the individual to live from a creative rather than a reactive viewpoint (Moloi *et al*., 2006).

The discipline of personal mastery according to Senge (2006), traches the school inhabitants that:

- each person can cultivate a way of thinking that gradually leads to personal mastery;
- the more this way of thinking is practiced the more confident and competent they will become;
- personal vision can be accomplished if people are more aware of the tension that can pull them forward;
- they are worthy of obtaining their deepest aspirations;
- they need to see more clearly and cope with their emotional tensions and fears as current reality;
- they realise not so much what their vision is, but rather what their vision does for them;
- they should not shrink back from seeing the world as it is, even if the realisation makes them uncomfortable;
- it is important to be committed to telling the truth, especially to oneself; and
- personal mastery teaches individuals the ability to choose actions that will lead to their destiny.

Research by Snyder *et al*. (1996:10-11) indicate that although personal mastery is an individual discipline, it is closely related to environmental factors. What this means for the school is that the climate that fosters personal mastery should be built within the context of the school. A climate of collaboration has the potential to encourage the development of powerful personal visions that are supported by the school management. The discipline of personal mastery is not shown by a set of replicable skills but by the worker's attitude towards learning, which ultimately contributes to the shared vision of the organisation (Schein, 1997).

Motivation has been extensively studied to identify the meaning behind human actions and learn why humans are inspired to take certain actions (Schein, 1997). An individual with high personal mastery would be self-motivated (Ng & Feldman, 2009). In addition, with sufficient motivation from organisations through policies and culture, employees may be willing to commit themselves to personal and professional development, which would result in better individual performance and higher individual satisfaction (Mumford, 1998).

- **Commitment to training and on-going development**

Principals need to invest in a learning culture by exploring new ways of facilitating knowledge in their schools. A learning organisation cannot exist without individual learning (Watkins & Marsick, 1996). Individuals are the primary learning entities enabling organisation transformation (Schein, 1997). Blackman and Henderson (2005: 50) argue that personal mastery implies an "individual taking ownership of individual learning". Lifelong learning is an important form of individual learning and a part of commitment to personal mastery (Senge, 2006).

- **Personal values**

According to Senge (2014), one of the antecedents to personal mastery is personal values. Personal values are perceptual frameworks which shape and influence the general nature of an individual's behaviour. Personal values direct personal commitment to development. Employees bring their values into the work setting (Hoe, 2007). The impact of values is thought to be of special relevance in educational systems (Schein, 1997). Teachers are regarded as moral guides and role models, whose standards are expected to be "a little above the level of the rest of society" (Schein, 1997). Principals who aspire to reach personal development may play a significant role in an organisation striving to become a learning organisation.

3.2.1.3 Mental models

Mental models refer to "the ideas and beliefs used in guiding people's actions. They are used to explain cause and effect and to give meaning to people's experiences" (O'Connor, 2014). Mental models are the "deeply ingrained assumptions, generalizations, or even pictures or images that influence how people understand the world and how they take action. They help in creating an understanding and then making assumptions about how any object is likely to function (Young *et al*., 2004). Mental models have the power to influence human behaviours and mindsets, meaning they give an idea about how people are most likely to act so they can be thought of as a tool, which helps in the interpretation and selection of information. Thus, mental models are important in the process of organisational learning. They form the underlying basis of tasks which involve non-current skills and problem solving (Barker & Sinkula, 1999).

According to Bui and Baruch (2011), mental models are influenced by the individual's organisational commitment, leadership and the organisational culture, which will in turn provide guidance regarding the behaviour of people in various situations (Wang & Rafiq, 2009). Mental models are believed to lead to outcomes such as knowledge sharing and better performance. Organisations that acknowledge the existence of mental models can create an environment that allows people to reorient their models to reflect the learning organisations (Wang & Rafiq, 2009).

Organisational commitment is crucial to mental models (Bui & Baruch, 2011). Commitment is at the heart of a learning organisation (Senge, 2014). By sharing best practices, mental models strengthen people's commitment to learning (Gephart *et al*., 1996:39). Sharing mental models, both positive and negative ones, forms the foundation of on-site learning, and contributes to saving time and money. Institutions as learning organisations encourage people to take risks, as they can be the precursors to innovation and creation. Further, committed and loyal employees make up the core of a successful organisation (Goulet & Singh, 2002; Larsen, 2003). When committed and knowledgeable staff are willing to acquire new skills and implement institutional innovation, an organisation's capacity to work with mental models will improve (Senge, 1990).

Leadership is an antecedent to mental models that is proposed by Bui and Baruch (2011). Leadership is the process "in which an individual influences other group members towards the attainment of group or organisational goals" (Shackleton, 1995:2). When the organisation obtains employee commitment, leaders should play roles as "designers, stewards and teachers selecting mental models and spreading them throughout the organisation" (Fullan, 1993). Leaders are responsible for learning and creating a learning environment for the employees to continually expand their capabilities to understand complexity, clarify vision and improve shared mental models (Marsick & Watkins, 2003). Taking the role of designers, stewards and teachers, the leadership gives a new meaning to learning organisations. Leaders are "walking ahead, regardless of their management position or hierarchical authority" (Kofman & Senge, 1993:12). Leadership is about identifying mental models that challenge all organisational members with the question: "what values do you really want to stand for?" (Senge *et al*., 2000: 67).

Organisational culture is another antecedent to mental models by Bui and Baruch (2011). Organisational culture describes the fundamental assumptions people share about an

organisation's values, beliefs, norms, symbols, language, rituals and myths. These give meaning to organisational membership and are expected as guides to behaviour (Bloisi *et al*., 2007:751). The culture of an organisational environment can be highly influenced by the societal culture in which it is embedded (Dimmock & Walker, 2000; Hofstede, 2001), where a framework of values has been established. Different cultures tend to generate different mental models (Alavi & McCormick, 2004). Specifically, Alavi and McCormick (2004: 413) add that "a high level of power distance may be problematic for improving reflection skills as a key component of team learning and modifying mental models". According to Alavi and McCormick (2004), organisations with low power distance culture are more likely to succeed in mastering mental models than in cultures with high power distance, because "a culture of trust and openness encourages the inquiry and dialogue is needed to challenge assumptions" (Gephart *et al*., 1996: 39).

When mental models are developed and learnt throughout the organisation, one of the outcomes is a higher level of knowledge sharing and knowledge creation (Senge, 2006). For instance, when organisational members acquire strong team-work skills and behaviours such as mutual help, then knowledge sharing improves (Siemsen *et al*., 2007). Developing appropriate mental models would generate more knowledge and can consequently lead to improving job performance (Pedler *et al*., 1991) which is an outcome of mental models.

Two possible moderators of mental models described by Bui and Baruch (2011) are communication and learning environments. Communication influences fundamental beliefs, values and attitudes necessary for employee empowerment and commitment to quality and service (Mohr & Spekman, 1994). Jamali *et al*. (2006) indicate that mental models can be supported by effective communication. There is, however, little theoretical innovation in organisation theory grounded in communication, though communication has been emphasized as a significant constituent of organisational life (Dixon, 1998). In any organisation, particularly learning organisations, effective communication systems are indispensable, instrumental in uncovering perceptual gaps and incongruence in mental models and play a key role in facilitating collaborative learning and transforming mental models within a group (Jamali *et al*., 2006: 344). In contrast, ineffective communication systems jeopardize mental models and prevent sharing vision throughout the organisations. Ridder (2004) posits that internal communication can generate a sense of

commitment within the organisation and establish trust in management and this can be applied to various modes of communication.

Learning environment is another moderator to this discipline Bui and Baruch (2011). The learning environment supports the development of mental models (Pedler *et al*., 1991) and improves performance as well as knowledge sharing (Barker *et al*., 1998). Supportive learning environments are necessary for learning organisations (Smith & Sadler-Smith, 2006). If the organisational environment is not set up properly, it may destroy organisational learning (Doherty & Manfredi, 2006). A learning environment cannot be created without the support of leaders and managers (Fullan, 2004).

In developing a learning organisation, it is essential that members commit to inspection of their individual and collective mental models, participating in dialogue with each other in order to discover inaccurate or outdated models (Moloi *et al*., 2006). Young (2008) explains that mental models provide a very deep and clear understanding of a person ‘s motivation and thought processes along with their emotional philosophical landscape in which they are operating. McShane (2006) thinks that the longer the time that team members work together, the easier it is for them to develop common mental models, understanding and effective performance.

- **The importance of shared mental models**

Kim (1998:44) postulates that organisational learning is “dependent on individuals improving their mental models and making those mental models explicit is crucial to developing new shared mental models. The mental models in individuals’ heads are where a vast majority of an organisation’s knowledge (both know-how and know-why) lies’’. Kim (1998:45) continues to indicate that, “the shared mental models are what make the rest of the organisational memory usable. Without these mental models, which include all the subtle interconnections that have been developed among the various members, an organisation will be incapacitated in both learning and action’’. Kim (1998:46) also states that, “if what matters is not reality but perceptions of reality, then fundamental to learning is a shared mental model”. According to Kim (1998:46), it is “difficult to articulate mental models and share them with others” in the organisation because “mental models are a mixture of what is learned explicitly and absorbed implicitly’’.

The integration of these individual mental models with a team mental model has gained thought in research (Hoe, 2007; Marsick & Watkins, 2003). If the individuals in a team have differences in their knowledge, understanding of present situation and their expectation of what they aim to achieve, that might lead to a lack of coordination, understanding and wastage of time and money. There are certain limitations to individual mental models which can be overcome with the help of team models because the members in a team can challenge an individual ‘s ideas.

Easterby-Smith (1997:1093) indicates that changing mental models presents a challenge, in that “it is more difficult for organisations to discard knowledge than to acquire new information. Individuals and organisations like to hold on to documentation long after it has fulfilled its usefulness and their routines for dealing with the world are historically embedded in organisational systems, structures and value systems. When faced with rapid environmental change, the ability of an organisation to unlearn may be crucial to its survival”.

Barth (2001:7) predicted that “the illiterate of the twenty-first century will not be those who cannot read and write, but those who cannot learn, unlearn, and relearn”. Marsick and Neaman (2018:103) emphasize the importance of examining mental models that are no longer fitting when they state that, “individuals can act as learner designates and influence organisational learning, but only if conditions in the environment change to support them in this role and welcome their input. Organisations must be able to open their doors to views that may, initially, seem to threaten their stability, yet by their very challenge, enable fresh ideas that feed enhancement of systems capacity”.

- **Characteristics of mental models**

There are a number of characteristics of mental models that are indicated in the literature. In his work, Senge (1994, 2000, 2006) indicates that mental models are:

- incomplete and constantly evolving;
- internal representations and usually not accurate representations of the phenomenon because they typically contain errors and contradictions;
- parsimonious and provide simplified explanations of complex phenomena;
- represented as networks of concepts;
- embedded in their relationships with other concepts;

- derived from the intersection of different individual's mental models;
- often believed as containing measures of uncertainty about their validity that allow them to be used even if they are incorrect; and
- represented by sets of condition-action rules.

Central to the practice of working with mental models are the skills of "reflection which slows down the thinking processes to become aware of how people form their mental models and inquiry which includes holding conversations where they openly share views and develop knowledge about each other's assumptions" (Senge, 2000:68). Members of learning organisations who have developed the skills of reflection and inquiry "have deeper conversations, in which talk of strategy always considers their mental models of where the world is going, what stakeholders want, what competitors will do, how the education system is evolving, and what technologies will exist" (Senge, 1994: 239).

- **Mental models and the principal**

In the school context, the discipline of mental models can be used to help principals understand their work (Moloi *et al*., 2006). It can help them to renew their practices by constantly evaluating the quality of their thinking and how this impacts on their work (Snyder *et al*, 1996). To this end, effective mental models assist principals to be aware of the power of individual patterns of thinking. The power of individual and collective thinking is important in improving the principals' ability to engage in non-defensive inquiry (Senge *et al*., 1996).

Senge *et al*. (2006) further point that mental models assist principals to be aware of the power of patterns of thinking at school level, as well as the importance of non-defensive inquiry into the nature of these patterns. They postulate that mental models determine what people see and therefore, what and how one person sees a situation will differ from what the next person sees in the same situation.

In relation to PHSE principals need to begin with their mental models about the nature of knowledge and how they can use this knowledge to facilitate learning in their schools. From there, they need to ask themselves questions about their role and the role of teachers, parents and learners within these mental models. For example, the educators' mental models will direct their views of what learning is and this in turn will impact on their views of what learners are. For instance, if the educators' view of learners is that they are

capable, willing and valuable they will create conditions that will nurture their learning (Barth, 2001). What becomes important for the school community is to be able to form new mental models which are aligned to the discourse of the learning organisation.

According to Moloi *et al*., (2006:54) mental models have to be questioned to allow opportunities to share ingrained assumptions about learning in the school, teaching strategies, curricula matters, and relationships in the school - with parents, learners and other stakeholders. Questioning mental models also enables principals to talk about scarce resources, staff development programmes concerns and fears, as well as the nature of knowledge.

Thus, questioning mental models in a learning organisation helps people to explore and talk about them without being defensive. In doing that, principals can learn how to create new mental models that can serve them better in the school and be better conversant with what learners in the school need (Senge *et al*.,1996:236). Mental models need to be suspended and attitudes tested through reflection and inquiry. Reflection concerns slowing down of thinking processes so that individuals can become aware of how they form their mental models and the way these influence their actions, whereas, inquiry skills concern how principals operate in face-to- face with teachers, parents and learners (Snyder *et al*., 1996:11).

Forming new mental models is specifically important for leadership in a learning organisation. It is pointless to use old or obsolete mental models to define new leadership relationship requirements for building a learning organisation. Old mental models contain obsolete processes and structures. Principals need to learn new mental models in order to understand the world differently. Snyder *et al*. (1996:11) assert that mental models are closely related to personal mastery because the individual's desire to learn continually and one's belief system are components of the individual's mental models. The quality of mental models also contributes to team learning, which is an important part of any activity in an organisation that involves teams. Questioning mental models provides people with a tool to share a new language for learning. This new language is systems thinking, which means the ability to see patterns and interrelationships in their daily work as principals. That way, the discipline of mental models could become a powerful tool in creating a new definition of continuous individual and organisational learning, as well as the achievement of creative and productive school outcomes (Snyder *et al*., 1996:11).

3.2.1.4 Shared vision

A shared vision is an all- encompassing world-view which provides focus for an individual, concerning what the individual knows, what is to be learnt and what is to be valued (Wallace *et al*., 1997:20). According to Moloi *et al*. (2006:56) a shared vision is a coherent, credible picture of the desired future. Snyder *et al*. (1996:10) contend that a shared vision is not merely an idea, rather, a force from the heart of imperative power that allows people to become committed to and work together towards a common goal.

Shared vision begins with individuals because it is built from each employee's vision for how the organisation can improve and change (Wallace *et al.,* 1997). In order to have a shared vision, employees must understand the mission, values, vision and the goals of the organisation and have gained that perspective through an understanding of their personal mastery and an adjustment in their mental models. Senge (1990) explains further that "the practice of shared vision involves the skills of unearthing shared pictures of the future that foster genuine commitment and enrolment rather than compliance". In mastering this discipline, leaders learn the counter-productiveness of trying to dictate a vision, no matter how heartfelt (Senge, 2006: 9). Thus, the learning organisation involves both leaders and employees sharing their visions in order to meet the needs of the organisation.

Bui and Baruch (2010) suggest personal vision as the first antecedent to shared vision. They propose that during the acquirement of personal mastery, people bring along their personal visions. Personal visions are pictures or images that people carry in their minds (Senge, 2006). Personal visions in an organisation remain as isolated individuals' visions unless they are shared to build up a picture of the future the organisation seeks to create (Bui & Baruch, 2011). Building a shared vision should begin with a personal vision to which one is committed (Appelbaum & Goransson, 1997).

"Personal visions derive their power from an individual's deep caring for the vision while shared visions develop their power from a common caring" (Senge, 2006:192). "When there is a genuine vision, people excel and learn, not because they are told to, but because they want to" (Senge, 1990: 9). There is evidence that organisations can succeed in aligning personal vision into organisational vision (Adair, 2005).

The second antecedent to shared vision is personal values (Bui & Baruch, 2010). Personal values are rooted in an individual's own set of values, beliefs and aspirations (Schwarz *et*

al., 2006; Senge, 2006). As analysed above, similar to the antecedent of personal values in forming the discipline of personal mastery, personal values also contribute a certain degree of commitment to the shared visions (Senge, 2006).

Subsequently, Bui and Baruch (2010) offer leadership as the third antecedent to shared vision. Leaders who inspire others usually possess extraordinary visions and commitments to high ideals (Marsick & Watkins, 2003), and constantly look for new information and opportunities that can help fulfil their visions (Mintzberg, 1998). Mastering the discipline of shared vision means that people have to give up the idea that visions come from top management or from an institutionalized planning process; it will grow as people interact with their own visions – as they express their ideas and learn how to listen to the ideas of others (Tsai & Beverton, 2007). This does not mean that the role of leadership and management is neglected (Bui & Baruch, 2010). The leaders' new task for the future is building the learning organisations and sharing vision (Fullan, 1993). "Leaders are responsible for building organisations where people continually expand their capabilities to understand complexity, clarify vision, and improve shared mental models – that is, they are responsible for learning" (Fullan, 1993: 71).

The fourth antecedent to shared vision is organisational culture. Organisational culture is a major construct in management sciences (Schein, 2010), and can be measured in a valid and reliable manner (O'Reilly *et al*., 1991). Organisational culture can be regarded as a catalyst for creating a shared vision. "Sharing and building a vision for organisational learning in the public sector is far more complex" (Reeves & Boreham, 2006: 483). According to Senge (2006: 194), a shared vision is the primary step in allowing people to begin working together even if they might distrust each other. Sharing vision seems to be more effective in organisations that are embedded in a high societal collectivism and future orientation culture (Alavi & McCormick, 2004). Shared vision brings benefits for both individuals and organisations (Bui & Baruch, 2011). In terms of individuals, when people develop personal visions they are aware of what they are heading towards for their personal and professional success. It also creates a good public image of a healthy and wealthy education. Put together, shared vision would be a key to organisational sustainability and growth (Schwarz *et al*., 2006: 358).

Two moderators are suggested for shared vision by Bui and Baruch (2010). These are organisational size and communication systems. They argue that it is difficult for

organisations to gain shared vision if they are large and highly complex, with a sizeable number of operations and divisions. Smith and Saint-Onge (1996) concur that it is easier for small organisations to share and reach common agreements. As with team learning and mental models, communication systems play an important role in progressing and developing shared vision (Bui & Baruch, 2011). Personal vision and insights cannot be shared effectively without effective communication systems among members of the organisation (Senge, 2006).

A shared vision is intended to generate a clear organisational purpose and promote the necessary changes in the organisation so that it can achieve its desired future outcomes (Hoe, 2007). Baker and Sinkula (1999) illustrate that the critical aspect of a shared vision is that when it is universally known and understood it gives the organisation a sense of purpose and direction. A shared vision helps to create a sense of commonality within the organisation and provide coherence to varied activities. People who truly share a vision are connected and bound together by a common aspiration (Moloi *et al*., 2006:58).

Another intention of building a shared vision is to enable the organisation to act cohesively (Watkins, 1996). As uncertainties occur within the organisation, challenging the status quo, "the culture of the organisation serves as a filter, selecting what the organisation pays attention to" (Watkins, 1996:92). Hackman (2002:31) states that "one of the key components of effective teamwork which increases the effectiveness of the organisation, occurs when a team has a compelling direction for its work".

A sense of shared vision in a learning organisation may be based on the leader's personal vision, but is so deeply embedded in members that it is preserved even if the leader leaves the organisation. This vision consists of a "set of principles and guiding practices that foster genuine commitment and enrolment rather than compliance" among members (Senge, 1990:9). Senge's (1990) defining characteristics of the building shared vision discipline include a sense of the future, commitment, common aspirations or a sense of a larger purpose, personal vision, and leadership in the organisation that differs from the traditional as discussed above.

In stark contrast to a learning organisation, leaders in traditional organisations announce their visions "from on high" (Senge, 1990: 213), this suggests a top down approach. Vision is frequently recognized as "a single effort at providing overarching direction and meaning

to an institution's strategy" (Senge, 1990: 213). In a traditional organisation, leaders are more likely to construct a mission statement as part of the strategic vision for the organisation, without building on the personal visions of the organisation's members. All too often, the personal visions of members are ignored in the process of building a vision (Senge, 1990: 213).

Shared visions elicit specific reactions or attitudes from individuals, depending on the value of the shared vision, how the vision was created and implemented and the perceived success of the vision (Senge, 2006). As mentioned above, Senge (2006: 203-204) defines these various attitudes as:

- Commitment – the desire of the individual to create whatever structure is needed for the vision to succeed.
- Enrolment – the individual is inspired by the vision, and will do whatever it takes for the vision to be successful within the established structure.
- Genuine compliance – the individual sees the benefit of the vision and does everything as expected.
- Formal compliance – the individual sees the general benefit of the vision and does whatever is required, but nothing more.
- Grudging compliance – the individual does not see the benefit of the vision, and does what is expected only because the individual does not want to lose their job.
- Non-compliance – the individual does not see the benefit of the vision and will not do what is expected.
- Apathy – the individual is neither for nor against the vision, and has no interest or energy in working towards fulfilling the vision.

The paragraphs above indicate that a shared vision can be built. Building shared vision describes how members of the organisation "hold a shared picture of the future they seek to create" (Senge, 1990:9). Building shared vision is important for bringing people together and to foster a commitment to a shared future (Appelbaum & Goransson, 1997). Shared vision provides members of an organisation with a direction by which they can navigate (Griego *et al*., 2000), and a focus for learning for its employees (Senge, 1990).

Building shared vision has become a focal point in the efforts to achieve real and lasting school reform. Barth (2001:195) states that, "a widespread realisation seems to have come over the teaching profession that every school should have a compelling, shared

conception of what the school should become". However, Barth (2001:195) also suggests that building shared vision is not always an easy task as "the fuzzy and crucial art of vision-making is badly in need of clarification. A school must make deliberate choices not only to have a vision and about what that vision shall be, but also of the means by which it intends to craft the vision" (Barth, 2001:203). Barth (2001:195) indicates that, "the capacity to create purposeful reform rests with the capacity of teachers to create an authentic vision for their school".

Leaders in the school are the key persons in making these conscious decisions to build shared vision. Their importance could either make or break the success of current reform efforts.

- **Benefits of shared vision in a school context**

Shared vision is essential in organisational learning as it provides a general guide on the knowledge needs. This broad direction helps to determine the types of knowledge that are needed and the types of knowledge acquisition and dissemination activities that should be encouraged (Hoe, 2007).

Shared vision will also ensure that only relevant and pertinent knowledge is acquired and subsequently disseminated within the organisation to achieve the organisational goals. If staff members have a shared vision, then the knowledge acquisition and dissemination processes can tolerate some inefficiency. This is because a shared vision helps to set the broad outlines for strategy development and leaves the specific details to emerge later. Every action may not be exactly on target but all actions will be pointed in the right direction (Hoe, 2007).

The concept of shared vision is an important foundation for proactive learning because it provides direction and focus for learning. This, in turn, fosters energy, commitment and purpose among organisational members. A shared vision helps to clarify an organisation's direction on what to do and what to learn. Nonaka and Takeuchi (1995) argue that an organisational intention drives the knowledge creation process. In organisational learning, consistency in purpose and attainment of goals can be enhanced through shared vision. Some scholars go so far as to say that shared vision is a prerequisite in developing any organisational learning capability (Barth, 2001). This is because a shared vision helps to create a supportive learning environment by aligning the various activities towards a

common goal (Bui & Baruch, (2011). While adaptive learning is possible without shared vision, generative learning occurs only when a group of people is striving to achieve something that matters deeply to them (Hoe, 2007).

Shared vision helps to inspire employees with compelling, consistent, clear pictures of what they want (Senge, 2006). In an ambiguous and uncertain environment, even if employees are motivated to learn, it is difficult to know what to learn (Hoe, 2007). With shared vision, managing through a maze of conflicting interests in an organisation becomes easier and less stressful. Therefore, empowering people toward a collective vision is a key characteristic of organisational learning (Baker & Sinkula, 1999). Employee's participation in the development of a vision creates an association with the organisation's goal and provides reason enough to accept change (Leana & Van Buren, 1999). In a learning organisation, principals may start by pursuing their own visions. Yet, as they listen to the visions of other teachers in the school, they begin to see that their own personal vision is part of a collective vision (Moloi, 2010). This realisation deepens the principal's vision and activates a sense of responsibility and commitment for the shared vision. Shared visions empower teachers with capacities to build collaborative work cultures and networks of engagement that can help develop and sustain such cultures in the learning school (Rowley & Gibbs, 2008).

Shared vision is a proactive measure for continuous learning (Hoe, 2007). Active involvement of organisational members in development, communication, dissemination and implementation of organisational goals through inquiry and dialogue, promotes team learning (Wang & Raqif, 2009). The employees feel empowered and develop a sense of purpose and direction. Another benefit of having a shared vision is that the staff can make decisions that are synergistic with the school's outcomes (Bui & Baruch, 2010). There is no need to run those decisions up the chain of command because every staff member, not just senior management, has a clear idea of the school's strategic outcomes (Bui & Baruch, 2011). Therefore, shared vision replaces other forms of control as the driver of consistency of purpose within the organisation.

In addition, a shared vision provides guidance on what to preserve and what to change (Hoe, 2007). This is an important aspect in a fast-changing environment where change is expected and employees need to distinguish between what needs to be changed and what

remains the status quo. Without shared vision, individuals are less likely to share desired organisational outcomes (Baker & Sinkula, 1999) and know what the organisational expectations and outcomes are. The lack of a universally understood organisational focus lowers the motivation to learn (Hoe, 2007). As such, the attitudes individuals possess regarding shared visions are critical. Understanding the emotional connection an individual has to a specific shared vision helps to determine an individual's actions and ability to be productive within a system (Senge, 2006). When discussing a shared vision, it is reasonable to expect a range of attitudes amongst a group of employees, including teachers. For instance, effective implementation of a policy can have a strong impact on the organisation. The culture of the school needs to be structured in a way in which the policy becomes an illumination of best practice for learners and not a mandate (Rowley & Gibbs, 2008). As Senge (2006) notes, if the individual in the system can see him or herself as an essential part of the shared vision and the production of the system, a transformation of behaviour and productivity is likely to follow. A key component to establishing this culture is addressed in the following section, discipline of team learning.

3.2.1.5 Team learning

Another discipline of learning organisations, team learning, focuses on the belief that the ability of the group is greater than the sum of the individual parts (Friedman & Allen, 2011). Team learning is "the process of aligning and developing the capacity of a team to create the results its members truly desire" (Senge, 1990: 236). Kools and Stoll (2016) describe team learning in a similar manner, adding that team learning has to do with alignment, which is a state of congruence between organisational sub-elements and their environment. What this means is that, when teachers function in a cohesive group, committed to the common purpose of their school, they are in alignment. These scholars purport that building alignment enhances the team's capacity to think together and act in synergistic ways, with full co-ordination and a sense of unity, because the team members know each other's hearts. This means they are connected and committed to a purpose (Moloi *et al*., 2006). Team learning is a discipline by which personal mastery and shared vision are brought together.

Senge (1990) believes that team learning is fundamental to learning organisations because teams, rather than individual members, provide the basic learning unit in contemporary organisations. This type of learning is related to what Easterby-Smith (1997)

refers to as action learning. Easterby-Smith (1997: 1088) explains that “action learning stresses the need to integrate cognition and action, and theory and behaviour. The practical expression of action learning involves colleagues learning from each other in small groups as they tackle real problems in their work”. When team learning occurs, “not only are people producing extraordinary results but the individual members are growing more rapidly than could have occurred otherwise” (Senge, 1990: 10).

In order to achieve excellent functional team dynamics, team learning is a primary importance. Hackman (2002:16) states that one of the key components of effective teamwork that increases the effectiveness of the organisation occurs when a team “is a real team rather than a team in name only”. The author also indicates that one of the key components of effective teamwork, occurs when a team “has an enabling structure that facilitates rather than impedes teamwork and operates within a supportive organisational context” (Hackman, 2002:16).

Teams, and not individuals, are the fundamental learning units and unless a team can learn, then the organisation cannot learn. Consequently, team learning focuses on the learning ability of the group and balances the need to be responsive to others with that of advocacy. In other words, team learning teaches team members to listen to the perceptions of others in order to arrive at shared meanings and mutual understanding (Moloi *et al.,* 2006). Watkins (1996:89) also emphasizes the importance of team learning by stating that, “team learning must address the group’s tendencies toward helplessness and conformity by encouraging collaboration, empowerment and critical reflection”.

Senge (1990) defines the characteristics of team learning as including alignment, dialogue, discussion and practice. For the purpose of this study only alignment will be discussed in this paragraph. Alignment is best seen when “a group of people function as a whole” (Senge, 1990:234). It occurs when members of a learning organisation have a common purpose, a shared vision, and “understanding of how to complement one another’s efforts” (Senge, 1990:234). Alignment is different from agreement in the sense that alignment “has the connotation of arranging a group of scattered elements so they function as a whole, by orienting them all to a common awareness of each other, their purpose and their current reality” (Senge, 2000:74). Building alignment does not mean hiding or overlooking disagreements members may have with one another, rather, members “develop the capacity to use their disagreements to make their collective understanding richer” (Senge,

1994:352). This discourse of team learning is therefore, about teachers bringing their efforts into alignment with one another and with the school.

Bui and Baruch (2010) argue that team learning is influenced by five main antecedents: team commitment, leadership, goals setting, development and training, organisational culture (Bui & Baruch, 2010). Team learning appears as “a concerted effort” to get all people participating in innovation (Molnar & Mulvihill, 2003:172). In team commitment all the members manifest a level of collective intelligence greater than the sum of the intelligence of the individual members (Senge, 2006). In line with the previous section on mental models, team learning cannot happen without individual engagement and team commitment (Ellemers *et al*., 1998). According to Senge (2006), talented individuals do not ensure the creation of talented teams if they do not have shared vision. Katzenbach and Smith (2004) stress that the essence of team learning is a shared commitment.

Leadership is another antecedent to team learning. The most successful teams have leaders who proactively manage the team learning efforts (Edmondson *et al*., 2004; Marsick & Watkins, 2003). “Leadership is about culture building that allows people to be part of a team that learns together” (Sackney & Walker, 2006: 355). Leadership serves as the soul of the team, inspiring the innovation and creation of knowledge in team members. Empowering is the fundamental component in quality leadership. “It involves releasing the potential of individuals – allowing them to flourish and grow, to release their capacity for infinite improvement” (Bell & Harrison, 1998: 60). For team learning, it is not necessary to have a leader, but leadership should lie in each team member.

The third antecedent to team learning is goal setting. Goal setting is typically associated with management by objectives, as suggested by Drucker (1954). While no longer a novel idea, it is important in order to measure the result of team learning. Earlier, Ivancevich and McMahon (1977) found that the more educated people are, the more participative and effective their goal setting is. Once people are committed to team learning, they set clear goals for the team and themselves.

Development and training is the fourth antecedent to this discipline. Team skills are important for successful team learning (Druskat & Kayes, 2000). To be effective, team members must possess both genetic and specific team competencies (Prichard *et al*., 2006). Team skills training enhances collaborative learning (Prichard *et al.,* 2006).

Garavan (1997) states that team learning and performance is a team skill which needs to be practised if it is to result in improved individual and organisational effectiveness. Strong emphasis on-job training may generate competitive advantage (Dalin, 1998), and team skill training can be one of these forms of training.

The fifth antecedent for team learning is organisational culture. In a similar way to that described and analysed in the above section about mental models, organisational culture is an antecedent determining the effectiveness of team learning. Albeit there is a scarcity of studies exploring this relationship, the impact of culture on learning is inevitable in the knowledge economy (Tyran & Gibson, 2008). Gephart *et al.* (1996: 39) assert that "a learning organisation's culture should support and reward learning and innovation; promote inquiry, dialogue, risk-taking and experimentation; allow mistakes to be shared and viewed as opportunities for learning and value the well-being of all employees".

Bui and Baruch (2010) posit that both "improved team performance" and "knowledge sharing" are the anticipated outcomes of team learning. Research suggests that organisational benefits of team learning include increased workplace productivity, improvements to service quality, a reduced management structure, low level of absenteeism and reduced employee turnover (Park *et al*., 2005). Furthermore, team learning positively relates to team performance (Chan *et al*., 2003). Team learning plays a critical role in a knowledge-creating organisation as team members generate new ideas through dialogue and discussion (Senge, 1990). This process, therefore, helps the sharing of knowledge among members (An & Reigeluth, 2005).

Similar to the analysis in the section about mental models, Bui and Baruch (2011) propose the same possible moderators for this discipline. Team learning needs communication to promote dialogue within the team. Communication boosts the exchange of knowledge, information and sometimes consolation. Communication is assumed to be a moderator rather than an antecedent because the association between the team learning and its outcomes will work positively if there is clear and strong communication, whereas under poor communication conditions, the outcomes might lead to the opposite direction. In addition, appropriate teaching and learning environment would moderate the association between the discipline of team learning and its outcomes. People in the organisation will aspire to conduct a good job if they are provided with the right support (Jackson,

2003:126). Such an environment generates time and resources for people to learn at work. It is where people value the learning among team members (Marsick & Watkins, 2003).

- **The impact of team learning on school success**

When team learning is combined with other four learning disciplines, which are personal mastery, shared vision, mental models and systems thinking, they constitute a way of attaining effective individual and school development and collective leadership. Research by Moloi *et al*. (2006:65) indicate that the basis for learning lies in the following capabilities:

- the ability to co-create shared knowledge and self-mastery (deeper understanding);
- development of mental models and self- knowledge;
- shared aspirations and shared understanding;
- dialogue (sustained conversation) and inquiry into everyday experience and what people take for granted; and
- esteem, trust, confidence and commitment to the truth, while acting in an aligned way.

3.3 CHAPTER SUMMARY

The preceeding discussion shares light on Senge's learning organisations which formed the theoretical framework of this study. This theory was chosen because it is centrally concerned with implementation. In order for schools to be health-promoting, they have to adopt and embrace such status. This is a new terrain for schools in South Africa, their ability to adapt to the new challenge of promoting healthy settings is tested. The schools therefore need to focus on individual, team and organisation learning. In learning new roles and responsibilities and implementation of new innovations personal mastery becomes important in order for one to change his/her mental models. Shared vision about health-promotion should build on personal vision. A coordinated effort of team members can only be achieved through team learning.

The next chapter provides the research methodology that was used to gather data to expose the perceptions of the participants on the research questions indicated in Chapter 1.

CHAPTER 4
RESEARCH METHODOLOGY

4.1 INTRODUCTION

The aim of this chapter is to describe the methodology utilized by the researcher to conduct the research. It outlines the procedures that were followed to gather data that was relevant to the primary aim of this research, which is how the professional development support principals in the promotion of healthy school environments in the Sedibeng districts, Gauteng Province. Based on the fact that all scientific research is conducted within a specific paradigm, it was crucial to start by exploring the research paradigm that was applied as a foundation on which the empirical research was constructed (cf. 4.2). Thereafter, the researcher explains the chosen research method (cf. 4.3). The researcher had to find participants who had experience of the phenomenon under investigation, and who were willing to share their thoughts to help in illuminating, interpreting and understanding the phenomenon better. Then, the research strategy (cf. 4.3.1), research participants (cf. 4.3.2), data collection methods (cf. 4.4) and data analysis (cf. 4.5) discussed. Ethical considerations that intended to respect the participants' rights are discussed in the last section.

4.2 RESEARCH PARADIGM

The interpretive paradigm was used in this study as the researcher's aim was to understand people's experiences. De Vos *et al.* (2011: 6) indicate that the interpretive social science can be traced to the German sociologist Max Weber and the German philosopher Dilthey, who argue that there are two fundamentally different types of science, the natural sciences and the human sciences. The former type is based on abstract explanation, while the latter is rooted in an assumed understanding of everyday lived experience of people in specific historical settings, this is another one of the reasons for the choice of this paradigm. Babbie and Mouton (2008) maintain that all humans attempt to make sense of their worlds, in so doing, they continuously interpret, create, give meaning, define, justify and rationalise daily actions.

Interpretivism thus focuses on exploring the complexity of social phenomena with a view to gaining understanding. The purpose of research in interpretivism is understanding and interpreting everyday happenings (events), experiences and social structures – as well as

the values people attach to these phenomena (Collis & Hussey, 2009:56-57; Rubin & Babbie, 2010:37). Interpretivist believe that social reality is subjective because it is shaped by the perceptions of the participants, as well as the values and aims of the researcher (Neuman, 2003). This research relied on the perceptions of participants based on their lived experiences. A field research was conducted where much time was spent in direct contact with the participants. In so doing, the researcher wanted to understand the context as she believes that reality is socially constructed. To satisfy this requirement data collection in this research involved participants describing their experiences of professional development in the promotion of healthy school environments in their natural settings, which allowed the researcher to understand the phenomenon through the perceptions and experiences of the participants.

4.3 RESEARCH METHOD

In line with interpretivist paradigm, the researcher chose the qualitative research approach because it allowed her to obtain data from the participants in their natural setting. Mouton (2009:107) believes that the strength of the qualitative research approach lies in the fact that "it studies people in terms of their own definition of the world (the insider perspective), it focuses on the subjective experiences of individuals and it is sensitive to the contexts in which people interact with each other".

Terre Blanche, Durkheim and Painter (2006:387) add that "qualitative researchers want to make sense of feelings, experiences, social situations or phenomena as they occur in the real world and therefore to study them in their natural setting". The researcher employed the qualitative research approach in this study in order to understand participants' perceptions and experiences of the effectiveness of PD of principals in the promotion of healthy school environments. This understanding was achieved by analysing the many contexts of the participants and by analysing their meanings of situations and events. This is in line with Creswell *et al*. (2010:50) who describe qualitative research as a research approach "that attempts to collect rich descriptive data on a particular phenomenon with the intention of developing an understanding of that phenomenon. It focuses on how individuals and groups view and understand the world and construct meaning out of their experiences". In this study, the researcher attempted to collect rich data by identifying participants who were knowledgeable about the phenomenon; and asking probing questions in order to understand the participants' views.

As mentioned earlier, the underlying principle in qualitative research is that the qualitative researcher aims to understand the meaning that people attach to everyday life (Munonde, 2007:77). This can be done by entering their natural settings. The researcher interacted with the school principals, HODs, wellness coordinators and nutrition coordinators in their natural environments which are the schools where all these participants were working. This was in line with Maree's (2007:51) stipulation that qualitative research typically studies people or systems by interacting with and observing the participants in their natural environment and focusing on their meanings and interpretations. The choice of the method for the research was followed by a selection of a strategy of inquiry.

4.3.1 STRATEGY OF INQUIRY

According to Mouton (2001:55), as well as Fouché and De Vos (1998:123), a research design is a "plan or blueprint of how one intends to conduct research". In addition, Denzin and Lincoln (2005:22) define a research design as "a flexible set of guidelines that connect theoretical paradigms, first, to strategies of inquiry, and second, to the methods of collecting empirical material". Therefore, the strategy of inquiry or design best suited for this research was phenomenology. Phenomenology aims to explain a person-conscious experience of everyday life and social action (Schwand, Lincoln & Guba, 2007:316). As a principle in phenomenology data were presented in relatively raw form to demonstrate their authenticity. The interview responses are presented verbatim in Chapter 5. Phenomenology, according to Schwand *et al*. (2007), requires the researcher to view social life in an unbiased, open-minded way and thus to —bracket his or her own knowing of how encounters are socially structured or accomplished. Although the researcher is a former teacher herself she did not use her own knowledge about the phenomenon that is investigated in this research in order to describe the way principals in school settings accomplish their own sense of understanding the healthy school phenomenon. Rather, the researcher entered their life world and place herself with an open mind in order to understand participants' perceptions and interpretations of their experiences. This was mainly done by means of naturalistic methods of study, analysing the conversations and interacting with participants.

4.3.2 POPULATION AND SAMPLING

This study was conducted in the Sedibeng district municipality, in the Gauteng Province. The Sedibeng district municipality is located on the southern boundary of Gauteng adjacent to the Vaal River, which is the provincial boundary between the Gauteng Province and the Free State Province. The Sedibeng district is in-between the industrialised central and northern parts of Gauteng and the rural Free State in the South. De Vos, et al (2007: 194) define a population as "the totality of persons, events, organisation units, case records or other sampling units with which the research problem is concerned". According to Bless and Higson-Smith (1995: 85) "the entire set of objects, or group of people, which is the object of research, and about which the researcher wants to determine some characteristics, is called the population, or the universe". The study population consisted of all principals and teachers of all the public primary schools, which form part of the Sedibeng East and West education districts.

For the purposes of the study's data collection process, the researcher had to select a sample from the total population to participate in a research project. Sampling refers to the process of selecting a sample, as a small portion, or subset, from a defined population (Neuman, 2011:241). According to Brink (2001: 133), a sample is a group of elements, or units, selected from a defined population. Scott and Morrison (2007: 219) refer to sampling as "the selection of a subset of persons, or things, from a larger population, also known as a sampling frame". According to Onwuegbuzie and Collins (2007) determining the sampling scheme, as well as the sample size are important steps in any scientific enquiry. The sample for this study was four primary schools, two from the Sedibeng East and two from the Sedibeng West districts. From the selected schools, principals, HoDs, nutrition coordinators and wellness coordinators we requested to participate in the study. The sample size for this study is indicated below.

A non-probability type of sampling was employed in this research. According to Terre Blanche *et al*. (2006: 139), non-probability sampling refers to any kind of sampling where the selection of elements is not determined by the statistical principle of randomness. The researchers' focus was on selection of information-rich informants who were knowledgeable and informative about CPTD and its impact on the promotion of healthy school environments in their schools. Therefore, purposive sampling was suitable. According to Neuman (2011: 267) purposive sampling is based on "the judgement of an expert in selecting cases, or selects cases with a specific purpose in mind". The

researcher used her own judgement to identify those participants, who would be useful for the study. This judgement was informed by the researcher's knowledge of the study population, its elements and the nature of the research aims. This was based on the belief that some subjects are more suitable for the research than others. Those identified, were purposively chosen as participants. The inclusion criteria were based on their participation in the SACE CPTD sessions and or other school programmes for promotion of healthy environments. The exclusion criteria focused on principals who were not attending CPTD sessions and teachers that were not in involved in health promotion activities in their schools. The only schools that were chosen were those whose principals signed up for participation in the SACE CPTD and had at least minimum experience of three years as principals.

A snowball type of sampling was used to get to schools that were suitable to participate in this research. Snowball sampling is defined as a process of selecting sample using networks. In snowball sampling, the researcher collects data on the few members of the target population that can be located, then seeks information from those individuals that enable the researcher to locate other members of that population (Babbie & Mouton, 2001). This process is continued until the required number or a saturation point has been reached, in terms of the information being sought.

It was difficult to know which principal attended CPTD sessions and who did not by just using a list of schools from the district. The researcher approached a primary school whose principal she knew during the time when she was still teaching at schools. This principal was not attending CPTD workshops but she acted as an informer. She knew one principal who attended. The researcher then went to this school where the principal was attending CPTD workshops, the principal agreed to participate. This principal referred her to other principals of the three schools that participated in this research.

4.3.2.1 Sample size

In this study the researcher interviewed eight teachers, four HODs, and four principals from primary schools. Sedibeng education districts include schools in the informal settlement areas, townships and suburbs. As indicated in the Table 4.1 the participating schools came from all the mentioned areas.

The number of primary public schools in the Sedibeng education districts, East and West is 148 and this number includes former model C schools. Sixteen participants took part in the study.

Gender was spilt into 14 females and two males. The principals from school A and D were males. Teachers in their respective post levels were interviewed: 8 post level one teachers, two from each school; three of the four SMT members were Foundation Phase HODs, except one from School C who was an HOD in the Intermediate and Senior Phase.

Table 4-2: Sample

Area where the school is located	Schools	Number of participants	Participants
Town school	A	4	1 principal, 1 SMT member, 1 Wellness coordinator, 1 Nutrition committee coordinator.
Informal settlement	B	4	1 principal, 1 SMT member, 1 Wellness and Health coordinator, 1 Nutrition committee coordinator.
Township school	C	4	1 principal, 1 SMT member, 1 Wellness coordinator, 1 Nutrition and uniform committee coordinator.
Formal settlement with informal settlements around	D	4	1 principal, 1 SMT member, 1 Health coordinator, 1 Nutrition committee coordinator.
	4	16	16

The data collection process, capturing, analysis and interpretation are discussed in the following sections.

4.4 DATA GATHERING

Creswell (2003:185-188) suggests that “in a qualitative research study, data collection includes setting the boundaries for the study, identifying the purposefully selected individuals for the proposed study, collecting data, and establishing a protocol for recording information”. The focus of this section is on data gathering tools that were used. Interviews were used as primary data collection tool. According to Mack, Woodsong, Macqueen, Guest and Namey (2005), qualitative interviews are effective research instruments to explore profound insights into how people experience, feel and interpret the social world. This type of interviews collects detailed information in a style that is somewhat conversational.

For this reason, semi-structured interview technique was chosen to encourage the participants to discuss freely their own understanding of healthy school and how the PTD activities have assisted them in the implementation of healthy school initiatives. Dawson (2002) suggests that the semi-structured interview is possibly the most widespread type used in qualitative research. The advantage of using semi-structured interviews in this research was to probe so as to get clarity and more data. Darmer (1995: 252-272) asserts that the semi-structured interview is neither a free conversation, nor a highly structured questionnaire. Semi structured interviews were chosen for this current study as a primary data collection tool which allowed the researcher to regulate the order of the questions, while the participants had the liberty to expand their ideas and converse in detail about the phenomenon investigated. As recommended by Dawson (2002), the researcher pre-established a set of interview questions (Appendix E) that were used as a guide during the interview sessions. Two interview guides were developed: one for the principals who attended CPTD sessions and another for all the other participants mentioned in table 4.1.

The reason for drawing a different interview schedule for the other participants was to acquire information on how they perceived the principal's professional development in relation to PHSE. The questions were open-ended, covering topics on promotion of healthy school environments and professional development of principals, and were guided by some general questions to be answered by the teachers such as the position of the teacher at the school and number of years in the post. Open-ended interviews allow the participants to answer the same questions, thus allowing increasing comparability of the responses (Cohen, Manion & Morrison, 2005).

Before commencing with the interviews, a brief introduction reiterated the researcher's name, position, institution and the aim of the study. Next, the participants were asked about their position/s and responsibilities, as a way of collecting more detail about them. It was also anticipated that this process would create a relaxing atmosphere to conduct the interviews, as well as facilitate interaction with the participants.

The interviews were conducted face-to-face at each participant's school, to obtain first-hand, in-depth information concerning their knowledge and perceptions of how effective the CPTD trainings were in the promotion of healthy school environments. During interviews the researcher had asked the participants questions that she had prepared in order to get data for her study. Interviews took place over a two-month period from April to

June, 2018 and lasted between 45 minutes and an hour. The interview techniques utilized in this study were active listening, clarification, linking and reflection. According to Marshall (2006), an interviewer should be excellent at listening skills, question framing, clarification and personal interaction as well as gentle probing for elaboration.

The interviews were conducted in English because all the participants understood English. All the interviews were recorded, with the permission of each participant, and hand-written notes of the participant's responses were kept by the researcher throughout the interviews. At the conclusion of each interview, the researcher thanked the participants for their participation and undertook to supply them with a report of the research results. Recordings were transcribed verbatim. After the transcriptions of the interview recordings the researcher made appointments with the participants again to show them the transcripts and asked them to read them and verify that she captured what they said in the interviews correctly. Then the transcripts were analysed. The table below depicts qualitative data collection process which the researcher followed:

Table 4.2 Presentation of the qualitative data collection process

Step 1	Permission to conduct research was sought and granted by the Ethics committee of the North West University (*cf*. Appendix A).
Step 2	Permission was sought and granted by the Gauteng department of education to conduct interviews in the Sedibeng East and West districts.(*cf*. Appendix B)
Step 3	After the permission was granted all principals of the approached schools were consulted to request permission to conduct research at their schools.
Step 4	At the meeting with the principal from each of the respective school the title and the aim of the study was explained. Letters requesting permission (*cf*. Appendix C), recruitment letters and the consent were handed out to principals. Thereafter, the researcher met with other participants and informed them of the purpose of the study and requested them to participate in the study. Upon agreeing they were handed the consent forms (*cf*. Appendix D).
Step 5	After the interview schedule (*cf*. Appendix E) was developed and checked by the supervisor, schools were called again to check whether the dates were still well-suited for them. After confirmation the process of interviews started with the first school.
Step 6	An audio recorder was used to record the responses of the participants. Permission was asked from the participants to record their voices. Tape recorder was tested first before the commencement of each interview Interviews were conducted and transcribed accordingly. Notes were also taken to verify the information from the tapes.
Step 7	Recordings were transcribed verbatim
Step 8	Themes were identified as discussed in the next section

In addition, documents analysis was also done. When documents are used as a data collection strategy, it will shed light on the phenomenon in question by presenting a written communication about the phenomenon (Nieuwenhuis, 2007). Documents might be published or unpublished and can take on many forms such as annual reports, journals, newspaper articles amongst others. Documents might also be primary or secondary sources of data collection. The documents that were examined in this research included the memorandum from the district office, school policies relating to promotion of healthy school environments and the minutes of the meetings. These documents were used concurrently with the interviews in order to make sure that the data can be crystallized.

4.5 DATA ANALYSIS

According to Creswell (2009: 184), data analysis is an ongoing process involving continuous reflection about the data. After the data were collected from different sources, the next stage involved analysing them using content analysis.

Content analysis involved a process of breaking down data into smaller sensible units to reveal their characteristic elements so that meaning could be made. Leedy and Ormrod (2005: 150) are in accord with this process of breaking down data into their essential fragments but further indicate that associate uses can be made between conceptions, thereby providing the foundation for new images. McMillan and Schumacher (2006: 364) also argue that qualitative data can be broken down by means of coding, categorizing, and interpreting data to provide explanations of a single phenomenon of interest. The process of data analysis is discussed below.

4.5.1 Analysis of interview data

Data analysis in this research was done in steps. The first step was intended to make sense of the raw data. The researcher started by printing out the transcripts so as to have a hard copy of the interview responses. It was after reading the transcripts a number of times that she started making sense of the text. The researcher then managed to identify common features in the transcripts. Whilst reading, the researcher started highlighting the important aspects that were coming out of the data in dissimilar colours, after going through the highlighted words and phrases common aspects stated to emerge. These were codes that were developed directly from examining the data. The researcher started grouping the common codes by sketching out connections between them. Each group of

codes was given a common name which was called a category. The researcher wrote all the categories on a flipchart, the idea was to get the categories spread out in front of her so that she could draw lines to indicate how they were connected. After looking carefully at the categories and identified how each was linked or related to other categories, words from the text were used to name the categories. The researcher then read the transcripts again to check for quotes that support the categories. These categories were used to separate data from the main ideas. The researcher had to discuss them with the supervisor to see if they make sense.

The second step included thematising, in order to bring some order and structure into categories created. The categories that were related to the same issue were grouped under one umbrella name, called a theme. Identifying themes was not the end; the researcher had to go through them several times to check how they connect with her study. Some topics after being found that they did not have any relation to the topic, were rearranged under different themes. At the end the themes became very clear from the text. The researcher had to refine them several times until she was satisfied that they were correctly placed, and above all that they addressed the research question which was to establish how effective CPTD of principals in the promotion of healthy school environments.

From this discussion, it can be deduced that an inductive process was used in identifying themes in this research. According to MacMillan and Schumacher (2006: 364) and Nieuwenhuis (2007: 99) the main purpose of using the inductive process in the analyses of qualitative data is to allow the research findings to emerge from the frequent, dominant or significant themes inherent in raw data, without the restraints imposed by a more structured theoretical course. Table 4.3 indicates the inductive process employed in this research in the classification of themes:

Table 4.3: The coding process in inductive analysis

Reading through transcripts	Identification of codes	Group the codes to form categories	Reduce overlap and redundancy	Read through transcripts to identify quotes to support
The researcher had 65 pages of transcripts after recording the interviews.	Identification of codes was done after the transcribing of the interviews.	Many codes were identified. The codes were grouped into categories.	There were a few categories.	4 themes

The 20 pages of the transcripts are attached in this dissertation as proof, as attaching all the transcripts would make the document too big (*cf*. Appendix F). The data yielded four themes. These were:

- Theme 1: Understanding of a health-promoting school.
- Theme 2: How health promotion was implemented in schools.
- Theme 3 The contribution of the professional development of principals to the promotion of healthy school environments–
- Theme 4: Factors that contributed to the failure to use information from the PD to the PHSE

4.6 QUALITY CRITERIA

In order to ensure trustworthiness in this research the researcher had to address credibility, transferability, dependability and confirmability.

4.6.1 Credibility

Credibility is the confidence that can be placed in the truth of the research findings. Credibility "establishes whether the research findings represent plausible information drawn from the participants' original data and is a correct interpretation of the participants' original views" (Terre Blanche, Durrheim & Painter, 2006:91). Credibility in this research was assured by means of triangulation. Data from multiple sources: interviews and documents were collected. The data from these sources were corroborated, that is cross checking data from interviews and documents collected from schools. Moreover, after the data was transcribed, the information in the transcripts was checked with each participant for accuracy. The codes and themes were checked by the supervisors, so as to ascertain

that all themes were coming from the data gathered from participants. An audit trail is included in this document.

4.6.2 Transferability

Transferability refers to “the degree to which the results of qualitative research can be transferred to other contexts or settings with other respondents” (Tracy, 2010). Transferability refers to the belief that reputation management is context bound (Mertens, 2010). The belief led to the collection of a detailed descriptive data that permitted comparison of a given context to which transfer might be contemplated. The researcher also developed detailed descriptions of the context of the schools that participated in the research. This is based on the belief that in order to ensure transferability the reader must identify with the setting and also make judgement on whether the research can be done in his/her context or not. The researcher facilitated the transferability judgment by providing thick description of the data and the participants, how it was collected and analysed.

4.6.2 Dependability

Dependability refers to the stability of the data (De Vos *et al*. 2011). To address the issues of the dependability of data the researcher used more than one method of data collection so that the weakness of the other be compensated by the strength of another. For an example the document analysis contributed to the researcher’s understanding of the data collected by means of interviews with the participants. An audit trail was also established to enable the reader to understand the process of data collection, analysis and interpretation. As part of the audit trail, the statements of the methods used to collect and analyse data, interview schedule, transcripts and coding process are provided.

4.6.3 Conformability

Conformability refers to the neutrality or objectivity of data (Trochim, 2006). The researcher ensured conformability by making use of member checks and also giving participants a chance to verify the analysis and the findings of the research. Participants were given back the transcribed data, to check as to whether their data was not misconstrued.

4.7 ETHICAL CONSIDERATIONS

According to Strydom (2005:63), research ethics prevent research abuses by placing emphasis on the humane and sensitive treatment of respondents and participants. As most of the educational research deals with human beings, it is necessary to understand the ethical and legal responsibility of conducting such a research. Qualitative researchers therefore need to be sensitive to ethical principles because of their topic, face-to-face interactive data collection, an emergent design and reciprocity with participants (McMillan & Schumacher, 2010:117). Mouton (2009:243) lists ethical requirements as the rights of "participants: the right to privacy (including the right to refuse to participate in the research, the right to anonymity and confidentiality, the right to full disclosure about the research (informed consent), the right not to be harmed in any manner (physically, psychologically or emotionally) and the rights of vulnerable groups". By adhering to the above, the following measures were undertaken to adhere to the ethical principles outlined in the preceding discussion.

Firstly, the researcher obtained institutional ethics clearance from the BASSREC ethics committee of the North West University. The application to conduct this research was granted, ethics approval number is: NWU-HS-2017-0078. Secondly, the researcher obtained permission from the Gauteng Department of Education to conduct the study in Sedibeng district schools (cf Appendix B). The researcher also obtained the consent to conduct interviews from Sedibeng East and West districts schools verbally. Thereafter, letters requesting participation were forwarded to the principals of the schools in order to get consent to interview the principal and the teachers (cf. Appendix C). After permission was granted, participating principals and teachers were given consent forms to sign (cf. Appendix D). The consent forms stipulated conditions of the research, what the research was about, what was expected of the participants, and how data would be gathered.

Assurance was given to participants regarding the confidentiality of information and their names and schools. Ethical considerations were explained to the principals and all participants. The assurance was given that their views will be kept safe and treated as confidential. Their names were not mentioned in the research instead participants were presented as participant 1A, 1B and so forth. The researcher coded names of schools as A, B, C and D. Despite all the above-mentioned precautions, it was made clear to the

participants that the research was only for academic purposes and their participation in it was absolutely voluntary.

In ensuring honesty in the development of this research project, data was not fabricated, all data indicated in the transcripts was from the responses of the research participants and documentation obtained from the schools. Also, the information in this research was not plagiarised; all sources were acknowledged and indicated in the reference list.

4.8 CONCLUSION

This chapter dealt with the measures that were used to produce a study that is acceptable. The following items were explained above: that qualitative research approach and the rationale behind the choice of the qualitative approach in order to obtain data from the participants in the natural setting. The purposive sampling strategy chosen to select relevant participants and the use of interviews to generate data from the participants were explained. Coding and categorisation used for analysis and interpretation of data were described. Measures taken to ensure reliability, validity and the trustworthiness of the study were considered to make sure that the study was credible. Ethical principles were also considered.

CHAPTER 5
DATA PRESENTATION, ANALYSIS AND INTERPRETATION

5.1 INTRODUCTION

In the previous chapter the focus of the researcher was on the presentation of the research methodology. Data were collected through interviews and document analysis and were presented in that chapter. The aim of this chapter is to present and discuss data gathered from the principals, HODs and nutrition and wellness coordinators in schools in the Sedibeng districts.

The information on the profile of the participants and the results of the interviews with the principals, HODs, coordinators and teachers are presented below.

5.2 PROFILE OF PARTICIPANTS

The profile of the research participants in this research is presented in Table 5.1:

Table 5.1 Participants and their roles in schools

SCHOOLS	**Participants - Principals**	**Participants- teachers**
Schools A	**Participant 1-** (Male) Principal	**Participant 2** – (Female) Foundation phase HOD **Participant 3**- (Female) Wellness coordinator **Participant 4**- (Female) Nutrition committee coordinator
Schools B	**Participant 1**- (Female) Principal	**Participant 2**- (Female) Foundation Phase HOD, **Participant 3**- (Female) Wellness and Health coordinator, **Participant 4**- (Female) Nutrition committee coordinator.
Schools C	**Participant 1**- (Female) Principal, .	**Participant 2**- (Female) Intermediate Phase HOD **Participant 3**- (Female) Wellness coordinator **Participant 4**- (Female) Nutrition and uniform committee coordinator
Schools D	**Participant 1**- (Male) Principal	**Participant 2**- (Female) Foundation Phase HOD **Participant 3** - (Male) Health coordinator, **Participant 4** - (Male) Nutrition committee coordinator.

Most of the participants are females. This is common in primary schools in South Africa where most of the schools are headed by females. What is surprising is that only one male was a coordinator. Teachers become coordinators by volunteering or by being nominated by others who see them as suitable for such positions. All participating schools had two committees: one that focuses on the basic needs of learners and another that is concerned with the general well-being.

The next section provides the results of the empirical investigation that was conducted with the participants that are mentioned in the above table.

5.3 RESULTS OF THE EMPIRICAL DATA

In this section themes emerging from the responses of principals, HODs and health and wellness coordinators are presented. The data yielded four themes which will be discussed below. Excerpts from the responses were used to generate explanation and meaning of the themes.

Theme 1: Understanding of a health-promoting school

The question that was posed attempted to gather data from the principals and teachers regarding their understanding of a health-promoting school. The question posed to all the participants was: What is your understanding of a health promoting school? The participants' responses emphasized six areas: a focus on the physical health and well-being of learners, the physical environment of the school, the social environment of the school, school/community relationships, the development of personal health skills and school health services.

The quotes that are indicated below show the belief held by participants that a health promoting school has to focus on the health of all its members, it has to be prioritized, planned and not be selective. This impression was held mainly by participants in school A:

"a school that promotes the health of everyone in the school, teachers, learners, support staff and other people working in the school like the patrollers and food handlers because they are also members of our school community, my understanding is that a healthy school is a place where everyone and everything is healthy in and out (participant A1); it is a school that prioritizes the health of everybody in the school community (participant A2); a health promoting school is the school with plans on how to promote health of everyone working at school (participant A4)":

The conviction held by participants above is in agreement with that of the World Health Organisation (1996) that states that a health promoting school provides a setting where all members of the school community work together to provide learners with integrated and positive experiences and structures that promote their health.

To participants in school D because of the area their school was situated, which was the informal settlement, a health promoting school was indicated as a school that focuses

more on school safety. School safety contributes to both physical and psychological health of learners. The responses also point to the importance of working together and involvement of everyone within the school.

"a safe school (participant D1); a school where the environment is safe for teaching and learning to take place well (participant D2); a school where all members promote the safety of, staff, parents and the wider community (participant D3); it offers opportunities for, and requires commitments to, the provision of a safe and healthy environment (participant D4); health hazards that can put the lives of all the people in the school in danger such as open electric wires, broken windows (participant B4)".

The participants seemed to realise the importance of a safe environment and how it can contribute to teaching and learning. This notion is supported by literature that a safe school environment can directly bring effective learning and thereby contribute to the development of students as skilled and productive members of society (Sindhi, 2013). There is also a recognition that safety of a school cannot depend entirely on the school but it can be sustained by involving others.

It was evident that participants regarded clean, physical environment as important as most of them included it in their definition of a health promoting school. Participants seemed to view a healthy physical environment as significant. A healthy physical environment was perceived as a building block of a healthy school which is imperative in schools in the township. The fact that a healthy physical environment was not taken for granted by the participants, may be due to the understanding of how it impacts on health.

"the clean environment (participant A1); the classrooms are clean, the playgrounds are clean, toilets as well and learners are taught on how to be healthy at all times' (participant C1); it is also when the school teaching learners to keep the environment clean: playgrounds, toilets and their classrooms (participant C2); learners learn in clean classrooms, play in clean playgrounds and that the toilets are clean (participant C3); a school that takes the learners' health seriously they make sure that the environment is clean so that learners do not get diseases from unhealthy places in the school like the rubbish dump or sewage water (participant A3)".

To have a school environment that is clean and hygienic proves to be an important part of the health-promoting school. This holds true for Mathee and Byrne (1996) who maintain

that health promotion includes a focus on physical environment (*cf*. 2.3.2). There was a realisation that education about the importance of a healthy school environment is imperative. The participants also seemed to be aware of the negative impact of an unhealthy school environment on the health of individuals in it.

In summary, participants seemed to have a better comprehension of the building blocks of health promotion in schools. The understanding of the participants in this research was that health promotion focuses on people and their physical environment; their physical, psychological and emotional health and can be done through education and involvement of others.

Participants in different schools stressed different areas: others stressing a focus on an individual, others on the environment. Participants understood the health promoting school concept as requiring them to operate in a number of areas in addition to class-based curriculum implementation. The conception of a health promoting school is important as according to St Leger (1998), the success of the implementation of health promoting schools largely depends on school teachers' understandings of the building blocks of the health promoting schools. How the participants understood health promotion seemed to be directly linked to how it was implemented in their schools.

Theme 2: How health promotion was implemented in schools

Participants mentioned the implementation of health programmes that were meant to promote healthy schools environments. The question posed to all participants was: Which health promoting programmes are implemented in your school? A number of programmes were indicated as available in schools. All the participating schools implemented interventions that were focusing on physical well-being of learners. It was indicated by most participants in all participating schools that the NSNP was available.

"the other programme is nutrition (participant A1); a feeding scheme (participant C1); nutrition programme…. (participant D1); the NSNP (participant A2); we have the feeding scheme where learners get healthy food every day (participant C2); feeding scheme (participant D2); the Nutrition programme (participant B3); feeding scheme (participant D3); the feeding scheme learners (participant A4); the other programmes that we implement here at the school are the nutrition programme as you know that all learners get healthy food at school every day (participant B4); nutrition programme (participant C4)".

The availability of the nutrition programme in these schools is in line with the policy regarding the NSNP (2009/2010). The NSNP is an educational intervention aimed at enhancing the educational experience of Quintile 1-3 public school learners (Grade R to twelve). All schools in these Quintiles (classified according to the low socio-economic condition of the communities in which the school resided) are given a health-promoting status in South Africa. According to literature the NSNP benefits learners in many ways. It promotes school attendance, lessens hunger, improves concentration and thus aids the general heath development (Kolokoto, 2014).

Personal health skills were developed in two ways: they were taught in class as part of the curriculum; and by involvement of health professionals. Curriculum-based programmes were found to be implemented in all the schools. This was not surprising as the lessons about personal health skills are in the CAPS policy document which is compulsory for all grades. Participants mentioned sexual education, safety education, HIV/AIDS education, washing hands campaign, drug and alcohol abuse, bullying and physical education as being part of curriculum.

"*the programme on prevention of drug abuse (participant A1); the Life skills and LO periods…. the physical education (participant B1); we have programmes like the health education…we have pamphlets with information that encourages learners to wash their hands… (participant D1); we have the sports day on Thursdays (participant B2); we have the life skills subject where teachers teach learners about healthy living' (participant C2); the health and safety education (participant D2); we have the washing your hands campaign that is run by the district for Foundation phase learners (participant A3); washing of hands campaign…… the physical education; also we have a programme on teenage life-skills and how to prevent the spread of HIV/AIDS (participant B4); sexual education, drugs and tobacco and other hygiene (participant D4); we teach safety education (participant D2); we teach learners on how to deal with bullying (participant A1); we have serious cases of bullying learners have to be taught on how to deal with it (participant C4)".*

It seems that the CAPS document provides a wide range of topics that cover personal well-being, physical well-being emotional and psychological well-being. Health education has long been regarded as important in the literature. The teaching of physical education, sexual education, how to deal with bullying and how to prevent HIV/AIDS is in line with the

CAPS policy. According to the CAPS (DOE, 2012), these topics form part of the four study areas in Life Orientation (*cf*. 2.3.2). Also, in Grade R, the Life Skills Assessment standards require learners to know steps to ensure hygiene and to demonstrate precautions against communicable diseases (SA, 2002:12). The reason it is compulsory for public schools to teach health education could be to build learners' knowledge, skills, and positive attitudes about health in order to motivate them to improve and maintain their health, prevent disease and reduce risky behaviours. It is therefore commended that there is a focus on health education in the participating schools.

School health services are provided by the Department of Health in all the schools. The involvement of nurses in schools is guided by the Integrated School Health Policy (RSA, 2012). School nurses are responsible for providing health information, health assessments and immunization. It seemed that the schools did not only rely on nurses coming to school but also took initiative in inviting them.

"we get visitors from the department of health and they teach our learners about healthy living (participant C1); we have programmes like immunization of learners. (participant A2); we invite nurses to come and address the learners in the intermediate and senior phase (participant B2); we also have nurses visiting the school to check on the health of the learners (participant C2); there are nurses that come to the school, they will be dealing with the foundation phase learners and intermediate phase (participant A3); we work with the nurses to teach learners about specific issues like hygiene and sexual education (participant D3); we have nurses from the nearby clinic (participant A4); we work closely with the clinic (participant D4)".

The check-ups by professional health workers are essential in monitoring the well-being of learners and referrals for learners whose health status is not good. Health problems could be detected early and be dealt with before they become barriers to learning. The check-ups were therefore in line with the Integrated School Health Policy (RSA, 2012) which indicates that their goal is to contribute to improvement of the general health of children and the environmental condition (*cf*. 2.3.2). It is important to note that participants showed great reliance on external health-related organisations and seemed to be dependent on their materials and services to underpin their programmes. The involvement of the government departments in school health promotion could sustain the initiatives.

The other health promoting programme that was mentioned by most participants was the physical and emotional safety programme which included safeguarding the school. Once more this programme also involves a government department and community members.
"*programmes that deal vandalism where we work with the school patrollers and members of the community to ensure that the school is safe (participant A1); the safety programme (participant B1); the safety programme that includes scholar patrol, when in the school we make sure that there are no slippery surfaces where they can easily fall, and that there are no dangerous equipment lying around that can harm learners when playing during break. We also make sure that teachers attend their duty during breaks to monitor learner safety and to ensure that no bullying takes place among learners during break (participant D1); the safety programme that includes safety of learners for scholar patrol (participant D1); we have the scholar patrol (participant B2); we also have scholar patrol (participant C4); scholar patrol…community and the traffic department (participant D4)".*

It is a fundamental basic human right for all children from different socio-economic backgrounds, within a democratic society, to feel safe and secure in their environment. A school plays a pivotal role and is responsible for the creation of a secure and safe environment for children in their care, assuring parents/primary caregivers that their children will be protected from harm. However, although children spend most of their childhood at school, they are not freed from the different barriers that could hinder their development. These barriers include aspects of social, emotional and physical functioning, violence and bullying. It is important for schools to focus on the safety of its learners as mandated by law. The important fact is perhaps the realisation that health promotion cannot only be the responsibility of the school in order for it to be effective, hence the involvement of the community, learners and the traffic department.

The importance of a healthy physical environment is once more mentioned by participants. What was emphasized was the availability of a programme that intended to keep the physical environments in the participating schools clean. Besides having committee and including cleaning in their daily activities, schools also involved the Department of Labour. Eight participants mentioned having a cleaning programme in their schools:

"the surroundings are clean…. learners pick up the papers (participant C1); encourage healthy habits by ensuring that learners understand the importance of keeping their environment clean (participant D1); we have a *maintenance committee for the*

maintenance of the school grounds (participant A2); we have a duty rooster to make sure that teachers monitor that learners pick up papers after break so that we keep our environment clean (participant C2); EPWP people working at the school to clean the school yard and the classes (participant D2); the room where the food is being prepared is clean (participant D3); we have the school environment cleanliness programme (participant D4)".

According to UNESCO (2010), the cleaning and maintenance of the school surroundings and classrooms help learners to learn best (*cf*. 2.3.3). In the current study, cleanliness and hygiene within the school setting seemed to be high on the agenda for teachers and school principals. Once more, the involvement of a government department could indicate that the schools understand the importance of focusing on increasing their capacity by engaging other stakeholders.

Participants also mentioned the Employment Assistance Programme (EAP) that caters for wellness of teachers. The EAP was mentioned by four participants as one of the programmes that was available in their schools.

"the wellness programme for teachers is available (participant C1); the one that is close to my heart it is the EAP, the principals refer the teacher that needs assistance, teachers do not just go there on their own (participant B4); employees wellness programme caters for teachers' needs. Teachers get an opportunity to be referred to specialists (participant C4); employee assistance programme helps teachers that need counselling (participant A1)".

The fact that only four participants mentioned the presence of the EAP concurs with the study by Konu and Rimpelä (2002:85) who contend that, well-being of teachers in schools, "has not gained a central role in development programmes but is mainly seen as a subject separate from the comprehensive goal of schooling" (*cf*. 2.3.2).

However, participants are aware of the EAP programme and how it can assist them with their health. It is worrying that teachers cannot approach the offices of EAP on their own they have to do that through their principals. This could create reluctance in educators to access such services even if they need them.

The programmes indicated above were guided by health policies. Participants from different schools perceived policies as important in a health promoting school.

‘’a school which implements health policies, school’s health programmes including physical education’ (participant C4); a school that makes sure that there are policies, facilities that promote healthy school in all areas (participant B3); school where policies and processes improve the health of the learners (participant D1); the school with policies or plans on how to promote health at school (participant A4); a school that has in its policies and systems in place can be able to deal with the health issues around the school (participant A3); programmes and policies in place (participant D2)”.

It seems that there is acknowledgement of guidance and structure that is provided by national and school-based policies. The AHPSA (2008) states that a HPS is one which has an organised set of policies, intended to protect and promote the health and well-being of students, staff and school community members. Having policies and implementing them effectively can have a positive impact on the learners and staff members.

All the schools indicated having health policies. However, it was interesting to notice that participants were familiar with the contents of the policies. Being familiar with the content of the health policies could mean that these policies were implemented at these schools. In the five policies that were mentioned, only one pertained to the wellness of teachers:

‘’the health policy is about different things like how we handle medical emergencies, confidentiality about learners’ health status and how we deal with infectious diseases (participant A1); health policy is there at school together with the district health policy which gives guidelines on how to maintain health at school (participant A2); the health policy deals with all the health issues in the school from teaching learners the importance of washing their hands to procedures on dealing with issues like HIV/AIDS (participant B1); we have the policy on health like when the learner is bleeding that we must use the gloves (participant B3); the Health and Safety policy is also important so much that even in our budget the SGB has made funds available for its implementation. This policy involves the management of the nutrition programme, how we deal with infectious diseases, HIV and AIDS and First Aid (participant C1); the health and safety policy describes many things like the health of the learners such as handling learners’ information with confidentiality (participant C2); the other policy that we use as a guideline is the integrated school health policy. This is a new policy, it talks about how and what needs to be done by the schools, the social development and the health development in order to maximize the health

aspects of the learners (participant D1); the integrated school health policy guides us on how the school is to work with the department of health and social development on issues relating to health of the learners (participant D4)".

The teachers' awareness of the contents of health policies that are implemented for health promotion is critical in determining the success of the programme. According to Kolokoto (2014) health promotion starts with the development and implementation of health policies that help the school managers to think about the importance of promotion of healthy environments, development of a vision for the school and strategies on how to implement the health programmes. The Department of Health (2002) also adds that in order to address barriers on health promotion the school health policy is required to strengthen and vertically facilitate the creation and maintenance of healthy school environments. However, the policies have to be implemented effectively in order to benefit the recipients.

In the foregoing paragraphs, safety was regarded as an important aspect in the schools as a component of health promotion. Twelve of the sixteen participants mentioned the safety policy as one of the policies they used to promote healthy school environments. The safety policies were covering a range of aspects such as maintaining security by closing gates, making sure that playgrounds are free from hazardous objects and dealing with bullying.

''we also have the school safety and security policies which deals with making sure that the school is a safe place for all the learners and teachers (participant A1); the Safety and Security policy and the Health and Safety policy (participant A1); the safety policy talks about how the school keeps learners safe around the school (participant C2); the safety and security policy (participant D2); safety policy (participant A3); the safety policy for closing the gates and making sure that the playgrounds are safe there are no objects that can hurt the learners when they are playing (participant B3); safety and security policy (participant C3); the health and safety policy (participant A4); the health and safety policy (participant B4); safety policies (participant C4); policies that describe how to prevent and address school bullying (participant D3); the Youth and Adolescent policy which looks at how to deal with issues like bullying (participant B4)".

The emphasis in the above statements on safety and implementation of safety policies indicates that there is a need for such maybe because of the areas where the schools reside. Literature concur with the responses about the safety policy as an important policy

in the promotion of healthy school environments. Mokhobo (2007) states that a well-drafted policy usually serves as a guideline on safety and discipline in order to promote the wellness and well-being of the educators and the learners, and the non-teaching staff.

Another policy that most participants referred to was the maintenance policy. The maintenance policy was mentioned by seven participants. This policy was said to be focusing on the physical environment of the school including buildings.

"the policy on maintenance (participant A1); cleaning and maintenance (participant B1); we also have the maintenance policy (participant B3); the maintenance policy to make sure that the surroundings are clean (participant C3); maintenance policy (participant D3); This policy guides us on what should be done to maintain the buildings of our school (participant A4); maintenance policy for the physical environment (participant D4).

Once more participants seemed to be aware of the contents of the maintenance policy and of the responsibility of the schools in ensuring that the buildings. School buildings age and therefore, need a focused plan on how to keep them at a level that enables teachers to meet the needs of their learners. Ferreira (2015) reports that in supported schools (schools that received assistance from government departments) maintenance of the school buildings and grounds, played an invaluable role to ensure the health and safety of both learners and educators in the school environment (*cf*. 2.3.3).

It was interesting to notice that none of the principals mentioned Nutrition policy, although when asked about the programmes that promote healthy schools they mentioned feeding scheme. The availability of the nutrition programme and its policy is indicative of the status of the participating schools.

''we have the nutrition policy which describe how the food should be handled (participant C2); the policy for nutrition (participant B3); the nutrition policy (participant C3); the policy on nutrition (participant D3); the nutrition policy (participant A4); we have the policy on nutrition (participant B4); nutrition policy (participant C4)".

The availability of the nutrition programme in these schools is in line with the policy regarding the NSNP (2009/2010). The NSNP is an educational intervention aimed at enhancing the educational experience of the neediest Quintile 1-3 public school learners

(Grade R to twelve). According to literature the NSNP has many benefits for learners. It promotes punctual school attendance, lessens hunger, improves concentration and thus aids to general heath development. It also addresses the children's ability to learn (Kolokoto, 2014) (*cf*. 2.3.3).

Four participants mentioned CAPS as one of the policies their schools use to create health-promoting school. It is however, important that they understand that what they teach in classroom is also part of health promotion.

"the other policy is CAPS (participant C1); another important policy is the CAPS (participant D1); CAPS (participant B2); CAPS document (participant D2)".

The CAPS document through the subjects Life Orientation and Life Skills provides a link between health education and school health promotion. This is important since the Department of Education (DoE, 2002:5) claims that many social and personal problems are associated with lifestyle choices and high-risk behaviours (*cf*. 2.3.3). Sound health practices, and an understanding of the relationship between health and environment, can improve the quality of life and well-being of learners. Moreover, if learners are equipped with knowledge they would be able to improve and maintain their health, prevent disease, and reduce risky behaviours.

Only wellness coordinators and one principal mentioned a policy on teacher wellness. This seems to be a recognition that school health promotion also accommodates teachers.

''the other policy is for the staff it is the Employee Assistance programme policy (participant D1); the wellness policy for teachers, it is a good policy but it is not implemented correctly, there is no confidentiality (participant A4); the policy on wellness of teachers is important but it is not working at school level (participant B4); wellness policy (participant C4); EAP policy (participant D4)".

Participants were aware of the EAP policy and how it is implemented. It is worrisome that problems with its implementation. This is not in line with Theron's (2007 & 2009) recommendation of a focus on the well-being of teachers, in order to enhance the quality of teaching and learning and learning support in schools.

In summary, literature supports the idea of having policies as it argues that developing a health policy sets the strategic direction for the school (National Healthy Schools Programme, 2007). Policies that guide and steer the activities within a HPS are fundamental in providing a basis from which all activities can be planned and implemented (*cf*. 2.3.2).

All sixteen participants indicated how their schools involved the community in the school activities that promote healthy school environments. However, the level of involvement differs from school to school. Participants mentioned collaborations with parents, community members, other governmental organisations and community-based organisations.

(a) Parent and community involvement

Participants described how their schools involved the parents through volunteering. It is commendable that parents and community members also got involved in health promotion that benefitted their children.

‘’we promote collaborations by involving the community in the school activities like when we have cleaning campaigns the school invites the members of the community to come and assists in the campaign (participant A1); they volunteer their services to school by cleaning the ablution system, classes and even around the school (participant A2); we also have parents volunteering to clean the classes and the school yard (participant B3); asking them to be volunteers (participant D4); we try to talk to parents during the parents’ meetings (participant A3); ’involve the community through the SGB (participant C4)”.

It is commendable that parents volunteer to assist schools and that schools also motivate parents to get involved. Literature indicates that the role of the school community is vital in supporting the concept of healthy schools (Barknow *et al*., 2006). Community involvement is worthy and supported by literature where it indicates that schools can only be developed into health promoting schools if all stakeholders collaborate actively in the education of children (Mokhobo, 2007) (*cf*. 2.3.2). Participants seemed to be aware of the importance of collaboration.

Participants indicated that parents were involved in activities such as cleaning campaigns and patrolling the schools to promote healthy environments in schools. The schools seemed to be initiating the involvement of parents in the activities.

"parents are involved in cleaning campaigns (participant A2); by asking them to bring cans and plastic to the school when we have fundraising through recycling (participant B3); involves the community by letting the community know when there are activities in the school like when there was a campaign to clean the school yard' (participant C3); community when there are campaigns like when the nurses need permission to immunize the learners (participant D3)"; some parents are food handlers and serve food to the learners during break times'' (Participant D4).

From the above statement it can be deduced that parents were only involved in assisting with manual labour and not with decision-making. Working together is important as community-based experiences gained through participation enable parents and teachers to understand locally identified health priorities as well as the impact of their involvement on the children and the community as a whole (Macnab, Gagnon & Steward, 2014). Furthermore, the involvement in the NSNP can become a trigger that motivates some to become more involved in school activities in general as indicated by Kwatubana and Makhalemele (2015) (*cf*. 2.3.2).

Two participants in school C specified that their principal also involves the community members who do not have learners at the school in committees such as safety committee.

''there is a committee on safety which includes community members even if their children are not attending our school (participant C3); involve the community in the school activities for example because of the vandalism we were experiencing we formed a safety committee which included community members which lived around the school (participant C1); their activities to ensure health promotion in our school (participant D2); the principal's success is in working together with the community (participant A2)".

Vandalism and dumping around the school buildings seemed to be a problem in these schools. There is a realisation that schools need human resources to implement and sustain the practices that will truly make learners and schools safe. Community involvement as a type of security to the school and community itself is a fundamental building block to safe living (Pillay, 2011) (*cf.* 2.3.1). One school mentioned that parents are around the school grounds even over weekends and it seems that their presence acts

as a protective measure against burglary and dumping. This is an indication of a commitment of such parents to the initiative.

One participant expressed her discontent regarding how the community was involved in the school activities. This statement confirms what was said by participants earlier on the activities that parents and community members get involved in ad how they are recruited to participate.

" the principal does involve the community but I think it is more of telling the parents what the school has planned or will be doing that involving them (participant B2)".

As indicated earlier, parents and community members do not seem to be part of decision making in health promotion. Their participation seems to be limited to instances where they were informed about decisions taken and consulted about health policies and where they were expected to just endorse the decisions made. This type of involvement is shallow as it is in just few selected areas. To make a meaningful contribution parents and communities need to be fully involved. This view is supported by Kwatubana (2014) who states that South African schools do not create much space for communities to participate, even where this is a statutory obligation, as indicated by many policies that emphasise the importance of community participation (*cf*. 2.3.1).

Apart from collaborations with community members and parents school had also collaborations with the Social Development, Health Department, the police services and the traffic departments. This was inter-departmental collaboration that is initiated at national level.

" we have nurses that come and visit the school regularly also we have the social worker that the school works with to assist learners with social grants and other matters (participant A1); the social workers come to the school and with the help of the teachers they identify learners that are underprivileged and they give them food parcels and uniform (participant B1); another collaboration that we have is with the local clinic (participant B4); our school works well with our local clinic. (participant C4); collaborations with the local clinic (participant D4); the nurses often come to the school to do health checks on learners and also when our learners visit the clinic during school hours they do not stand in the queue if they are wearing the school uniform so that helps us because learners are able to

go to the clinic in the morning and come back to school before first break (participant C2); we have a nurse, a police officer and a social worker that is allocated to our school (participant D2); police, the traffic officers who help us with the scholar patrol…clinic (participant D3); we have a nurse, a police officer and a social worker that is allocated to our school (participant D1); good relationship with the police station. The police help us to keep the school safe from gangsters who use nyaope (participant B1); collaborations with the traffic department (participant B2); the people from the department of community safety also come to teach learners about road safety (participant B3); we also have a school nurse and a police officer allocated to our school (participant C3); the traffic officers who help us with the scholar patrol (participant D3);we work closely with the police (participant B4); we also have adopt-a-cop whereby a police officer is allocated to the school" (participant C4).

It is important to note that schools were working together with a number of government departments. The inter-departmental collaborations at schools level could be an indication of complex systems in which health interventions are delivered. Such collaborations create an impression that health promotion needs to be approached in different angles in order for it to be effective. Literature encourages collaborations between the Department of health and the Department of Education especially since these departments co-direct and support the health promotion initiative. There are a number of policies that mandate inter-departmental collaborations. The School Health Policy specified that school health promotion should be an integrated part of other health care services and these services had to be delivered in collaboration with the Departments of Health and Education (School Health Policy, 2009). The National Health Promotion Policy and Strategy equally emphasises the importance of collaboration between different departments (Department of Health, 2014a) (*cf*. 2.3.2). Collaboration with the professional health personnel like doctors, occupational therapists, dentists, and/or psychologists are crucial where learners are in need of further assistance outside the skill or scope of practice of the school health team (RSA, 2012) (*cf.* 2.3.3). Results from this study confirm that schools need to build networks and relationships with professionals to effectively refer learners in need of professional assistance.

The other collaborations that participants mentioned were with the local churches, local businesses, civil organisations and community organisations.

"we have great collaborations with the churches (participant B1); the school usually 'invites a pastor from the community to share the word of God at the assembly (participant C1); we also work with the faith based organisations that visit the school to talk to learners about religious matters (participant D1); our school also works with different churches (participant C4); we have a cell phone tower in our school yard so the service provider supports the school by giving donations or sponsoring our staff development workshops (participant A1);.a businessman from the community donates now and again some food and meat to the school (participant C1); business people around the community (participant D1); the school has collaborations with organisations such as Coca Cola which promotes collect a can, tins and plastic at school (participant A2); the supermarket supplies the school (participant B2); the business people around our school (participant C2); collaborations with the businessmen in the community (participant C3); we have good relations with the local business people (participant D3); we have collaborations with the NGOs around the school community (participant D1); other NGOs also come to teach learners about topics like abuse, drugs and safe swimming. We work well with the community centre they also help our learners with homework (participant A4); we also work well with the community organisations like SANCO they come to our school meetings sometimes to address the community on certain things that affect the community (participant B4)".

Participants mentioned a variety of services that are rendered by community members. The services focus on emotional health, provision of resources and education on healthy lifestyles. Literature indicates that the different social structures have a different impact on education and they reflect diverse range of needs (MHP, 2010) (*cf*. 2.3.3). The roles and contributions of community based organisations and structures differ, although all of them focused on the assistance of learners with food, sport clothing, kit for sport, assistance with homework and uniform.

In summarising these findings, it can be perceived that health promotion in the participating schools was guided by policies. Programmes were implemented based on the policies, thereby creating a clear structure and a frame of reference. There was involvement of learners and teachers in the implementation of programmes. Schools had collaborations with the community members, parents, community-based organisations and inter-departmental organisations. The collaborations with other stakeholders such as the

NGOs', the local businesses, local churches, and the police were seen by participant as an important factor in the implementation of HPS initiatives.

Theme 3: The contribution of the professional development of principals to the promotion of healthy school environments.

This theme has four sub-themes: the first has to do with the CPD trainings that the principals attended that related to the PHSE. The second was about the effectiveness of these CPTD activities which the principals have engaged in, the third was about the role the principal played in school in promoting a healthy school and the fourth was about the advice on ensuring that schools implement the healthy school initiatives effectively.

The first question that was posed to principals relating to CPTD was: What kind of CPTD activities / programmes have you attended to assist you to promote a healthy school environment? Principals indicated having attended workshops and meetings on promotion of healthy school environments.

" there are workshops here and there that will be about safety and security at schools, but in many cases when there are workshops on health issues the wellness coordinator attends (participant A1); you will find that in the agenda there will be an item maybe about school safety, bullying or maybe the visits from the health department. I remember that we once attended a training on how schools and the health department were to work together to help learners with health issues, the other training I remember was on bullying, and one on safe schools where we were told of the new policy regarding conducting searches on learners at school (participant C1); we once attended a workshop on bullying and after that workshop I also invited parents and trained them on things like cyberbullying and the importance of checking what is happening on their children's cell phone. It was a very informative workshop. Others were on how to develop safe and healthy school premises, how to address violence and conflict resolution and the importance of implementing teenage life-skills and HIV/AIDS prevention plans (participant D1)".

It seems that the focus of the aspects relating to health promotion in the training that the principals attended was on safety and education on life skills. It is interesting to note that it is not only the schools that were concerned about safety but also the department realises its importance. The emphasis on safety in schools and in the trainings could be an indication of the realisation of a risk schools are at. Moreover, the HIV/AIDS epidemic still encompasses major challenges for the health sector as South Africa has the highest number of TB/HIV co-infections globally (WHO, 2013). The HIV/AIDS epidemic is connected to risk-taking behaviour therefore sex education becomes imperative. Sex

education is a relevant topic to better prepare young people to accept safer sexual practices (Wood & Rolleri, 2014) (*cf*. 2.3.3). Addressing bullying in schools was also important to most principals as three of the four principals mentioned attending workshops on bullying. Studies conducted by Sullivan (2006) and De Wet (2006) indicate that primary school learners come into contact with bullies every day and that bullying is escalating in schools (*cf*. 2.3.3).

The second question which principals were also asked was: Do you get enough information and clear guidelines in your training with regard to health promotion*?* Two principals B1 and C1 indicated that the information they received from the CPTD trainings was not clear, principal A1 indicated that the information given was enough and the other principal D1 indicated that sometimes the information was clear and sometimes not.

" yes, the information given is usually enough to assist us to be able to implement whatever was taught (participant A1); I cannot say that the information given is clear enough but the way the teachers will be reluctant sometimes it shows that they do not have clear guidelines on what they need to do in the implementation of health promotion (participant B1); we do not get much information (participant C1); yes, and no. Yes, because in some workshops we get clear guidelines on what we need to do whereas in some, the presenter or facilitator will just make a presentation and then give us presentation slides and that's it and you feel that you didn't really get enough information to can implement health promotion initiatives (participant D1)".

Principals were divided with regards to whether the information they received was clear or not. Only one principal clearly stated that the information was clear, two were not sure and the other mentioned that it was not enough. These statements echoed by the participants concur with what researchers have indicated that a challenge relating to PD of school principals is that the training they receive is more general in the sense that principals attend workshops or trainings which do not address their individual needs or areas of development but rather that assume that principals have common developmental needs (Heystek *et al*., 2008) (*cf*. 2.4.1).

The HODs, wellness coordinators and nutrition coordinators were asked how these CPTD trainings that the principal attended assisted them in the implementation of HPS programmes in their schools. The participants indicated in their responses that the CPTD

trainings that principals attended assisted them in that the principals were able to offer them support as they implement the programmes:

"the principal assisted by making sure that the health committee is there at school and that the committee attends the workshops where they are going to be taught about healthy environment and report back to the entire staff (participant A2); I would say the training he attends assist me in that I am able to implement the guidelines he provides for example there was a workshop on how to conduct interviews and appoint food handlers, as a member of the committee the principal trained us on the procedure on appointment of food handlers (participant C2); the training has assisted in the development and implementation of policies (participant D2); some of the workshops that principals attend do help us to promote a healthy school (participant C3); the principal supports learners and educators in their activities (participant D3);she supports us in the implementation of that programme (participant B4)".

Participants indicated that the training for the principals had a positive impact on them as: committees were established; policies developed; the information they impart enables teachers to be effective in their roles; and there was provision of support.

Participants indicated that principals provided them with feedback after attending the workshops. Some of the participants mentioned that the communication about information from the workshop led to the success of some programmes:

"one thing that has worked for me is that after attending workshops I as soon as possible give feedback to staff members and then meet with the committee responsible to discuss how to implement whatever information was given at the workshop (participant A1); what contributes to his success might be that he communicates with the SMT on all the programmes that needs to be implemented at school after attending the workshops (participant A3); the factor that makes it a success for the principal is communication with all the teachers after training (participant B2); the principal after attending meetings gives the information to us as SMT (participant B2); in most cases when the principal went to workshops he calls a meeting to give us feedback on the issues that were discussed in the meeting he attended (participant C2); the trainings he received assist in that when we return from the meetings we are able to give feedback together to the staff and he is able

to stress the important aspects and he helps with the implementation because he knows what we need to do as the committee so the trainings do assist a lot (participant D4)".

All participants who responded to this question indicated being received information from principals after attending trainings. It is commendable that principals regarded as important to share the information they received with teachers and other managers. This could indicate that principals are aware of the value of sharing information. The information that they receive in trainings should benefit the school as a whole and not an individual. These responses were in line with the results on a study by Modisane (2010) about the essence of staff development for enhancing teachers' efficacy which indicated that the school manager conducted information sharing session during feedback after attending meetings or conferences. This is also supported by the Policy on the South African Standard for Principalship (RSA, 2016) which states that the principal should provide timely and accurate feedback to all stakeholders (*cf*. 2.4.3).

The next question was on the impact of the CPTD trainings on the PHSE: How has these CPTD trainings assisted you to promote a HSE at your school? Two of the four principals indicated that the CPTD trainings had been effective whereas the other two said they were not effective in assisting them to implement healthy school initiatives.

" when there are workshops on health issues coordinators or committee members of that committee attend the workshop and then come back to give feedback to the staff. In most cases I request a written report from teachers who attended workshops. They have assisted the whole school (participant A1);"they have not really assisted me in particular because most of the time the workshops that we attend as principals are on curriculum matters or management not really on how to promote health that is the responsibility given to the HODs and committee members of health, safety and security committees (participant B1); they have to a certain extent. For example, after attending the bullying workshop I came back and workshop my staff on different kinds of bullying not only physical as we know also emotional and cyberbullying. After that we were able to include these other kinds of bullying in our safety policy. We also had one assembly where I taught learners about different kinds of bullying and that they should report any kind of bullying, so I must say the training assisted me to be able to prevent or handle bullying at my school. I must indicate that more training especially on how to implement the promotion of healthy school I think is needed (participant C1); these trainings have made me a better

principal because I learn from them and as far as possible implement whatever I learnt at the workshop here at school (participant D1)".

Two principals seemed to be certain that the trainings were helpful, for the other principal the training did not help, whilst the last one mentioned that there was not enough content covered in terms of health promotion. One of the principals articulated the need for more trainings on health promotion. Wayne *et al*. (2008) argue that professional development is more beneficial if it addresses the immediate and precise needs of the school, rather than being a general practice which assumes that development of individuals is the same. It also emerges that PD should not be a once-off practice but should be a continuous practice where principals and teachers are developed on an on-going basis which will in turn benefit learners and the school at large (De Villiers & Pretorius, 2010; Steyn, 2011). Some participants seemed to be happy with the trainings as they indicated a positive impact on their development and effectiveness. It is clear from the literature that PD is highly valued and if done effectively it can yield good results for individual principals which will in turn benefit their entire schools and stakeholders respectively. Mestry and Grobler (2002) and Botha (2004) also state that the training and development of principals can be considered as the tactically most important process essential to transform education successfully (*cf*. 2.4.3.4).

HODs, Wellness coordinators and Nutrition coordinators were asked: What role does the principal play in assisting you to promote healthy schools? Is the principal playing this role effectively? All participants in all the schools indicated that the principals played many important roles in assisting them in their activities, from planning to monitoring, even to being involved personally in the activities as C4, B3 and D2 explained:

" yes, I think he does because as I mentioned before he monitors that the programmes are implemented accordingly. The other thing our principal does physical training with Grade 7 learners as he is teaching Life Orientation. Every week on Thursday during the LO period he changes to sport clothes and engage learners in physical education. That initiative of the principal has encouraged other teachers to do the same (participant C4); the principal helps in that he makes sure that we always have gas to cook the food for the learners. When we hire the new food handlers the principal is part of the panel and also assists by making the school car available when we need to get things when the supermarket has donated food or vegetables and they ask that we fetch them the principal makes the car

available (participant B3); our principal is very hands on. He assists in monitoring if there was a workshop he asks for reports from the people who attended the workshop and will make follow up to ensure that programmes are being followed as they should. So I think that we get the support that we need from the principal (participant D2); she always makes sure that the policies are followed and that when we are in the meetings we say something about the safety of the learners in the school (participant A3)".'

The principals seemed to be assisting in many different way: monitoring, being hands on, role modelling, supporting with resources and providing guidance. These are important aspects in health promotion. The principals seemed to be showing interest in the health promotion activities. These responses from the participants are supported by literature by Blasé and Blasé (2000) who contend that principals should initiate, implement and sustain teacher empowerment at school level (*cf*. 2.4.3.1). The provision of leadership is in line with the Integrated School Health Policy (2012) which indicates that effective monitoring and evaluation depends on active reporting, monitoring and evaluation of the programmes to ensure learners coverage and identify gaps and barriers to implementation (*cf*. 2.3.3).

Participants D3 and A3 uttered a different sentiment stating that the principals got involved only in activities they liked:

" if it is a programme that the principal likes he will support it and make sure that it happens and motivates everyone to be involved but if it is something normal like in this case the nutrition he is not really active. He lets us do everything and comes in when we have challenges. This sometimes is frustrating because we will at times try to solve the problem on our own and fail and when we go to him he will be asking why we didn't let him know from the start, so yes it can be frustrating (participant D3); in some way they do especially when it is on projects or system that they like best. like maybe if they have to address bullying in the school they will always be passionate about it, talk to parents about it, make us aware during SMT meetings about the bullying that is happening around the school and try to come up with solutions, they will do that but sometimes, I think they can do more maybe, they should involve all stakeholders not just only us as the SMT but not to send us as HODs to go to talk to teachers but they should speak to teachers (participant A3)".

The two participants indicated that the principals were selective with regards to their interests in health promotion as they would only support activities they liked. These

responses from participants are in line with a study on the implementation of school health initiatives which revealed that there was a lack of support by managers, which is an obstacle to the successful implementation of these initiatives (Mohlabi & Van Aswegen, 2010) (*cf*. 2.3.1). According to Inchley, Muldoon and Curie (2006:68), the involvement of managers helps to embed the HPS concept in the life of the school through school development planning, as well as providing benefits in terms of resourcing and delegating responsibilities to key members of staff. The lack of involvement of principals in some activities due to lack of interest in them can lead to several factors that can hinder the facilitation of effective implementation of health programmes as identified.

Some participants indicated that principals do not attend CPTD trainings that relate to promotion of healthy school environments. The participants were unanimous in their perception that it was the coordinators that attended meetings about health promotion and not the principals.

"I don't know of any programmes that the principal received because even in our SMT meetings she hasn't mentioned anything of that sort but what I now is that the circulars that come from the district will be addressed to most of the time foundation phase educators or coordinators of committees (participant A3); the principal does not attend the nutrition meetings (participant B3); in our case in the feeding scheme we attend workshops on our own and report back to the principal the principal does not attend nutrition meetings (participant D3); it is the coordinators of committees that attend workshops not the principal (participant B3); the coordinators go to the training (participant B4); mostly the training that the principal attend has to do with curriculum not much with wellness so I cannot say his trainings have assisted me as a wellness coordinator (participant C4)".

These statements contradict what was said by the participants that the trainings principals attend assist them. Principals could be receiving training about certain aspects of health promotion, while coordinators also attend such trainings.

These statements by some participants are supported by two principals who indicated that in most cases it is the coordinators of committees that attend the meetings on issues relating to PHSE.

"coordinators or committee members of that committee attend the workshops" (participant A1); principals are not invited but the coordinators or committee members of those committees attend such meetings and workshops (participant B1)".

This was also collaborated in document analysis as the memoranda that are sent to schools from the district on issues relating to PHSE such as nutrition and wellness invite committee coordinators or/and committee members and not principals to attend such meetings. This is not in line with literature which indicates that leaders guide people to achieve the schools" objectives in the school situation (Mokhobo, 2007) (*cf*. 2.3.3). Literature says that the role of the principal is central both to the implementation and sustainability of health promotion (Denman *et al*., 2002) (*cf*. 2.3.1).

In summary, principals attended workshops and meetings on promotion of healthy school environments, however, as mentioned earlier in this study the content only focused on safety and life skills. The information was indicated as limited although some participants indicated having benefited from it. Although the participants indicated that sometimes the workshops were general in nature and focused more on curriculum, these workshops assisted them to a certain extent in the implementation of healthy school initiatives.

Theme 4: Factors that contributed to the failure to use information from the CPTD to the PHSE

Factors that participants mentioned as contributing to failure to use information from CPTD to promote HSE included lack of resources, vandalism, lack of time, lack of commitment and training, lack of support and a heavy workload of teachers:

(a) Lack of resources

Participants echoed their views on how resources such as water, money and infrastructure hampered the efforts of the schools to implement the health promotion programmes*:*

"we struggle a lot with water and therefore sometimes toilets are not clean because of water and that can lead to learners becoming sick (participant A1); I think we just do not have enough money. There is just so much to do and little money. The budget that we receive from the department for maintenance is not enough to ensure that the playgrounds are well maintained, the broken windows are repaired, classes are cleaned, leaks in the toilets are repaired, the patrollers have shelter and so on (participant C1); promoting a healthy school environment needs resources which are very scarce. To give an example in

our planning we indicated that there's a need for the stronger fence around the school, however after the budget was drawn no money was allocated for buying a new fence (participant C2); lack of resources and lack of money (participant C4); lack of resources is a great challenge, we need money to clean the surroundings (participant D2) our school is near the open field where people throw rubbish so even when we try to keep the school clean it is not easy because papers are always stuck on the fence (participant B1)".

Participants mentioned several factors that were associated with lack of resources. Mostly, participants mentioned lack of financial resources and basic needs such as water. In a research conducted by Ferreira (2015) some schools thrived in respect of policy, development, resources and financial support in the promotion of healthy school environments, while many schools suffered due to a lack of structure, a shortage of funds and the scarcity of necessities such as a lack in the provision of safe drinking water on school grounds and the lack of provision of proper sanitation on school grounds which are needed in the school environment (*cf*. 2.3.1). Lack of resources can hinder the implementation of health-promoting initiatives. Research by WHO (1996) also found that financial constraints and the lack of infrastructure in many countries, has had detrimental effects on the promotion of healthy school environment (*cf*. 2.3.1).

(b) Vandalism

Vandalism of school property was also mentioned by participants as a hindrance in the implementation of health promoting programmes, this factor was closely linked to a strong focus on school safety discussed above:

"the other challenge is vandalism. During school holidays there is a lot of vandalism in the school (participant A1); the challenge that we have here at school is burglaries and vandalism especially during the school holidays (participant D1)*".*

These statements highlight the fact that the reason there was a focus in safety may have been because of vandalism. Netshitahame and van Vollenhoven (2002) state that the responsibility of creating a safe school environment rests upon the shoulders of the school principal (*cf*. 2.3.1). Vandalism can be a draw-back as schools use their resources to promote health, all of that can be a waste if what they bought is stolen. This could mean that they have to spend money on the same item several times. The acts of vandalism become a financial burden for schools especially in poor communities as they rely on the state subsidy to go by.

(c) Lack of time

Participants seemed to concur that lack of time played a major role in the challenges they were faced with in schools regarding the implementation of programmes that promote healthy school environments:

*"the other thing is time we don't have time to implement some of the programmes of health because teaching and learning must also go on. For example, an NGO used to visit our school to teach learners about many topics like drug abuse and teenage pregnancy and they came during assembly in the morning. I had to stop them because teachers were complaining that they waste their teaching time (Participant C1); there is not enough time to attend to everything at school that need attention as far as creating a healthy school environment, you find that he concentrates in one thing like preventing burglaries which is of course important and then neglects other important things like making sure that toilets are repaired and to fix leaking taps (Participant B2)**;** there is not enough time to concentrate on curriculum and promote a healthy school at the same time (Participant C2); the principal tries to use the information from the trainings by sharing with all the staff and making sure that it gets implemented but most of the time that does not happen due to the workload of the teachers (Participant C3)**;** he does not have time to seriously concentrate on promoting a healthy school environment (Participant A4); the principal might not have time to use the information from trainings to promote a healthy school environment (Participant C4); teachers feel they have a lot of work so they can't be involved in other extra-curricular activities (Participant D4)".*

The participants voiced their perception that in order for them to focus on health promotion they need time. Participants seemed not to be able to juggle both responsibilities: health promotion and curriculum delivery. Research done by Gittelsohn *et al*. (2003) observed how barriers at organisational and personal levels such as time, priority setting, perceived lack of resources, lack of adequate health knowledge influenced health promotion initiatives implementation and the most common barrier to implementation was lack of time (*cf*. 2.3.3).

(d) Lack of commitment and training

Lack of commitment and training of the teachers, learners and the principal hamper the implementation of HPS programmes as alluded to by the following participants:

*"I think that the major thing that makes it to be difficult to use the information received from the trainings is lack of commitment from some staff members (Participant B1)**;** that does not always happen because of the lack of commitment of the teachers and learners in the projects (participant B3); most programmes start well at the beginning of the year and are monitored by the principal and the SMT but as the year goes no one is interested (participant B4) lack of empowerment on the side of staff (participant D1); I am not sure if she (principal) did go to the training (participant A3); frankly speaking the principal will be there when we start to initiate the projects that need to be done and most of the time we struggle especially if there are like competitions that the learner need to go to, you have to fight with them for money, maybe if the project needs money they will help, but there is not enough support that we get from the principals (participant A3)".*

Participants mentioned lack of commitment and empowerment as stumbling block to health promotion. The lack of commitment seemed to be cutting across all internal stakeholders: principals, teachers and learners. Moreover, teachers cannot do much if they lack knowledge of what they have to do. The degree of teacher involvement and commitment, is dependent on their knowledge and understanding of health promotion (Mokoena, 2012) (*cf*. 2.3.3). Lack of commitment could be caused by lack of motivation. One of the duties of the principal is to explain what and why things could be done in a certain way, sharing information regarding health and facilitating networks (Mogonediwa, 2008) The lack of training in health promotion practises are no surprise given that previous research identified training as a major global challenge in the health promotion (Stewart & Wang, 2012; Van den Broucke *et al*., 2010) (*cf*. 2.3.3).

(e) Workload of teachers

Participants in the study mentioned that work overload seriously affects teachers' ability to use the information from the CPTD trainings to promote HPS.

"the principal tries to use the information from the trainings by sharing with all the staff and making sure that it gets implemented but most of the time that does not happen due to the workload of the teachers (participant A3); teachers feel they have a lot of work so they can't be involved in other extra-curricular activities (participant D4); sometimes teachers do not want to be involved saying it is a waste of time to be busy with things that are the police or the nurses' jobs as they already have their own heavy workload (participant B1)".

It is worrisome that some teachers view the PHSEs as not being part of their workload although the Personnel Administrative Measures (SA, 2014) clearly states that the educator must cater for the educational and general welfare of all learners in his/her care and establish a classroom environment which stimulates positive learning and actively engages learners in the learning process (*cf*. 2.3.1). The problem of a heavy workload can be linked to the lack of time indicated above. It could be that participants did not have time to focus on health promotion because of many other responsibilities.

According to a research by Mohamed (2015) a major tension of integrating HPS into the curriculum and functioning of the school was the balancing of heavy workload and HPS. Teachers expressed the view that constraints mainly due to their academic and sporting responsibilities, were the main reasons for feeling overwhelmed about taking on the additional work involved in HPS. This is an indication that in view of the heavy workload, not all teachers were ready to be involved in HPS initiatives (*cf*. 2.3.1)

(f) Lack of support from the district

Participants indicated being supported by the district, however, they mentioned that the support was not enough.

"the district supports us by inviting us to the workshops…The support from the district is not enough (participant A1) there is support from the district but very little (participant B1);' the district supports us by organizing workshops (participant C1) the district does not offer much support (participant D1)".

It seemed that the only support schools were rendered was limited to trainings. The Department of Basic Education's Policy on the Organisation, Roles and Responsibilities of Education Districts (RSA, 2013), clearly states that education districts play a key role in school success and in ensuring that all learners have access to high quality education. Specifically, the policy mandates district offices to: "work collaboratively with principals and educators in schools, with the vital assistance of circuit offices, to improve educational access and retention, give management and professional support, and help schools achieve excellence in learning and teaching" (RSA, 2013:11) (*cf*. 2.3.3). In terms of this policy the district officials have to work together with the schools in order for them to understand the difficulties schools are faced with. Schools need to be supported not only with information but with implementation and monitoring of the activities.

Although the CPTD system is a virtuous initiative with appropriate objectives the implementation, management and regulation thereof are foreseen as a challenge. Another issue of the management system is that the principals are accountable for their own PD towards effective teaching and leadership with very little purposefully planned activities and regulation procedures in place. The principals involved in the management system are given little assistance and support on how to develop professionally with very few feedback opportunities. Quite a lot still has to be done for the CPTD management system to provide in the professional development needs of school principals.

5.4 CONCLUSION

This chapter dealt mainly with the analysis and interpretation data that were gathered by means of interviews and document analyses. Data was collected and organized into four main themes which were discussed extensively in this chapter. The chapter highlights the good practices and at the same time exposes challenges in the schools' endeavours to promote healthy environments. It is crucial in that it gives direction on which recommendations to make in the quest of creating healthy school environments.

Based on the responses of the participants it can be concluded that although the CPTD is a virtuous initiative with appropriate objectives, the implementation, management and regulation thereof were regarded as a challenge. Another issue of the management system was that principals were accountable for their own PD with very little purposefully planned activities and regulation procedures in place. The principals involved in the PD activities were given very little assistance and support on how to develop professionally with very few feedback opportunities.

The next chapter deals with findings and recommendations.

CHAPTER 6
SUMMARY OF FINDINGS AND DISCUSSION AND RECOMMENDATIONS

6.1 INTRODUCTION

The study sought to propose strategies to enhance professional development of principals which would ultimately assist in the PHSEs through learning organisations theory. This chapter provides a summary, discussion of the findings, recommendations on the professional training of principals and further research as well as conclusion of the study.

6.2 SUMMARY OF THE STUDY

The need for enhancing the professional training of principals was discussed in Chapter 1 (*cf*. 1.1), Chapter 2 (*cf*. 2.4) and Chapter 5 (*cf*. 5.3). In the latter chapter, participants shared their manifold experiences with regards to the training and its impact on the PHSE.

In Chapter 2, the literature focused on the essence of SHP. It was found that the SPH is built on different pillars such as policies, community participation, involvement of teachers and learners, health programmes and curriculum-based programmes. Although these factors are separate they work better if they are implemented in an integrated and coordinated manner. In this chapter the importance of PD was explored, revealing its characteristics and basic principles.

Learning organisation theory was used to frame the study as discussed in Chapter 3. This frame enabled the researcher to analyse the data presented by participants and support or refute the arguments, statements and views expressed by participants based on the tenets of the learning organisations theory. In addition, the operational concepts of learning organisations were defined comprehensively in Chapter 3 (*cf*. 3.2). The related literature was drawn from both international and national contexts to explore how professional training development of principals can contribute to the promotion of healthy school environments. It was important to gain more knowledge and understanding of the important factors in PD that could assist principals to promote healthy school environments.

This study presented the research paradigm and research methodology used in this study. A qualitative study was regarded as appropriate in seeking the perceptions, opinions, views, experiences, thoughts, ideas and feelings of participants pertaining to the impact of PD of principals on the PHSEs. The methodology was aligned to a paradigm that

considers that people create meaning from their environments (*cf*. 4.2). A qualitative research method (*cf*. 4.3) was used together with the interpretivist paradigm and the phenomenological strategy of enquiry (*cf*. 4.3.1). The strategy of inquiry complemented the qualitative research method as participants' meanings were sought to be understood. Sixteen participants (n=16) participated in this study and partook in semi-structured individual interviews. This sample included principals from four selected primary schools in the Sedibeng East and West education districts. After all the transcriptions were developed, coding of segments of data began (*cf*. 4.5). After coding, the codes were grouped into categories that were also clustered to form themes and ultimately four themes were identified (*cf*. 4.5).

In Chapter 5 the results of the empirical investigation are presented. This chapter starts by elaboration on the profile of the participants and then the results are communicated in the form of themes which are supported by the quotes from the participants' responses. The following section present the discussion of findings that were extracted from the analysis in the previous chapter.

6.3 DISCUSSION OF FINDINGS

This section discusses the findings of the study that are linked to the guiding research question: How effective is the professional teacher development for principals in assisting them to promote healthy school environments?

To answer the question, the following objectives were formulated:

- To determine what promotion of healthy school environments entails.
- To explore how health-promotion is implemented in schools.
- To investigate the impact of PTD on PHSEs.
- To recommend strategies to enhance professional teacher development for principals to assist them in the PHSE

The broad findings on the four main themes that emerged in Chapter 5 (*cf*. 5.3) revealed that the effect of PTD on PHSE is complex and multi-layered. More specifically, this study affirms that the PTD can have a positive impact if precise topics of the trainings can focus on the promotion of healthy environments. This study also reveals that the school context where in healthy school environments are promoted matters and the PTD should consider different school contexts. The contextual factors that were indicated by participants as contributing to the failure of principals to use the information from the training are examples.

The next sub-section provides the first finding of the study by referring to the theme that emerged in Chapter 4.

6.3.1 How participants understand HP

This study revealed that participants understood that all six areas of the guidelines to a health-promoting school as developed by WHO were essential. The areas that the participants mentioned in their responses included: having school health policies; a focus on physical and social environments; forming community partnerships; and involving teachers and learners in the implementation of health programmes. These responses revealed an understanding of what a health-promoting school entails. Participants comprehended the health-promoting school concept as requiring them to operate in several areas in addition to class-based curriculum implementation. They mentioned a focus on physical health, emotional and psychological health and physical environment of the school. They were also aware that the promotion of healthy school environments must be guided by policies.

These findings are similar to the findings of a study conducted in Australia by St Leger (1998) on the teachers' understanding of the health-promoting school. It was found that teachers believed that health can be addressed in diverse ways in school communities. The teachers in this study understood that school health involved a number of action orientated dimensions such as developing school policies and provision of an appropriate physical environment among others.

Principals and teachers appeared to have different views regarding their understanding of the focus of PHSE, depending on the positions they were holding at a school. For example, to principals, health-promotion was more about having policies that guide the implementation, to HODs it was about curriculum-based programmes dealing with topics such as hygiene, physical education and HIV/ AIDS education. The coordinators' understanding of school health was based more on their functions as coordinators. Nutrition coordinators included words relating to clean areas, nutritious food for learners, washing of hands and clean running water, while to wellness coordinators, HPS incorporated the social and psychological health of the school community. The difference in their understanding could be revealing that the PHSE was not implemented in an integrated approach in the participating schools where all members in a school would generate a common understanding of the concept. Their different understanding of the same concept could also mean that they perceived the programmes as separate, health education not related to health-promotion and the latter having no relationship with disease

prevention. The difference in understanding of the focus of PHSE could be attributed to a lack of understanding of how the different components fit together.

The finding of this study corroborates that of Kwatubana (2014) who mentions that principals are not yet synthesized into the health-promoting model as they do not perceive health-promotion as an integrated whole school approach. This could mean that the tendency to treat health programmes in isolation in such a way that they become small and insignificant still continues at schools.

Senge's discipline of team learning which focuses on the idea that a group of individuals, collectively working together towards the same goal, can be more effective than if all individuals work independently of one another (Senge, 2006). In the current study when team learning is applied it would bring about common understanding of how the concepts of HPS can be integrated and aligned. Senge *et al*. (2012) implicate that the essence of team learning is alignment as a distinct form of agreement. Alignment means that the team functions as a whole, enhancing a team's capacity to think and act in a new synergistic way.

6.3.2 How Health Promotion is implemented in the participating schools

Different health programmes were implemented in the participating schools. The programmes included the nutrition programme, the school health services and the safety programme among others, which were chosen based on the context or the need of the school. All schools implemented the nutrition programme in which learners were provided with meals every day when they were at school. Participants viewed this programme as one of the most important indicating that providing food to learners was vital in ensuring that they learn effectively. The study found that although there were challenges such as shortage of gas to cook food for learners, the nutrition programme was implemented well. This might be because of the involvement of parents as food handlers ensuring that meals are prepared daily and that the nutrition programme was monitored by the principals and the district office as it is a national programme of the Department of Education.

The study by Kwatubana and Makhalemele (2015) also produced similar results about the involvement of parents in the implementation of the National School Nutrition Programme in the Sedibeng and Fezile Dabi school districts. Their study indicated that the Nutrition programme was implemented smoothly in the schools they investigated because the district and the national Department of Education monitored the programme.

School health services were found to be presented in all the participating schools these services were rendered by the Department of Health. The school health services that were implemented in the participating schools focused on reducing health issues by improving individual health outcomes on specific areas by means of screening. Services ranged from immunizations, eye screening, general check-ups and to referrals in case of serious conditions. However, this study revealed challenges in the implementation of school health services. Participants stated that nurses worked in the staffrooms when they were conducting health assessments on learners as there were no other rooms available for them to work. This, according to the participants had a negative impact on confidentiality. Another problem was that follow-ups were rarely conducted since school nurses generally visit schools once a year.

The findings on the challenges of provision of health services are similar to those of the study conducted by Le Roux (2017) investigating the role of a health promoter in HPS. The study reported that although school health services are provided in all schools, health promoters face challenges such as limited space where they could conduct health screenings on learners.

The safety programme was stressed by many participants. This was an indication of how serious the issue of safety of learners and teachers was to the participants. Safety programmes mentioned by participant included the safety of the school surroundings - making sure that there were no holes in the school fence to prevent trespassing and vandalism; and certifying that there were no electric wires lying open or broken windows which can endanger the lives of teachers and learners. The study found that safety was interpreted differently by participants depending on where their schools resided. To participants from the townships schools, the most important safety measure was to patrol the school at night and weekends to prevent vandalism, whereas participants in town schools understood safety as ensuring that there were no dangerous equipment lying around in the playgrounds and ensuring that learners were protected from kidnappings and being knocked down by cars whilst waiting for their scholar transport in the afternoon in the waiting areas. This distinction between township and town school on safety was also clear in their safety policies of these schools.

This finding was similar to a study by Nhlapo (2006) on managing safety in primary schools in the township which found that school safety can be enhanced by ensuring that school buildings are safe and secure and have no safety threats. The author suggests that

this can be done through maintenance of school buildings and monitoring the school environment by access control.

Schools in the study indicated that they also involved a number of community-based organisations, community members, parents and learners in the implementation of the PHSE. The parents' level of involvement in the implementation of HPS was indicated as satisfactory. Participants specified that parents were always available to assist in the programmes that promote health in the schools. The programmes in which parents were most involved in included cleaning the school environments such as the classes and the school yard and in the nutrition programme. Their involvement in the latter was voluntary and meant that they acted as food handlers, preparing food for learners. Parents were also part of the school safety team which patrolled the school at night and during the weekends. The study found that in all the participating schools parents were very interested and supportive of the programmes that the school initiated and implemented regarding health-promotion.

This finding contradicts the findings of the study by Mashau (2011) in which the school was viewed as the main barrier for parents in terms of their involvement. The teachers as well as the principal were seen as the main stumbling blocks for parental involvement. In this study the principal and teachers encouraged and supported parental involvement.

Although parent involvement in the study was mentioned by participants, it was found that the parents were not involved in decision-making, rather they were informed of the programmes or initiatives that the schools would be engaging in to promote HPS. This was evident in the participants' responses on how they involved the parents in the implementation of HPS. I their responses participants mentioned inviting the community members to assist, asking them to be volunteers and informing them about the activities.

These responses indicate that parents were not part of decision-making on which programmes or how HPS programmes were to be implemented in the participating schools. This finding supports the similar finding by Kwatubana (2014) on the importance of community participation in health promotion processes at schools. The study found that schools do not create much space for communities to participate and as such are not part of decision-making in health-promotion. In instances where they are involved their participation is limited to occurrences where they are informed about decisions taken or expected to just endorse the decisions and consulted about health policies.

The study also found that the schools had collaborations with other community-based organisations which assisted the participating schools in the implementation of health programmes. The participants indicated that the collaborations with community-based organisations were of great help to the schools, for instance, SANCO assisted the school with the patrolling of the school premises, the local NGOs visited the schools to teach learners on health-related topics and the local businesses sponsored food and school uniforms.

The availability of the external collaborators is in line with the statement by Bruce *et al*. (2012), that schools do not have the competence to implement health-promotion as this is not their core business and, therefore, there is a need for assistance from external collaborators who have such knowledge skills and resources. A study by Kwatubana (2018b) also specifies the roles different collaborators can play in contributing to the promotion of healthy schools and how these can aid the enhancement of the implementation of school health-promotion.

However, the study found that the collaborations of these stakeholders according to the responses of the participants was more of the school requesting assistance from the collaborators for example asking for donations or the police coming to address learners on topics like bullying. On the other hand, it was the collaborators asking the permission from the school to provide a service for example, the NGOs asking to come to the schools to teach learners on health topics.

Similarly, St Leger (1998) also found that teachers did not understand what community participation meant and mainly considered them for the resources that they had to offer and not as joint partners in improving the health of school children.

The discipline of shared vision as described by Senge (2006) consists of a “set of principles and guiding practices that foster genuine commitment and enrolment rather than compliance” among members. SHP has a vision that of ensuring the promotion of healthy schools which safeguard the well-being of the school community and that of the schools. The schools are guided by their own visions, which may be inclusive of the visions of the teachers in it. The teachers have to understand the vision of SHP in order to align their own vision and that of their schools. This aligned vision can be shared with the community and collaborators. It is only when all members of the school community share a common vision that they are likely to share desired organisational outcomes.

6.3.3 Contribution of PD of principals on PHSE

The findings reveal that principals attended PD trainings on PHSE. There were topics that were addressed in training, such as - improving school safety, how to deal with bullying, and conflict resolution. This finding is supported by Steyn (2014) who found that principals attend workshops that enable them to create favourable environments for teaching and learning in schools. All the principals who participated in the study stated that they needed more knowledge and skills if they were to work successfully in the school health. They claimed that they did not receive enough PTD in health-promotion. Principals stated that in most workshops they attended, the focus was on curriculum. The study found that in most of the PTD that the principals attended there was no specific focus on PHSE.

A study conducted by Heystek *et al*. (2008) indicate that a challenge relating to PD of principals is that the trainings they receive are more general in the sense that principals attended workshops which did not address their areas of development.

Most teachers had a positive view of the PTD of principals as they indicated that it helped them to implement the programmes successfully. They mentioned that principals provided them with feedback after attending the PTD and gave them support in their implementation of the health-promoting programmes. The principals also confirmed the positive outcomes of attending PTD stating that they felt it made them better principals. They indicated being more confident in implementing the HPS programmes and able to provide support to the coordinators and committees as they knew what was expected or should be done in those programmes. This information was based on the topics in the PTD that were focusing specifically on health-promotion.

The results of a study by Deschenes *et al*. (2014) on the schools' capacity to absorb a HPS approach into their operations, indicated that PTD of principals helped reinforce the absorption capacities at the schools.

The study found that the principals played a supportive role in the PHSE. Some participants stressed the fact that they gained the principals' approval before the activities were implemented, and in that way the principal knew exactly what was happening and gave their support. Despite most of the participants were happy with their principals' support, the study found that some teachers felt that they could have accomplished more if the support from the principal was stronger.

The study by Payne *et al*. (2006) concluded that the principal should actively participate in the HPS implementation to provide support, guidance and encouragement. The literature

indicates that supportive learning environments are necessary for learning organisations (Smith & Sadler-Smith, 2006). A learning environment cannot be created without the support of leaders and managers (Fullan, 2004). This finding could imply that the principals were not able to provide full support because they were not sure how they could do so, or that they were not fully involved in the implementation of the programmes.

According to the findings of the study there is very little PD that is focused on PHSE. Without proper training lack of implementation is expected. Personal mastery becomes crucial in new innovations and programmes. Personal mastery as described by Senge (2006) indicates the willingness to become good at a particular skill or task. It is important to develop personal mastery as it is would allow teachers as individuals to expand their personal capacity to create the results they most desire. Personal mastery is about individuals taking ownership of their individual learning. In order for schools to commit to personal mastery they have to create an environment conducive to life-long learning. The PHSE cannot be effective without continuous learning of new skills, acquisition of knowledge and development of new values and positive attitude that accommodate health-promotion initiatives.

6.3.4 Challenges influencing the PHSE

The findings in this study revealed that the factors influencing the effective implementation of an HPS are complex. The lack of various resources was one of the key factors highlighted in the data that led to ineffectiveness in the implementation of HPS. The factors are listed below:

1. Lack of financial resources

Most participants felt that having financial resources was crucial in safeguarding the effective processes of the PHSE. A teacher commented about unavailability of funds, indicating that it “would make life a bit easier” with regards effective implementation. Financial resources for HPS were provided through different sources which included the DoE funding the feeding scheme and the maintenance of the school property; the donations from external collaborators such as the businesses; and the fundraising events done by the schools. The challenge was that the money from the DoE was indicated as not enough to support all the health programmes of the schools. Based on the socio-economic status of some of the schools in the study it was difficult even just to raise funds as most parents were not working. That meant that the schools had to rely on the funding from the DoE and external collaborators to engage in the practices of HPS. The implication

here is that while the DoE and external collaborators provided some funding, the overall impact was negative on the HPS' sustainability when their funding was no longer available.

This finding was supported by Deschesnes *et al.* (2003) that lack of sustainability of financial support from the sectors involved in the implementation of health-promotion initiatives constitutes a significant barrier.

2. Lack of teacher involvement

Teacher involvement in HPS was seen as a challenge in the effective implementation of HPS in the participating schools. The perception of some of the participants was that some teachers were not prepared to become actively involved as they indicated having other responsibilities in addition to their involvement in the HPS. Moreover, lack of commitment of some of the teachers was also indicated to have a negative impact on the PHSE. The study also found that some teachers viewed HPS as an additional burden because, it was mostly perceived as another programme which could take their attention and time away from the "normal" functioning of the school.

The study conducted by Han and Weiss (2005) also found that the teachers' implementation efforts of a programme may be influenced by their perceptions and beliefs about the programme. They found that more specifically, teachers' judgements of the acceptability of an intervention programme significantly influence their interest and willingness to implement a programme and the degree to which they implement the programme with commitment.

3. Lack of district support

Although the local education authority can play an important role in supporting the implementation of HPS, it was the teachers' perception that the district was not involved in any meaningful way. They were of the opinion that the support from the school district was not enough because it would only tell them what they needed to do to promote healthy settings. They then seldom or never visited the schools to monitor that programmes were implemented. This lack of active involvement was of concern, as the district is a key actor that has power and authority over schools. Similarly, the principals felt that the district could play a bigger role in the PHSEs because they have access to health professionals (such as psychologists and social workers), who are available at the district especially with regards to psychosocial support which was much needed at the schools with their

challenging social contexts. It was clear that the district was considered an important actor for the effective implementation and sustainability of health programmes, but they played this expected role in a very limited way.

Hoyle *et al*. (2008) found that HPS implementation and sustainability in the Pueblo, Colorado, school district, was possible because of the support from the district. There was a shared vision, understanding of HPS, and commitment on the part of both the school and education district.

4. Lack of time due to heavy workloads

Participants in the study admitted that time was a challenge because of their heavy academic workload, not leaving them much time to pursue HPS. Participants indicated that they were already involved in other extra-curricular activities over and above their teaching workload, which were taking much of their time. In this regard the study found that teachers perceived HPS as another intervention programme or an “add on’’ to their already heavy workload. This suggests that the HPS approach was not fully understood or integrated into the participating schools.

A study conducted by Mohammed (2016) on factors influencing the implementation of HPS reported similar results that the challenge was the balancing of heavy workload of teachers.

The mental models created by teachers is extremely important when examining their own approach to school health-promotion. Senge (2006) regards mental models as inherent believes an individual possesses based on their own personal or professional experiences. These beliefs influence the way the individual perceives reality and responds to various situations. The participants, perceive health-promotion as an added burden, add on and an extra load. The implication is that the teachers are not willing to understand the importance of health-promotion, they seem not keen to change, open their minds to new opportunities. What becomes important for the school community is to be able to form new mental models which are aligned to the discourse of the learning organisation. These mental models can be questioned to provide them with tools to share a new language for learning. There is a need for a focus on systems thinking which will afford them the ability to see patterns and interrelationships in their daily work as principals. Systems thinking allows the viewing of the entire system while it is in motion so that it can be understood how each piece interacts with and affects the others. School health-promotion has an important

contribution to education as a whole. Health and education are inter-related and intertwined. Without systems thinking, changes that are made quite often result in new problems which can have serious unintended consequences (Moloi *et al*., 2006).

6.4 RECOMMENDATIONS ON THE PROFESSIONAL DEVELOPMENT OF PRINCIPALS

Based on the discussion of the findings presented above, the following recommendations are proposed:

- This study recommends that team learning be conducted in schools in order to improve the promotion of healthy environments in their schools. In team learning individuals have to coordinate knowledge and behaviours in order to reach a team goal
- Schools as organisations have to embark on a shared vision. Primarily, they have to be clear of their vision with regards to the PHSE and be able to share this vision with other stakeholders. External collaborators and other significant bodies can contribute meaningfully if they understand the vision of the school
- The PTD of principals has to focus on health-promotion in schools. The topics that are addressed in this kind of training should be expanded to attend to the management of collaborations; the importance of school health promotion; changing negative attitudes and motivation of teachers and learners in involvement in the PHSE; and time management.

6.5 LIMITATIONS OF THE STUDY

Only four public primary schools were chosen to participate in the study. The findings in this study are therefore not representative of the whole population of the schools in the Sedibeng East and West districts.

6.6. CONCLUSION

This study investigated the effectiveness of the professional teacher development for principals in the promotion of healthy school environments. The research was conducted by means of literature review and empirical research. It was found that participants understood health-promotion differently; health-promotion was implemented in the participating schools, but there were many challenges; the influence of PTD on PHSE was

not much; and that there were challenges that were hindering the PHSE that the schools could not resolve. The general finding of this research is that the PTD for principals did not have much effect on the PHSE as there was not much focus with regards to the topics for their training that were specific to health-promotion.

The results of this study have implications for PD of principals and health-promotion in schools. The researcher argues that there needs to be a focus on the training of principals in health-promotion in order for it to benefit learners in poor communities.

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Appendix A

NORTH-WEST UNIVERSITY ®
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

Private Bag X6001, Potchefstroom,
South Africa, 2520

Tel: (018) 299-4900
Faks: (018) 299-4910
Web: http://www.nwu.ac.za

Institutional Research Ethics Regulatory Committee
Tel: +27 18 299 4849
Email : Ethics@nwu.ac.za

ETHICS APPROVAL CERTIFICATE OF STUDY

Based on approval by the **Basic and Social Sciences Research Ethics Committee (BaSSREC) on 24/05/2017** after being reviewed at the meeting held on **11/05/2017**, the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby **approves** your study as indicated below. This implies that the NWU-IRERC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Project title:
The effectiveness of the continuing professional teacher development system for principals in Sedibeng districts

Project Leader/Supervisor: Sipho Kwatubana
Student: Nomsa Moteetee

Ethics number: N W U - HS - 2 0 1 7 - 0 0 7 8
(Institution - Year - Project Number)

Application Type: Single Study
Commencement date: 2017-05-24 **Expiry date:** 2020-05-24 **Risk:** Low

Special conditions of the approval (if applicable):

- Translation of the informed consent document to the languages applicable to the study participants should be submitted to the BaSSREC (if applicable).
- Any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the BaSSREC. Ethics approval is required BEFORE approval can be obtained from these authorities.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- *The project leader (principle investigator) must report in the prescribed format to the NWU-IRERC via BaSSREC:*
  - *annually (or as otherwise requested) on the progress of the study, and upon completion of the project*
  - *without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.*
  - *Annually a number of projects may be randomly selected for an external audit.*
- *The approval applies strictly to the proposal as stipulated in the application form. Would any changes to the proposal be deemed necessary during the course of the study, the study leader must apply for approval of these changes at the BaSSREC. Would there be deviated from the study proposal without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.*
- *The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-IRERC via BaSSREC and new approval received before or on the expiry date.*
- *In the interest of ethical responsibility the NWU-IRERC and BaSSREC retains the right to:*
  - *request access to any information or data at any time during the course or after completion of the study;*
  - *to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.*
  - *withdraw or postpone approval if:*
    - *any unethical principles or practices of the project are revealed or suspected,*
    - *it becomes apparent that any relevant information was withheld from the BaSSREC or that information has been false or misrepresented,*
    - *the required annual report and reporting of adverse events was not done timely and accurately,*
    - *new institutional rules, national legislation or international conventions deem it necessary.*
- *BaSSREC can be contacted for further information or any report templates via Charmaine.Lekonyane@nwu.ac.za or 018 210 3483.*

The IRERC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the IRERC or BaSSREC for any further enquiries or requests for assistance.

Yours sincerely

Prof LA Du Plessis
Digitally signed by Prof LA Du Plessis
Date: 2017.06.08 15:15:45 +02'00'

Prof Linda du Plessis
Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)

GAUTENG PROVINCE
Department: Education
REPUBLIC OF SOUTH AFRICA

8/4/4/1/2

GDE RESEARCH APPROVAL LETTER

Date:	17 May 2017
Validity of Research Approval:	06 February 2017 – 29 September 2017 2017/102
Name of Researcher:	Moteetee N.R
Address of Researcher:	6 Thomas Street
	CE 1
	Vanderbijlpark, 1911
Telephone Number:	079 042 0261
Email address:	nomsa.moteetee@nwu.ac.za
Research Topic:	The effectiveness of the continuing professional teacher development system for principals in the Sedibeng districts
Number and type of schools:	Ten Primary Schools and Ten Secondary Schools
District/s/HO	Sedibeng East and Sedibeng West

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

18/05/2017

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted: 1

Office of the Director: Education Research and Knowledge Management
7th Floor, 17 Simmonds Street, Johannesburg, 2001
Tel: (011) 355 0488
Email: Faith.Tshabalala@gauteng.gov.za
Website: www.education.gpg.gov.za

APPENDIX C

RECRUITMENT LETTER

Dear Sir/Madam

Re: APPLICATION TO CONDUCT ACADEMIC RESEARCH

This letter is an invitation to consider participating in a study I, Nomsa Roseline Moteetee, am conducting as part of my research as a master's student entitled "**The effectiveness of the professional Teacher Development in the promotion of healthy school environments"** at the North West University. Permission for the study has been given by Gauteng Department of Education and the Ethics Committee of the North West University, has also duly granted me permission in this regard. I have purposefully identified you as a possible participant because of your valuable experience and expertise related to my research topic.

I would like to provide you with more information about this study and what your involvement would entail if you agree to take part. The importance of the research study in education is substantial and well documented. The research problem is as follows: **"How effective is the implementation of PTD in school principals in the promotion of healthy school environments?''**

This research study is significant in its contribution to the description of the experiences of principals in relation to their PTD. The findings of the research might be able to add to the existing literature pertaining to the experiences of principals in terms of CPTD. It might contribute to one's understanding why principals experience what they experience in terms of CPTD. Furthermore, the study could also contribute to the expertise in terms of members of the education profession and the school community at large relating to the experiences of principals in terms of CPTD.

I will be conducting research at schools in the two Sedibeng Districts, and I would like to invite you to participate in this research study. Sources of data to be collected will be the analysis of documents relating to CPTD and semi-structured interviews with principals of public schools in Sedibeng Districts.

Only principals who signed up for participation in the SACE CPTD in 2013 and have at least minimum experience of three years as a principal will be included in the study. Principals that did not sign up for participation or have less than three years' experience as principal will be excluded in the study because the CPTD three-year cycle started in January 2014 until December 2016 and the researcher is interested to establishing the effectiveness of CPTD during that period.

If you decide to participate in the study, I will conduct 45 to one-hour long interview with you on a date and at a time and place of your choice. Your participation in this study is voluntary. It will involve an interview of approximately 45minutes to one hour in length to take place in a mutually agreed upon location at a time convenient to you.

With your kind permission, the interview will be audio-recorded to facilitate collection of accurate information and later transcribed for analysis. Shortly after the transcription has been completed, I will send you a copy of the transcript to give you an opportunity to confirm the accuracy of our conversation and to add or to clarify any points. All information you provide is considered completely confidential.

Your name will not appear in any publication resulting from this study and any identifying information will be omitted from the report. However, with your permission, anonymous

quotations may be used. Data collected during this study will be retained on a password protected computer for 12 months in my locked room.

You may experience some anxiety simply as the result of being interviewed and recorded. You may experience some anxiety that your responses will be shared with others. In this regard I will give you a 15-minute break, with some refreshment (a juice and a piece of fruit) about halfway through the interview.

Your participation in the study will be voluntary and will, in no way, either advantage or disadvantage you. You may decline to answer any of the interview questions if you so wish. Furthermore, you may decide to withdraw from this study at any time without any negative consequences.

You will be free, at any stage during the process up to and including the stage at which you verify the transcript of your interview as described above, to withdraw your consent to participate, in which case your participation will end immediately without any negative consequences. Any and all data collected from you to that point in the study will be destroyed.

The confidentiality of the information you provide and your anonymity will be assured. Neither you nor your school will be referred to by name, and should there be a need in the research to refer verbatim to a comment made by you, you will be assigned a pseudonym.

The researcher will use your answers, together with those of about 20 other public school principals to establish the effectiveness of the implementation of CPTD in the Sedibeng Districts. These explanations will be written up as articles or book chapters or research reports. They will also be spoken about in conferences in South Africa and overseas. The summary on the findings of the study will also be given you as the participant.

The benefits of participating in this research project include the fact that gaining an understanding of principals' perceptions of CPTD will inform planning for principal professional development by the Department of Education and assist SACE and in discharging its mandate to promote continuing professional development of principals.

Your personal contribution and responses are crucial in assisting me to answer relevant questions regarding the effectiveness of CPTD, and your thoughtful consideration in this regard will be highly appreciated.

If you have any question regarding this study, or would like additional information to assist you in reaching a decision about participation, please contact me at 079 0420261or by e-mail at nomsa.moteetee@nwu.ac.za

You can contact the chair of the Basic and Social Sciences Research Ethics Committee (Prof Jaco Hoffmann) at 016 910 3483 or Jaco.Hoffman@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher.

I look forward to speaking with you very much and thank you in advance for your assistance in this research study. If you accept my invitation to participate, I will request you sign the consent form that has been provided.

Yours sincerely

Nomsa Moteetee

Researcher

Cell: 0790420261

e-mail: nomsa.moteetee@nwu.ac.za

APPENDIX D

Dear Participant

INFORMED CONSENT TO PARTICIPATE IN RESEARCH-THE EFFECTIVENESS OF PROFESSIONAL TEACHER DEVELOPMENT FOR PRINCIPALS IN THE PROMOTION OF HEALTHY SCHOOL ENVIRONMENTS.

My name is Nomsa Moteeteee, and I am currently enrolled for a Masters' degree at the North West University. The topic of my research is THE EFFECTIVENESS OF THE PROFESSIONAL TEACHER DEVELOPMENT SYSTEM FOR PRINCIPALS IN THE PROMOTION OF HEALTHY SCHOOL ENVIRONMENTS.

The main reason for pursuing this study is to establish the effectiveness of the SACE CPTD system to promote continuing professional development of principals and to understand how principals perceive and experience CPTD. In order to achieve this; the following objectives need to be realised:

To understand the essence of CPTD; To determine the principals' perceptions about the SACE CPTD; To investigate the challenges experienced by principals in the implementation of SACE CPTD; and to offer recommendations that will assist SACE in discharging its mandate to promote professional development of teachers.

I will be conducting research at schools in the two Sedibeng Districts, and I would like to invite you to participate in this research study. Sources of data to be collected will be the analysis of documents relating to CPTD and semi-structured interviews with principals of public schools in Sedibeng Districts.

Only principals who signed up for participation in the SACE CPTD in 2013 and have at least minimum experience of three years as a principal will be included in the study. Principals that did not sign up for participation or have less than three years' experience as principal will be excluded in the study because the CPTD three-year cycle started in January 2014 until December 2016 and the researcher is interested to establishing the effectiveness of CPTD during that period.

If you decide to participate in the study, I will conduct 45 to one-hour long interview with you on a date and at a time and place of your choice. Your participation in this study is voluntary. It will involve an interview of approximately 45minutes to one hour in length to take place in a mutually agreed upon location at a time convenient to you.

With your kind permission, the interview will be audio-recorded to facilitate collection of accurate information and later transcribed for analysis. Shortly after the transcription has been completed, I will send you a copy of the transcript to give you an opportunity to confirm the accuracy of our conversation and to add or to clarify any points. All information you provide is considered completely confidential.

Your name will not appear in any publication resulting from this study and any identifying information will be omitted from the report. However, with your permission, anonymous quotations may be used. Data collected during this study will be retained on a password protected computer for 12 months in my locked room.

You may experience some anxiety simply as the result of being interviewed and recorded. You may experience some anxiety that your responses will be shared with others. In this regard I will give you a 15-minute break, with some refreshment (a juice and a piece of fruit) about halfway through the interview.

Your participation in the study will be voluntary and will, in no way, either advantage or disadvantage you. You may decline to answer any of the interview questions if you so

wish. Furthermore, you may decide to withdraw from this study at any time without any negative consequences.

You will be free, at any stage during the process up to and including the stage at which you verify the transcript of your interview as described above, to withdraw your consent to participate, in which case your participation will end immediately without any negative consequences. Any and all data collected from you to that point in the study will be destroyed.

The confidentiality of the information you provide and your anonymity will be assured. Neither you nor your school will be referred to by name, and should there be a need in the research to refer verbatim to a comment made by you, you will be assigned a pseudonym.

The researcher will use your answers, together with those of about 20 other public school principals to establish the effectiveness of the implementation of CPTD in the Sedibeng Districts. These explanations will be written up as articles or book chapters or research reports. They will also be spoken about in conferences in South Africa and overseas. The summary on the findings of the study will also be made available to you as the participant.

The benefits of participating in this research project include the fact that gaining an understanding of principals' perceptions of CPTD will inform planning for principal professional development by the Department of Education and assist SACE and in discharging its mandate to promote continuing professional development of principals.

Your personal contribution and responses are crucial in assisting me to answer relevant questions regarding the effectiveness of CPTD, and your thoughtful consideration in this regard will be highly appreciated.

Yours sincerely

Nomsa Moteetee

Researcher

Cell: 0790420261

e-mail: nomsa.moteetee@nwu.ac.za

APPENDIX D

LETTER OF INFORMED CONSENT

VOLUNTARY PARTICIPATION IN THE RESEARCH PROJECT ENTITLED

"The effectiveness of the Professional Teacher Development for principals in the promotion of healthy school environments,"

I_____

_____hereby voluntarily and willingly agree to participate as an individual in the above-mentioned study introduced and explained to me by Ms. Nomsa Moteetee, currently a student enrolled for a M.Ed. Leadership and management degree at the North West University.

I have read the information presented in the information letter about the research study that is being undertaken in education. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions, and add any additional details I wanted. I am aware that I have the option of allowing my interview to be audio-recorded to ensure an accurate recording of my responses. I am aware also that excerpts from the interview may be included in publications to come from this research, with the understanding that the quotations will be anonymous. I was informed that I may withdraw my consent at any time without penalty by advising the researcher. With full knowledge of all foregoing, I agree, of my free will, to participate in this study.

Participant's Name (Please Print):

.....

Participant's Signature:

.....

Date:

Researcher's Name:

NOMSA ROSELINE MOTEETEE

Researcher's Signature:

.....

Date:

APPENDIX E

INTERVIEW SCHEDULE

The researcher will use the following questions during the interviews:

Interview schedule for SMT/ Wellness coordinator and Nutrition committee member

1. What is your understanding of a health promoting school?
2. How does your school promote health? / Which health promoting programmes are implemented in your school?
3. What kind of training have you received from the principal in order to implement the health promoting programmes?
4. How has the training you received assisted you to implement the health promoting school programmes?
5. Which policies does the school have that guide the promotion healthy school environments?
6. How is the community involvement in school activities relating to the promotion of healthy school environments?
7. What links / collaborations does the school have with other service providers or organisations that support promotion of healthy school environments?
8. What role does the principal play in assisting you to implement the initiatives?
9. Do you think the principal plays his/her role effectively in promoting a healthy school environment?
10. What advice would you give to strengthen the role of the principal in helping you to implement the healthy school promoting initiatives?

APPENDIX F

Interview schedule for SMT/ Wellness coordinator and Nutrition committee member

1. What is your understanding of a health promoting school?
2. How does your school promote health? / Which health promoting programmes are implemented in your school?
3. What kind of training have you received from the principal in order to implement the health promoting programmes?
4. How has the training you received assisted you to implement the health promoting school programmes?
5. Which policies does the school have that guide the promotion healthy school environments?
6. How is the community involvement in school activities relating to the promotion of healthy school environments?
7. What links / collaborations does the school have with other service providers or organisations that support promotion of healthy school environments?
8. What role does the principal play in assisting you to implement the initiatives?
9. Do you think the principal plays his/her role effectively in promoting a healthy school environment?
10. What advice would you give to strengthen the role of the principal in helping you to implement the healthy school promoting initiatives?