

## Preservice Teachers and School Health and Wellness

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### Abstract

While health and wellness education can positively impact preservice teachers' beliefs and attitudes and the students they teach, barriers exist for preservice teachers in taking on this role, including a lack of formal education. We conducted semi-structured interviews with 11 preservice teachers to determine the perspectives of preservice teachers about health and wellness in school settings and their teacher education program. In our findings, we identified four themes, including (a) teachers are health and wellness role models, (b) preservice teachers need and want more health and wellness preparation, (c) health and wellness ought to be viewed holistically, and (d) responsibility for health and wellness comes from the top down. The themes identified suggest particular areas of need, including more information at the course level in teacher education programs and prioritizing health and wellness at the provincial, divisional, and school levels. We suggest that a systemic perspective that promotes collaboration among teachers, administrators, schools, and teacher education programs is necessary in order to ensure consistent application of evidence-based practice.

*Keywords:* Preservice teachers, wellness, health, health promotion, schools, teacher education

## Preservice Teachers and School Health and Wellness

There is increasing recognition that addressing wellness in schools enhances student learning and an ongoing emphasis on supporting the whole student, accounting for overall student wellness (Darling-Hammond & Cook-Harvey, 2018; Falkenberg et al., 2021; Lewallen et al., 2015; Slade & Griffith, 2013). Comprehensive School Health (CSH) approaches emphasize the importance of involving all stakeholders, including teachers, in successfully enhancing wellness so that students might “reach their full potential as learners and as productive members of society” (Bassett-Gunter et al., 2016, p. 239). Given the critical position teachers are in to impact student health and wellness (Morse & Allensworth, 2015; Ott et al., 2017), teachers’ roles have expanded to include health promotion (Bryne et al., 2018). Mounting evidence that healthy students make better learners (Michael et al., 2015) has contributed to expectations that teachers not only impart curricula but act as role models and health ambassadors in schools (Vander Schee, 2009). Teachers who act as strong role models and health ambassadors who desire to champion healthy ideals within the school community recognize the positive link between health and student learning (Alberta Education, 2015; Alberta Teachers Association [ATA], 2019). This perspective is exemplified by a CSH approach that focuses on whole school health and wellness as achievable through collaborative, holistic efforts in which teachers are important contributors (ATA, 2019; Neely et al., 2020; Storey et al., 2016; Veugelers & Schwartz, 2010). Despite their crucial role, teachers have expressed discomfort with health-related content and a lack of preparation to address health and wellness in schools (Jourdan et al., 2008; Russell-Mayhew et al., 2016). It is important to understand the knowledge and perceptions that preservice teachers have about school health and wellness, given the important role that they will hold in schools as key stakeholders in improving student outcomes through holistic and integrated approaches to school health (Brann et al., 2022; Joint Consortium for School Health [JCSH], 2024).

### Theoretical Background

Health and wellness concepts underlie efforts to create a supportive school ethos for student wellbeing. The definition of wellness, adopted for the purposes of this research, is taken from the Alberta Education, Framework for Kindergarten to Grade 12 Wellness Education document (2009) in which student wellness is defined as “a balanced state of emotional, intellectual, physical, social, and spiritual well-being that enables students to reach their full potential in the school community” (p. 3). In this holistic definition, wellness is viewed as a measure of health across varied dimensions.

Children do their best work in learning environments that are predictable, safe, and caring. Yet, across Canada, students grapple with mental health and social-emotional concerns that impact their well-being and school achievement (Brown et al., 2019). Vaillancourt et al. (2021) stressed that a national strategy is required that “emphasizes children’s mental well-being” and that the initiative “must include ‘school-based mental health’ as a first step along a continuum of care pathway” (p. 1630).

While the Government of Alberta proclaimed child health a priority in 2005, “a large body of evidence points to a dramatic rise in cases of anxiety, depression, and self-harm in children (Nielsen & Amundrud, 2023, p. 342). Student health and wellness was also impacted and continues to be impacted by the COVID-19 pandemic (Government of Alberta, 2021a). In response, the government of Alberta published a guideline for schools to help facilitate a safe and caring learning environment. The document outlined a continuum of supports and services for schools

(Government of Alberta, 2021b); one of these resources is the comprehensive school health framework (CSH), an approach that emphasizes the importance of healthy and supportive school policies that can support school communities (ATA, 2019). Empirically supported, CSH is taken up across Canada as a framework for enhancing health and wellness in schools (ATA, 2019). This approach requires the implementation of policies and practices in relation to four components: (a) teaching and learning, (b) social and physical environments, (c) policy, and (d) partnerships and services (JCSH, 2024). This approach acknowledges that schools are well positioned to influence student health and wellness and that efforts to do so must enlist the support of all stakeholders (e.g., teachers, administrators, students, parents, and community (JCSH, 2024; Storey et al., 2016). Successful CSH efforts require teachers to promote school health behaviours and wellness. An underlying principle of CSH is that healthy students are better learners and that improvement in student wellness contributes to greater student achievement (Bassett-Gunter et al., 2016; JCSH, 2024). A school with an ethos that values health and wellness will induct new teachers into positive attitudes toward the subject and into emulating the good practices that they witness (Byrne et al., 2018).

While school districts in Alberta support their teachers in meeting the goals of a CSH framework through partnerships with organizations like Ever Active Schools (ATA, 2019), teacher education programs also have the responsibility to prepare preservice teachers to meet school expectations in supporting health and wellness initiatives. Indeed, “Preservice teacher programs are ideal venues for engaging future teachers in the critical work of supporting wellbeing” (Squires et al., 2022, p. 3). Yet there remains a gap in terms of what is asked of teachers and the education they are provided in Bachelor of Education (B.Ed.) programs.

Emerging research suggests that health and wellness education for preservice teachers enhances the perceived value of this knowledge for them as they participate in practicum experiences in schools (Byrne et al., 2018; Corcoran & O’Flaherty, 2022), as well as impacts their beliefs and attitudes related to health (Russell-Mayhew et al., 2015). In turn, this knowledge has the potential to impact the health of students, schools (Russell-Mayhew et al., 2017; Brown et al., 2019; Squires et al., 2022), and the classroom environment. A link has been made between the wellness of teachers and their ability to foster caring pedagogical relationships with their students (Lawson et al., 2022). Although results suggest that preservice teachers who receive health and wellness content have more positive attitudes toward health education and their future roles as health promoters (Atkins & Roger, 2016; Byrne et al., 2012; Jourdan et al., 2008), several studies have identified barriers such as school leadership and professional development support to taking on this role (Byrne et al., 2018; Russell-Mayhew et al., 2016; Vamos & Zhou, 2009). In addition, while more teacher education programs in Canada include health and wellness content in required courses, little is known about preservice teachers’ knowledge and experiences with health and wellness prior to receiving formal education in this area.

### **Theoretical Framework: Teacher Professional Identity**

Research on professional identity (PI) has emphasized that along with the formal understanding of teaching and learning acquired as a preservice teacher progresses through their education program, PI is also influenced by a teacher’s self-image and sense of professional self. A deep understanding of ‘identity’ development necessarily involves subjective accounts of one’s world (Greenfield, 2011, p. 23); in education, a teacher’s PI can be framed as the fostering of “self-descriptions” (Winslade, 2002, p. 35). Preservice teachers reconstruct views of their professional selves over

time in relation to university instructors, classroom teachers, school environments, and the culture of teaching (Sutherland et al., 2010). However, while the creation of a PI is a career-long task, “initial teacher education is one of the periods with the strongest influence on it” (Cuadra-Martinez et al., 2023, p. 6).

Teacher professionalism is strongly influenced by a teacher education program and the program’s unique profile (Beauchamp & Thomas, 2009). Program values, the “ontological and epistemological assumptions surrounding what it means to be a teacher” (Cuadra-Martinez et al., 2023, p. 7), and the prescribed program curricula are all factors in shaping preservice teacher professionalism. A PI, informed by preservice teachers’ values, beliefs, and formal knowledge, has relevance for the approach that they will bring to their classroom practice. For health and wellness education targeting preservice teachers to be effective, it is critical that the content is responsive to preservice teachers’ needs and fit within the existing professional program (Russell-Mayhew et al., 2017). To determine how best to address health and wellness education for preservice teachers at a liberal arts university in Alberta, Canada, this project explored the knowledge and experiences of preservice teachers as they relate to health and wellness in a B.Ed. program.

### **Methodology**

This qualitative study sought to explore the background knowledge and experiences that preservice teachers have in the area of health and wellness through qualitative inquiry.

Qualitative research emphasizes the meaning that people bring to phenomena as a result of the experiences they have (Lincoln & Denzin, 2005). The aim of this research is to establish an understanding of preservice teachers’ current views on health and wellness in school settings to determine areas of need for a curricular framework. The findings of this study will serve as a pilot project to provide essential information for future efforts to enhance preservice teachers’ capacity and competencies regarding school health and wellness.

### **Context for the Study**

Although we teach in different faculties at a small liberal arts university in Alberta, Canada, our interest in school health and wellness is an area of common concern. The first author is a white female academic in psychology whose research interests include prevention and health promotion in school settings. I (first author) entered the research with a belief in the importance of health and wellness in B.Ed. programs, given teachers’ critical role as role models and health promoters within healthy school communities. The second author, a white, female, academic in education, has an interest in preservice teacher program experiences and professional identity development. I (second author) believed that the development of preservice teacher competency would be enhanced through the inclusion of course content around school health and wellness. The third author, a white, female academic administrator in education, is interested in social justice and supporting the development of wellness initiatives across provincial and national teacher education programs. We recognize that instructors in the teacher education program have a responsibility to incorporate current and effective teaching and learning practices, so an intentional emphasis on a school health and wellbeing curriculum would be a timely inclusion to the B.Ed. program.

Preservice teachers at the institution currently receive no explicit course content on understanding school health and wellness or information on how to approach this topic in schools. Two practicum experiences are offered in the first year of the program; preservice teachers

work with one mentor teacher for both practicum experiences. The mentor teacher supports them in making explicit connections between theory and practice in a classroom setting. The practicum also gives preservice teachers the opportunity to develop a professional identity that will guide their work as a future educator.

### **Methods**

In this research, we utilized thematic analysis (Braun & Clarke, 2006) to discover the meanings and perceptions that preservice teachers have on health and wellness in schools. Specifically, this research focused on establishing an understanding of preservice teachers' current views on health and wellness in school environments through the following research questions:

1. What do preservice teachers believe and understand about health and wellness in educational settings?
2. What are preservice teachers' experiences in relation to health and wellness in educational settings?

Participants were invited to participate in a semi-structured interview to share their current perspectives on health and wellness in schools and classroom contexts as key stakeholders contributing to whole-school health and wellness from a CSH perspective. Ethics approval was obtained from the University Research Ethics Board. Informed written consent was obtained from all participants via Qualtrics.

### **Participants**

Information about the study was shared with 280 preservice teachers enrolled in an after-degree teacher education program. Eleven preservice teachers consented to take part in a semi-structured interview. Participants ( $n = 3$  male,  $n = 8$  female) were in their first year of a two-year B.Ed. program. Eight participants identified their race or ethnicity as White, one as Hispanic, one as Southeast Asian, and one as Biracial. All participants had a prior B.A. or B.Sc. degree with varying majors (2 science, 2 business/economics, 3 psychology/child development, 2 general, 1 health and physical education, and 1 undisclosed).

### **Data Collection**

Author one and author two conducted eleven semi-structured interviews with preservice teachers who were at the end of their first year in the teacher education program. Participants were asked to share their views and perspectives on health and wellness in school contexts. The interviews were conducted virtually and lasted approximately 45 minutes. Questions from the semi-structured interview guide focused on four general areas including (a) their observations of how health and wellness are present in schools, (b) their own beliefs about health and wellness, (c) where ideas about health and wellness are derived from, and (d) how they see themselves engaging with health and wellness in schools as health promoters. Interviews were audio recorded and transcribed.

### **Data Analysis**

Data was analysed using the steps of thematic analysis outlined by Braun and Clarke (2006; 2019). They identified six steps for data analysis, including: 1. Immersion in the data in order to become familiar with it; 2. Generating initial codes; 3. Establishing themes; 4. Reviewing and refining the themes; 5. Defining and naming themes; and 6. Producing a report that tells a story about the data. Additionally, the researchers discussed divergent perspectives concerning

categorizations and themes to ensure trustworthiness (Elo et al., 2014). NVivo software was used to facilitate a process of inductive data analysis wherein coding is completed without a prescribed framework, and codes were derived from the data rather than pre-existing theoretical assumptions (Nowell et al., 2017).

We utilized “validation strategies” (Creswell, 2013, p. 250) to assess the interpretation of the accounts of the preservice teachers. Creswell employed this term to emphasize the process of carrying out the study rather than as a verification of findings. He identified a number of accepted strategies for researchers “to document the accuracy of their studies” (Creswell, 2013, p. 250) and suggested that researchers “engage in at least two of them in any given study” (Creswell, 2013, p. 251). In our study, we utilized two strategies: we clarified the researchers’ background and bias, and we provided detailed, thick descriptions of the research themes and the participants’ thoughts through individual notes and then shared discussion. To capture a detailed description of preservice teacher perceptions and understandings, we offer a detailed account of themes derived from across all interviews in order “to find repeated patterns of meaning” (Braun & Clarke, 2006, p. 86) and to make the participants’ understanding visible.

### Findings

Four themes were discovered through the analysis of our data including (a) teachers are health and wellness role models, (b) preservice teachers need and want more health and wellness preparation, (c) health and wellness ought to be viewed holistically, and (d) responsibility for health and wellness comes from the top down. The following is a description of these four themes.

#### Teachers are Health and Wellness Role Models

There was strong agreement amongst preservice teachers that they viewed classroom teachers as role models for their students. Participants generally saw their responsibility as teacher role models in a positive light. One preservice teacher noted, “If we can’t display a positive mindset amid struggle as well, then how can you really expect the students to do that?” Another preservice teacher commented, “I think it starts with the teachers because they set the example.”

Several participants expressed that as classroom teachers, they would aspire to be role models for their students; “I think, as an individual, and as a teacher, if my health outside of school is kept well, then I’m able to bring that into the school”. This preservice teacher continued:

If I’m deregulated, and if I’m not in a good place, how can I expect the students to [not] feel the same? So, I need to make sure that I go into work with a sound body and mind and that I’m ready to take on the unpredictability of the day.

Another participant noted that she would “love the opportunity to make deeper connections with the students and help empower them to take control of their life...help them feel empowered to make their own decisions and get involved in their own life.”

One preservice teacher acknowledged that teachers she had observed were not always strong health role models, and she wondered how many opportunities students had to express and apply the health class information they received. A participant observed, “It’s not really put into practice, and I think that the kids are getting the information, but they are not getting to use that information [from health class] for themselves.” Preservice teachers believe that classroom teachers have an important role to play in modelling healthy behaviours that promote wellness for

their students. The assumption is that when there is an absence of strong modelling for students by educators, it is often more difficult for them to take up healthy habits themselves.

A lack of role modelling by the school more broadly or adoption of health and wellness was something several preservice teachers commented on. They did not always see a meaningful investment by teachers in teaching about health and wellness. “Health is given a very small amount of time in schools in general.” A preservice teacher described the lack of time invested in health and wellness this way, “students...they don’t even get health [as a subject] every day...in my opinion, it’s [health and wellness] the base of the pyramid—that should be the biggest chunk. They need to be healthy first. “This participant wanted to see teachers devote more time to health and wellness awareness. “I think that it’s important that health in general is part of the every-day.”

### **Preservice Teachers Need and Want More Health and Wellness Preparation**

Although preservice teachers clearly identified the important role that teachers play in schools as role models, all participants expressed that health and wellness education was largely missing from their teacher education program. Participants expressed interest in more content on health and wellness in B.Ed. courses that would support them in their future classroom practice. One preservice teacher indicated, “We need more health and wellness classes in [the] curriculum.” A suggestion for incorporating school health and wellness into the B.Ed. program was offered, “creating [a] module for wellness, and [exploring] how we can implement this [knowledge about] wellness in the classroom.” Preservice teachers wanted specific kinds of information, including how to deal with students in crisis; a course that, as one preservice teacher described it, covered “fostering mental health, fostering physical health... and how the words that we use make a difference to the classroom culture.” A preservice teacher declared, “I’d love a whole course on wholeness, like Human Wholeness.” Another participant commented on the importance of having an understanding of mental health intervention strategies for her students. She described her interest this way; “I’m gonna deal with students who have to deal with grief or loss, depression, or anything really, so just training on how to deal with these students who are in crises. Or even students with disabilities.” Participants suggested that while they received small pieces of instruction that related to topics of health and wellness, health and wellness themes were not addressed in a comprehensive manner in their professional program.

While preservice teachers identified a lack of preparation in B.Ed. course offerings, they also acknowledged that they did not readily find opportunities to learn more about health and wellness during their practicum experiences in school settings. A preservice teacher commented that “it’s for the benefit of everyone, including the teacher, to maintain that positive, that wellness, that meditative type of environment in the classroom so things can work and move forward.” However, several preservice teachers reported that there was a lack of focus on health and wellness topics in their school settings. This observation, “It’s just...it’s not there. I mean, it’s there, and I’m not sure how many hours or minutes she [her mentor teacher] needs to spend on that class, but I kinda don’t see it... I’ve never seen her teach the class,” which was indicative of this perspective. Preservice teachers viewed access to information about health and wellness for students as essential support but found that these resources were not always present in school settings. The belief that health and wellness are underrepresented in teacher education programs and in school settings during practicum experiences is related to the next theme, which captures

the belief that health and wellness needs to not just be included in formal B.Ed. courses but done so in a way that accounts for the broader spectrum of dimensions of wellness.

### **Health and Wellness Ought to be Viewed Holistically**

Participants overwhelmingly shared beliefs that wellness is a “holistic” concept about “the mind, body, and the spirit.” When discussing a holistic approach to wellness, one participant stated, “It’s not just saying academics is one thing and then everything else comes second; they’re saying everything in its entirety represents the student.” Embedded in such conversations with participants was an agreement that schools are in a prime position to influence wellness and that it is the responsibility of educators to consider dimensions of wellness beyond academics or intellectual wellness.

Although all participants shared a strong belief in the importance of a multifaceted approach to wellness, several agreed that a fulsome understanding of wellness was lacking. Sharing about the ambiguity and lack of understanding, one preservice teacher stated, “I think that’s kind of an underlying theme, but we all think of it, we all touch upon it, but nobody knows kind of what that means in a sense.” This highlights the underlying notion that a comprehensive view of wellness is important but that a true grasp of the multiple dimensions of wellness is largely missing.

The lack of understanding was evident in preservice teachers’ descriptions of “holistic” or whole-student conceptualizations of wellness. Participants shared views of wellness that were often reduced to one or two of the five dimensions of wellness. Notably, when participants shared what they believed to be encompassing descriptions of wellness, they often focused on physical aspects. As one participant indicated, “physical health and wellness [is] the catalyst for holistic wellbeing,” placing physical health in a privileged position. Another participant described wellness in terms of the physical dimension, stating, “I would say to keep active. I think when people move, it plays a huge role... And also, healthy eating means a lot ...So yeah, moving and exercising, and eating healthy.” An emphasis on physical aspects of health was also prominent in larger school approaches to wellness, as another preservice teacher noted, schools have “a body-focused health plan. So, I’ve seen a lot of speak about nutrition, I’ve seen a lot of talk about activity and being active.”

### **Responsibility for Health and Wellness Comes from the Top Down**

The critical role of administrators and those above them in educational hierarchies was identified by a majority of participants. As one preservice teacher indicated:

When this culture is created from administration and people with more authority who take on more of a leadership role within the school, when these people set the standard and create a healthy workplace culture, then that really helps translate toward students, teachers, and support staff.

Preservice teachers expressed a belief that although the responsibility for wellness may fall on all those involved, including students and teachers, there is a “responsibility and accountability in leadership position[s],” suggesting that administration and government have greater power to impact wellness and thus, have responsibility. Another participant echoed:

I think a little bit falls on everyone. There’s some ownership on the individual who needs that support in recognizing that they do need additional support that they can’t provide for



themselves. But then you see that it does fall on the admin, the principals, the superintendents, the government, and the higher up to ensure that policies and what is available is matching.

Others expressed beliefs that the ability to influence, and consequently the responsibility for, wellness was also greater for heads of departments who invite collaboration from those within their departments and ensure that the group shares an intended focus.

### Discussion

Teachers are key role models for the students in their classes. It is generally accepted in research and practice that the role of teachers includes an expectation that they provide some form of health education (Leahy et al., 2015, p. 2). A provincial government focus on school health and wellness (Alberta Education, 2009, 2015; Alberta Health Services, 2023) signals the importance that this subject area has for student learning and educational outcomes, so provincial curriculum guidelines should prioritize health and wellness for all students. Indeed, Bryne et al. (2018) found that guidance and support from senior leaders was essential in creating a positive culture that supported health and wellness within a school community. When school boards and school districts embed school health and wellness perspectives in school and division-wide goals, procedures, and codes of conduct, a collective and collaborative approach to school health and wellness can emerge. A comprehensive framework can inform not only curricular outcomes for students but also school culture and practices that shape the perspective of everyone in the school community (Darling-Hammond & Cook-Harvey, 2018).

To better prepare preservice teachers to contribute to or address health and wellness in schools, researchers have recognized a need for education regarding teachers' role as health promoters (Bryne et al., 2018; Russell-Mayhew et al., 2012; Squires et al., 2022) and in relation to specific aspects of wellness such as mental (Greif Green et al., 2020), physical (Varea, 2018), and social (Corcoran & O'Flaherty, 2022) dimensions. Consistent with this, preservice teachers in the current study and previous research (Kendrick et al., 2024; Russell-Mayhew et al., 2012; Vamos & Zhou, 2009) expressed a lack of confidence in their ability to address health-related concerns or content and a desire for dedicated coursework in their teacher preparation programs.

Enhanced health and wellness-related preparation is critical to preparing not only preservice teachers who may choose to take on health-promoting roles in their future roles as a professional educator but also any teacher who may influence students as a role model. The potential for teachers to impart their own beliefs or attitudes regarding health and wellness, whether intentionally or unintentionally, is well-established in the literature (Parkinson & Burrows, 2020). Preservice teacher accounts suggested that they attributed responsibility to the classroom teacher to provide a positive model of good health and wellness for their students. In a larger school context, the school ethos "that values health and wellbeing" and "a leadership team that advocates health and wellbeing for all staff and pupils" (Bryne et al., 2018, p. 292) will support new teachers to develop positive attitudes towards these subjects, and so the health and wellness of teachers becomes central to the messaging that students receive about healthy lifestyles.

Finally, participants in the study also expressed a desire to approach health and wellness from a holistic perspective, or one that is inclusive of the various dimensions of wellness. Despite this, the comments shared were predominantly focused on physical (e.g., physical activity and nutrition), mental (e.g., mental health), and social (e.g., healthy relationships) aspects of wellness,

with a comparable lack of emphasis on other aspects. A parallel seems to exist between the lack of attention preservice teachers placed on other dimensions of wellness and the paucity of research regarding those dimensions (e.g., spirituality in secular schools) in the literature.

### **Implications for School Health Policy, Practice, and Equity**

School staff and administration, together with students and parents, are part of a connected and interactive school community. Each group has an impact on the other, and so the wellness of everyone is important. A teacher's responsibilities include the obligation to positively impact and influence their students' learning, and healthy students make better learners (Faught et al., 2017). For preservice teachers and in-service teachers to embody and promote health and wellness in schools, the larger school community must also make the same commitment. As noted by participants, these goals need to be made clear priorities by the administration and school divisions. Preservice teachers are influenced by the teaching context and school culture in which they carry out their practicum experiences (Oyserman et al., 2015). If a school does not embrace school health and wellness initiatives, preservice teachers will find it difficult to support health and wellness initiatives through their teaching in the practicum classroom and to foster the kind of values that support school health and wellness. Preservice teachers and their PI are shaped by the environment of their practicum experiences, and the values and beliefs they are exposed to in a particular school environment shape their future practice as teachers (Flores & Day, 2006). All teacher education programs should include school health and wellness concepts and resources in course programming that will offer a purposeful and meaningful way to engage with this knowledge.

Preservice teachers in this study identified a need for more information, resources, and practical application from their teacher education program. Their responses to questions about health and wellness in schools indicated that their personal values and previous experiences related to these topics had a greater impact on their approach to classroom instruction than information they had received from courses in their education program. Learning opportunities that allow preservice teachers to become more familiar with and reflect upon their teaching role and the lived experiences they had in classroom settings as they relate to health and wellness are needed. The teacher education program at our institution does not require preservice teachers to take any health and wellness courses during the two-year length of the program. This content gap is significant and leaves preservice teachers unprepared for their future role as teachers. As consistent and reliable information about student health and wellness is a requisite for meaningful student learning, theory and pedagogical strategies on the topic of school health and wellbeing should be part of course offerings in B.Ed. programs. The inclusion of this material would help to support preservice teacher efficacy and preparedness and would give preservice teachers an opportunity to incorporate health and wellness beliefs and values into their professional identity.

An already crowded teacher education program course of study creates challenges for B. Ed. programs trying to incorporate school health and wellness theory and content. While individual programs will need to examine the best way to deliver this knowledge and content for their students, the inclusion of health and wellness content signals to preservice teachers the importance of creating a positive learning environment through health promotion and improving educational outcomes for their students (Bryne et al., 2018). Without teacher education program support, the responsibility for acquiring knowledge about school health and wellness rests with the individual preservice teacher rather than the program and the larger educational community. While preservice

teachers in this study felt responsible for addressing the role of modelling health and wellness in their practicum school experiences, they did not believe that they had the resources (knowledge and strategies) to carry out this role well. A preservice teacher's desire to understand what it means to be a teacher and part of the teaching profession suggests that the meaning-making process of teachers must be an intentional focus in teacher education programs (Gallchóir et al., 2018).

As future educators, preservice teachers will be working in a particular school culture that will hopefully support a healthy workplace environment for all teachers. However, the demands of teaching do not always allow teachers to prioritize their own health and wellness. In these cases, taking on the role of a health ambassador is not always a viable option. New teachers entering the profession “especially require additional resilience support” (Squires et al., 2022, p. 14) as the emotional work to enter into authentic and caring relationships with students requires much emotional energy. Preparing preservice teachers by providing background knowledge and tools about school health and wellness can foster confidence and support their teaching practice and professional selves.

Within the larger education community, proposed health and wellness-related teacher qualification standards and divisional priorities should reflect coherent and consistent interpretations and practices of health and wellness. School divisions can benefit from researching and adopting evidence-based health and wellness initiatives to guide teachers in taking up these efforts. This is crucial to avoiding unintentionally imparting unhelpful, inaccurate, or potentially harmful messaging or practices gained through personal experience rather than established best practices and the literature.

### **Limitations**

The number of preservice teachers, eleven in total, who took part in the interviews was small and their responses do not represent the full range of perspectives on school health and wellness. Their comments reflect a particular moment in time in their thinking and a particular point in the progression of their study in the B. Ed. program. Notably, interviews were conducted during the COVID-19 pandemic. Although participants were instructed to reflect on the context outside of the pandemic, this may have influenced their responses.

The interview protocol collected demographic information on gender and race/ethnicity categories, however, the CSH framework that provided the foundation for our interview questions did not highlight the collection of potential data from the participants about these themes. The question of how gender and race relate to the prior knowledge and understanding of preservice teachers in the areas of health and wellbeing is a worthwhile area to examine. Additionally, the preservice teachers who responded to the invitation to take part in our study may have had a previous interest in school health and wellness that informed their responses. Further research that captures the perspectives and understanding of beginning teachers would add to the picture of how schools and teachers frame school health and wellness.

### **Conclusions**

The findings from our pilot project identified gaps participants had in their knowledge and understanding of health and wellness in school settings. Participant comments guided the creation of a school health and wellness course syllabus. The adoption of this course will help to incorporate content on health and wellness in our program and contribute to the health and wellness background knowledge of preservice teachers. A deeper knowledge of this content will foster a

sense of professionalism and efficacy for preservice teachers, and both these aspects will support the teaching approach they bring to their emerging practice.

Health and wellness are considered essential priorities in schools, requiring implementation at all levels of the educational system. Schools, administrators, and school board organizations play a vital role in the promotion of student health and wellness (Vaillancourt et al., 2021). As preservice teachers enter an increasingly challenging profession (Squires et al., 2022), they require program support to help them understand the significance of school health and wellness for their students. In this study, preservice teachers indicated a need for further knowledge and more resources in order to feel confident in their teaching role as a school health and wellness advocate. As such, a commitment from teacher education programs that responds to these program gaps is recommended. This knowledge will support preservice teachers as they develop their practice and will offer an opportunity to develop a confident health and wellness-promoting identity as they begin teaching in a fully professional role. Further, a systemic perspective that invites collaboration amongst and investment from teachers, administrators, schools, and the provincial education authority is necessary (Brown et al., 2019) and consistent with supported CSH approaches (McIsaac et al., 2016). Other stakeholders, such as students, parents, and community organizations, also play crucial roles in the development and implementation of whole-school approaches to health and wellness. Opportunities for further teacher growth and professional development within the broader school district will contribute to an informed teacher practice and a developing teacher identity that recognizes the significance of student health and wellbeing.

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