

Państwowa Wyższa Szkoła Zawodowa
Public Vocational Higher School
Racibórz

BEATA FEDYN

Teachers about health as a value

Nauczyciele o zdrowiu jako wartości

1. INTRODUCTORY REMARKS

In health education process of children and youth main stress is put on healthy life style promotion. Teacher has to be well prepared to face that topic. This preparation means not only achieving necessary qualifications but the most important is being ready to differentiate "teaching about health" from "pro – health education". One of elements of mentioned readiness is position of health in teacher's axiom-logical system. We assume that knowledge conducive to pro – health activity is not enough to realise tasks in the area of health education. That it because forming defined human behaviours is first of all the result of evaluation, which is giving positive or negative sign to objects, activities or events. The effect of this process is appearing in human awareness a hierarchy of particular values, which regulate attitude towards surrounding reality.

In health education process, a teacher becomes the interpreter of complicated phenomena of the reality and main adviser in making choices between what is important and real in events surrounding his students. Teacher gives support, teaches students how to live nobly and how to protect themselves from present world pathologies [1]. Such attitude demands not only knowledge and special abilities, but also first of all defined value system. It should be based on universal values like right to live and freedom, subjectivity, identity, tolerance, decent spiritual and material life level, family, work, education, health and its protection [2]. Thus, health value in motivational and emotional form of professional readiness to health education, should be present not only in teacher's declarative behaviours but also in his pro-health activities concerning his own, student's and society's health. Interpretation of health as independent attempt to change theoretical value of health into obligations and moral authorisations makes performing professional duties towards student and himself easier [3]. Since aware work on his own and student's health is possible only when teacher values it. It follows that teacher's axiom-logical system, which is an important element of his personality, is also an important element of health education process. Its part does not concern only teacher's educational competence. Teacher does not educate only because of what he knows and what he can do but also because of what kind of man he is and because of which values are present in his professional and private life. He must not

¹ Z. Żukowska, Rozwój pedagogiki humanistycznej a promocja zdrowia. [W:] Czaplicki Z. , Muzyka W. [red.], Nauki o wychowaniu a promocja zdrowia. WSP, Olsztyn 1997, s. 35.

² T. Lewowicki, Przemiany oświaty, Wyd. „Żak”, Warszawa 1994, s. 22 – 23.

³ Z. Żukowska, Nauczyciel: człowiek – pedagog – specjalista. „Wychowanie Fizyczne i Zdrowotne” nr 4, 1993, s. 112.

only be able to do and know many things, but also to be a model of positive health [4]. He must be able to make personal choices with concern of individual and social health and to express the attitude of social responsibility for those choices. Such attitude is conformable with commonly favoured idea of "axiom-logical education", which is an education leading to aware choices of values, both by teacher and student and to creating a hierarchy of those values as bases for construction of human own philosophy [5].

2. RESEARCH ISSUES

On the bases of mentioned issues, a main goal of the research has been defined, which is to specify health position in teachers' value system, to acquaint with opinions about factors influencing health and to familiarise with teachers' pro-health behaviours. To collect empirical data a method of diagnostic questionnaire has been used and within the confines of that method we used anonymous questionnaire. Thanks to rank technique, the respondents arranged in hierarchy presented list of values and factors determining 'health area' ascribing them following ranks. Population of respondents consisted of 102 teachers of elementary schools.

Considering position of health in respondents' value system we differentiate its following definitions:

- health as declared value – commonly understood as something important that people care about and perceive it as happiness condition but do not perform any activities leading to protection and enhancing health potential,
- health as accepted value – everyone think we should care of health protect and respect but simultaneously we behave in different way,
- health as coveted value – appears when an individual think that so as to achieve healthy state, keep it or enhance it we have to perform certain activities that cost our energy, time or money,
- health as practised value – real activities in aid of own health, its enhancing and using it to achieve other goals [6].

3. RESEARCH RESULTS

Analysing respondents' answers concerning health position in their axiom-logical system, we observe, conformably with our expectations, a tendency to increasing health rank in hierarchic value system. As we see, most of respondents it is important or the most important. 48% of respondents situates health on first place among such values as family happiness respect and recognition, career, material goods, political career, achieving wide general and professional knowledge, calm life style and high social prestige. 36,27% of respondents situates it on second place, because first place is taken by family happiness. However family happiness and calm life is more important than health for 6% of teachers. Health's axiom -normative orientation seems to be different in dependence on gender. That quality is the most important for women, 55,17% situates health on first position and 33,3 on second position right after family happiness. 53% of men value family happiness more than health and 26% on third position. Only 6,6% of men estimate health as the most important value in life.

It is worth considering the influence of such high position of health on teachers' pro – health behaviours. Life style described by respondents is not very healthy. Thus we can state that in that case health is not a practised value and does not influence pro – health behaviour regulation. It seems like health is expressed here as declared and accepted value. We suppose that teachers' awareness of health

⁴ A. Pawłucki, Wychowanie zdrowotne jako dziedziną wychowania do wartości ciała. „Wychowanie Fizyczne i Zdrowotne” nr 3, 1993, s. 96 – 99.

⁵ B. Wojciechowska - Charlak, Cele wychowania. [W:] Dąbrowska T. E. , Wojciechowska – Charlak B. , Między praktyką a teorią wychowania. Wyd. UMCS, Lublin 1997, s. 27; A. Rumiński, Aksjologia pedagogiczna w kształceniu nauczycieli. [W:] Duraj – Nowakowa K. [red.], Akademicka edukacja nauczycieli. WSP, Kraków 1993, s. 130; Cz. Banach, O zintegrowaną koncepcję edukacji nauczycielskiej. „Wychowanie Fizyczne i Zdrowotne” nr 1, 1997, s. 28.

⁶ Z. Ratajczak, Model zachowania się człowieka wobec własnego ciała. Wnioski dla praktyki promocyjnej. [W:] Ratajczak Z. , Heszen – Niejodek I. [red.], Promocja zdrowia. Psychologiczne podstawy wdrożeń. Wyd. Uniwersytetu Śląskiego, Katowice 1997, s. 58 – 59.

is rather superficial. [7]. In such case health becomes the subject of attention only occasionally, like in situation when disease appears. Till this moment people do not link health value to their own behaviours. Health is life without necessity of paying attention on this value [8].

This phenomenon occurs when although the fact those respondents are aware of influence of their life style of health condition. 79,41% are convinced of huge significance of their own personal and direct influence on their own bio-psycho-social shape and 92,16 suppose that possibilities of that influence focus mainly on behaviour. However those opinions do not confirm themselves in teachers preferred life style, because the research results reveal that teachers behaviours are mainly instrumental and that they are not the result of their needs or value system [9].

Thus, we should investigate the reasons of discrepancy between their health evaluation and practising. We can assume that the reason of this situation is that they have different, more attractive values and that health helps to achieve them or in reverse – interferes with it.

It seems that the main reason of mentioned attitude is aspiration for ensuring family happiness and calm life. Thus, the main factor regulating respondents' attitude towards health value is their life situation, aspirations, desires and other needs referring to their existence.

Table1. Respondents' opinions about factors determining health

Statement		Truth	False	I have no opinion
Man has no possibility to control own health	N %	20 19,61	81 79,41	1 0,98
Man can influence on health condition by his behaviour	N %	94 92,16	8 7,84	0 0,00
Health depends mainly on biological immunity and is determined by organism's genetic equipment	N %	49 48,04	48 47,06	5 4,90
The result of education process, human health condition can be improved	N %	84 82,35	11 10,78	7 6,86

Source: Self – calculation

Contemporary teacher's unfavourable social and professional situation plays a significant role. What we mean are low earnings and decreasing teachers' profession prestige. Consequences of this situation are lack of material means to satisfy life needs, necessity to take up another work, lack of free time, exhaustion, frustration and early professional burnout [10]. In our opinion these are important aspects of respondents' lives, which influence the fact that they treat health as instrumental value used to achieve another goals instead of being practised and autothelic value.

Another reason of described attitudes can be the phenomenon of false estimation or even overestimation of the influence of some factors of human health condition. Research on that point assumes that human health condition is determined by four groups of factors: life style, natural and social environment, genetic conditions as properties inherited after ancestors and medical care [11]. Teachers were asked which of mentioned factor groups have the most and the least significant influence on health. Life style was the most often indicated as a reason of health condition. However 48, 04% of respondents situated genetic conditions on second place. This result requires an explanation. It is worth mentioning that contemporary health theory situates factors determining health in defined hier-

⁷ C. Herzlich, Health and illness. A social psychological analysis. Academic Press, London 1973, s. 56 – 63.

⁸ K. Puchalski, Kryteria zdrowia w świadomości potocznej. „Promocja Zdrowia, Nauki Społeczne i Medycyna” nr 1-2, 1994, s. 63.

⁹ Z. Żukowska, Poznanie postaw prozdrowotnych uczniów, nauczycieli i rodziców warunkiem skutecznej promocji zdrowia w szkole i rodzinie. [W:] Prozdrowotne wychowanie fizyczne i sport dzieci i młodzieży. II Interdyscyplinarna Krajowa Konferencja . 18-21 października 1995, Warszawa – Spała, s. 239 – 244.

¹⁰ Z. Żukowska, Nauczyciel kreatorem zdrowia w reformującej się szkole. „Wychowanie Fizyczne i Zdrowotne” nr 5, 1999, s. 179; H. Sęk, Wypalenie zawodowe u nauczycieli. Uwarunkowania i możliwości przeciwdziałania. [W:] sęk H. [red.], Wypalenie zawodowe. Przyczyny, mechanizmy, zapobieganie. Wyd. Naukowe PWN, Warszawa 2000, s. 149-167.

¹¹ J. P. Opatz, Primer of Health Promotion. Creating Healthy Organization Cultures. Oryn Publications, Inc. , Washington D. C. 1985, s. 7.

archic order: life style, environment, genetic factors and medical care [12]. In the light of it we have to remind that teachers' opinion can not be accepted. It proves teachers' established opinion that there is no point in causing changes in students' health habits. That means that health and disease remain outside of teachers' and education system's influence.

We also suppose that mentioned attitude of teachers towards health might be result of not complete awareness in the area of positive influence if that value on individual's everyday life. Healthy people generally do not consider the meaning of health and do not treat it as a kind of capital essential and necessary to everyday life [13]. That phenomenon reflects in personal health conception. Only about one third [28,43%] of respondents perceives it as value enabling to realise human aspirations, need of satisfaction, dreams keeping positive relations with environment. A small group [4,90%] identifies health only with lack of pathological symptoms. Such attitude has no subjective aspect and is rather an objective fact occurring only in relation with disease [14]. It also contributes to dissonance between high evaluation of health and lack of practical activities in aid of it. However, unquestionable majority [66,67%] links health with good physical, psychological a social condition and understand that health means more than lack of disease. This is a favourable phenomenon, because it causes an active attitude towards health issues [15]. In case of our research this attitude manifests mainly in interest in health knowledge. And this knowledge, as an element of health awareness, can motivate to pro – health behaviours in future.

4. ENDING AND CONCLUSIONS

Our considerations referring to health as a value in teachers axiom-normative system lead to following conclusions:

- Respondents locate health on high positions of their value systems; it is the most important for most of women, however men locate it the most often on second place, right after family happiness.
- Health is first of all declared and accepted, not practised value for respondents.
- Respondents are aware of the influence of the life style on health condition, but simultaneously overestimate the influence of inherited factors.
- Unquestionable majority of respondents link health with good physical, psychical and social condition, understanding that health means more than lack of disease.
- Obtained data lean towards the following conclusion. Essential condition of didactic an educational success in the area of students' health is proper teachers' education process, both pre and postgraduate. That preparation should also bas on axiom-logical education. Teachers should understand that health is value and resource for human and society and also should manifest openness leading to creation of pro – health behaviour pattern for their students.

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¹² Tamże s. 7.

¹³ H. Sęk, Subiektywna koncepcja zdrowia, świadomość zdrowotna a zachowania zdrowotne i promocja zdrowia. [W:] Ratajczak Z. , Heszen – Niejodek I. [red.], Promocja zdrowia...op.cit. s. 37.

¹⁴ Tamże s. 40.

¹⁵ C. Herzlich, Health and...op. cit. s.56-63.

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STRESZCZENIE

Artykuł przedstawia wyniki badań opinii nauczycieli na temat zdrowia jako wartości oraz pozycji zdrowia w systemie wartości badanych. Ankietowana populacja składała się ze 102 nauczycieli szkół podstawowych. Uzyskane wyniki badań skłaniają do następujących wniosków. Podstawowym warunkiem powodzenia pracy dydaktyczno-wychowawczej w zakresie zdrowia ucznia jest odpowiednie przygotowanie nauczycieli w procesie przed- i podyplomowego kształcenia. Przygotowanie to powinno opierać się także na edukacji aksjologicznej. Nauczyciele powinni zrozumieć, że zdrowie jest wartością i zasobem dla człowieka oraz społeczeństwa a także przejawiać otwartość na tworzenie wzorców zachowań prozdrowotnych dla wychowanków.

SUMMARY

The results of researches concerning opinions teachers' about health and its location as value in axiom – normative system. Population of respondents consisted of 102 teachers of elementary schools. Obtained data lean towards the following conclusion. Essential condition of didactic an educational success in the area of students' health is proper teachers' education process, both pre and postgraduate. That preparation should also bas on axiom-logical education. Teachers should understand that health is value and resource for human and society and also should manifest openness leading to creation of pro – health behaviour pattern for their students.