Guest editorial: Leadership in school health promotion. The multiple perspectives of a neglected research area

Undoubtedly, since the adoption of the Ottawa Charter in 1986, schools have become one of the most developed health promoting settings worldwide. Over the past few decades, holistic intervention approaches have been developed and tested that address not only students but also teachers, non-teaching staff and target groups from outside the school setting (e.g. parents, community stakeholders). Despite the challenges of evaluating complex Health Promoting School (HPS) interventions, several reviews exist that point to positive effects of this holistic approach (Langford *et al.*, 2015; Stewart-Brown, 2006; Weare and Nind, 2011). In addition, in recent years there has been an increased focus on investigating facilitators and barriers to the implementation and thus the success and sustainable anchoring of school health promotion. In this context, the important role of in-school leadership and management practices have repeatedly been emphasized (Dadaczynski and Paulus, 2015; Rowling and Samdal, 2011). While leadership in general aims to stimulate a culture of change based on shared values and visions, management practices include administrative tasks such as planning, resource allocation and monitoring (Samdal and Rowling, 2011). Against this background, health promoting leadership has been defined as "[. . .] as leadership that is concerned with creating a culture for health promoting workplaces and values to inspire and motivate the employees to participate in such a development" (Eriksson *et al.*, 2010, p. 111).

Despite the growing body of research, research on leadership in school health promotion is still fragmented and sporadic. The shift in the role of school leaders within policy toward a greater emphasis on strengthening student well-being as part of a broader policy context linking school leadership, learning and well-being has received insufficient attention in educational or health research. Too often we have seen existing health education research treats schools' physical, social and emotional climate as a given setting (or "environment") in which individual-focused health interventions are implemented (e.g. Hunt *et al.*, 2015; Shackleton *et al.*, 2016). It is no surprise that many struggle to trace longer-term, sustainable impact on practice or policy. Sustained and effective take up of school-wide health interventions – that can result in *sustainable change and improvement* in health and wellbeing of adults and children – is highly unlikely to occur in the absence of strong leadership at the school level (e.g. Herlitz *et al.*, 2020). This is because exceptional leadership shapes, powerfully and profoundly, the organizational values, professional capacity and capabilities, as well as social and intellectual resources that are central to creating a learning-focused, happy and healthy school (e.g. Day *et al.*, 2016). In studies of the implementation of school health promotion policies, school leaders are largely identified as gatekeepers, highlighting the importance of their values and engagement (Deschesnes *et al.*, 2014; Simovska and Prøsch, 2016). The majority of study findings focus on the roles and responsibilities in initiating, supporting and sustaining health promoting change processes in schools. School principal support has shown to be associated with higher implementation and greater intervention effects (Kam *et al.*, 2003; Larsen and Samdal, 2008). However, when talking about leadership in school health promotion, other perspectives also come into play that have received little attention so far. Drawing on their concept of health-oriented leadership, Franke *et al.* (2014)

developed an integrative approach by focussing on follower-directed leadership and self-directed leadership. While the first dimension refers to the creation of working conditions that maintain or promote the health of followers, the latter focus on internal resources of leaders to cope with own job demands or ensuring health promoting working routines.

Overview of the papers

Against this background, this special issue aims to map the different perspectives on leadership in school health promotion. It comprises six papers from Australia, Denmark, Germany, South Africa and Sweden. They draw on a range of theoretical perspectives and apply qualitative and quantitative methods.

Most papers focus on the role of school leaders in initiating, implementing and sustaining school health promotion. Based on semi-structured interviews, Cassar and colleagues explore barriers and facilitators of school leaders adopting and implementing the physical activity intervention Transform-Us! in primary schools in Australia. The interview guide and analysis approach to coding draws on behaviour change theories and theoretical constructs allowing for the analysis of individual, social and environmental influences on implementation behaviours. Next to four overarching themes (knowledge, goals, implementation factors and leadership), seven recommendations for increased adoption and implementation (e.g. presence of a school/ programme champion(s), collaborative knowledge sharing, teacher autonomy in delivery, supportive implementation environment) could be identified.

In another paper, Skott draws on qualitative findings from two interrelated projects to identify the role of Swedish principals in establishing whole school approaches for health and well-being. The author challenges previous research on school leadership and its narrow focus on instructional leadership and school performance, and explores what new aspects of leadership can be made visible when this field of research is merged with research on the whole school approach to health. Five aspects for successful leadership could be summarized. Importantly, not considering health issues as separate from teaching practices made a difference in successfully establishing a whole-school approach. Moreover, actively coordinating professionals and building synchronized teams was identified as important aspects in order to develop structures and to introduce health promoting practices. Setting ground for distributing leadership and linking health promotion with quality development were other aspects identified.

The perceptions and expectations of roles and responsibilities on health promoting leadership were examined in other two papers. In their qualitative study, Kwatubana et al. interviewed school principals from South Africa regarding their perceptions of their role in school health promotion. The authors explore how principals perceive their role in implementing health policies related to curriculum-based programmes and promoting healthy school environments, contributing to the discussion of how such roles are enacted. Results indicate that respondents did not differentiate between complex concepts such as the HPS approach and less complex activities on school health promotion, but rather focused on any health improvements. Moreover, school principals highlighted their responsibility to strengthen collaboration and partnerships with health-related professionals and pointed out their managerial role (e.g. allocating resources).

Kostenius and Lundqvist pursue a similar line of research in their paper, drawing on policy enactment theory (focussing on processes of interpretation, translation and negotiation), but shift the focus on expectations for health-promoting leadership from the perspective of Swedish school staff and students. Based on a content analysis of open letters, a number of key issues emerged: Participants argued that health must be prioritized and considered as an educational responsibility (Putting health on the agenda). Moreover, school leaders are expected to make health promotion a common goal for all actors within the school and to devote sufficient time to

it. Collaboration among school staff, students and parents across professions, and school levels was perceived as another important responsibility of school leaders.

Carlsson addresses the role of school leadership in the implementation of a Danish school reform formulating strengthened school well-being as an overall aim, linked to and supporting learning. The paper draws on a distinction between three kinds of educational influence, direct, strategic and distributed leadership, exploring the perspectives these influences offer on expectations for and tensions in school leadership. The analysis identifies expectations regarding school leadership, ranging from aspects of strategic leadership that focus on management by objectives and results to aspects that are closer to teaching, such as curriculum and instructional leadership. It furthermore highlights barriers with regard to realizing policy intentions of strengthening instructional leadership, such as encroaching upon pedagogical and curriculum leadership, which have traditionally been the domain of teachers. Meanwhile, the kind of leadership that can be practiced through data-based management by objectives and results seems to have been perceived as a more viable approach in the implementation of the reform.

Finally, the paper by Dadaczynski and colleagues focuses on aspects of self-related health promoting leadership, drawing on the literature on health literacy and mental health indicators. In their cross-sectional online survey study with German school principals, health literacy of school principals and its association with mental health indicators were examined. Results revealed a limited health literacy for almost 30% of the respondents. Principals aged over 60 years and those from schools for children with special educational needs were less often affected by low well-being as well as frequent emotional exhaustion and psychosomatic complaints. Moreover, limited health literacy was found to be associated with poor mental health.

Perspectives and reflections for future research

The need for drawing on different fields of research when discussing school leadership in school health promotion is highlighted in all six papers in this special issue. Conceptually the papers build on a range of theories, focussing on individual, social and environmental influences on implementation (Cassar and colleagues), policy enactment theories (Kwatubana *et al.*; Kostenius and Lundqvist), school leadership theories (Carlsson) merged with research on the whole school approach (Skott); and the health literacy concept (Dadaczynski and colleagues). As pointed out in the paper by Kwatubana *et al.* context matters, "perceptions on roles [of leadership] in school health promotion might differ as they are linked to context". Although health promotion policy accentuating the role of school leadership is generally in place across the different research contexts in this special issue, policy is not practice, pointing to the relevance of exploring practice through a policy enactment perspective. One of the preconditions for educational policy to be considered in practice is that there is a certain level of consistence between values in practice and values in policy. However, in line with what Kostenius and Lundqvist have argued in their paper, how schools interpret, translate, negotiate and ultimately decide "whether and how to ignore, adapt, or adopt" a particular policy (Spillane *et al.*, 2002, p. 733) reveals not only school leaders' identities, but also their diagnoses of the contexts of the school (Gu *et al.*, 2018).

Overall the papers in this special issue have highlighted school leadership as "relationship work" (collaboration with teachers, students, parents and health professionals) and as "value led work" (e.g. health promotion as a common goal for all actors). Although only pointed out in one paper, health promoting leadership can also be self-directed and be characterized as "self-care value".

However, the limited research base on self-directed, i.e. health-oriented leadership requires more research that examines the working conditions and their links with health related

outcomes. So far, we know little about the health and well-being of leaders, and only a few studies focus on the health and well-being of formal leadership positions such as school principals (Persson *et al.*, 2021; Philips *et al.*, 2008). The same is true for follower-directed leadership, with only very few studies examining the relationship between formal leadership styles and actions and well-being and health of school staff (Harazd and van Ophuysen, 2011; Konu *et al.*, 2010).

Although the three perspectives mentioned at the beginning of this editorial (self-related health-promoting leadership, staff-related health promoting leadership and intervention-related health promoting leadership) do not claim to be exhaustive, they could serve as starting point for more systematic research on school health promotion leadership. As shown in Figure 1, these perspectives cannot be seen in isolation from each other, but are strongly interlinked. For example, the relationship between stress and well-being among leaders (e.g. school principals) and the health of school staff has been completely unexplored so far. Furthermore, the question arises to what extent the school leaders' health and its determinants (e.g. health literacy) serve as facilitator for supporting health-promoting change processes in schools. It should also be taken into account that school health promotion and hence health promoting leadership is highly influenced by political and infrastructural conditions at the school, local and national levels. Amongst others this includes educational policies which are often perceived to contradict or hinder the systematic implementation of health promoting and prevention activities. Moreover, the literature on standards and capacity building in health promotion indicates that an external orientation toward control and producing outcomes that meet national or regional/municipal targets is a common expectation-frame within which leadership in the new accountability-focused environments in public sector institutions.
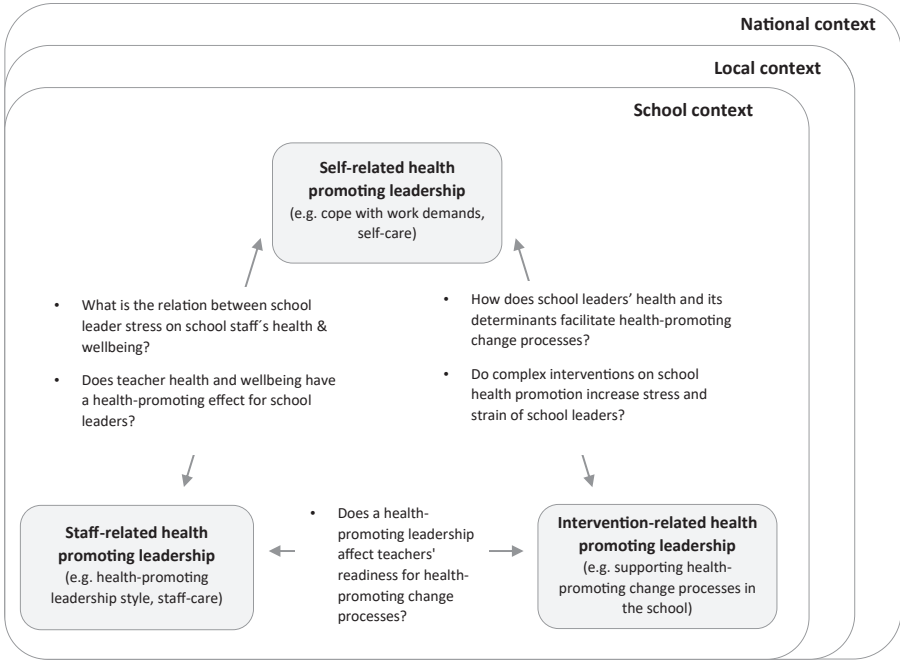

Figure 1.
Multiple perspectives and links of leadership in school health promotion

Concluding remarks

We thank all authors for their valuable contributions and hope that this special issue will advance a neglected field of research. As argued, leadership in school health promotion encompasses different perspectives (self-related, staff-related, intervention/organizational-related) that are closely interrelated and should be considered in their interaction by also taking into account the political and structural context. Although leadership is often associated with the formal organizational position of principal, there are also informal leaders such as teachers or motivated parents, who can contribute with their specific skills and perspectives. Given the complexity of whole-school approaches to health (e.g. the HPS approach), many leaders are needed at many levels to achieve the vision of schools for health. This requires research, policy and practice that is directed at promoting distributed leadership in school health promotion.

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