Professional development in the context of Healthy Schools in Quebec

MARTHE DESCHESNES1,2*, CAROLINE TESSIER1, YVES COUTURIER3 and CATHERINE MARTIN1

1Développement des individus et des communautés, Institut national de santé publique du Québec, Quebec, Canada, 2Département de médecine sociale et préventive, Université de Montréal, Montreal, Quebec, Canada and 3Département de service social, Université de Sherbrooke, Sherbrooke, Quebec, Canada

*Corresponding author. E-mail: marthe.deschesnes@inspq.qc.ca

SUMMARY

This article reports preliminary research results on a professional development (PD) model as a mechanism for supporting absorption of the Healthy School (HS) approach into school functioning. The purpose of our study was to document the model implementation process and understand whether it influenced, or not, the accompanied actors’ knowledge and practices about HS. The theoretical basis of the model and a description of its implementation, its appreciation by actors and its influence on their knowledge and confidence are presented. The research was conducted in three Quebec schools that had adopted this approach for at least 2 years. Multiple case study methodology, with pre- (T0) and post- (T1) intervention comparison, was adopted. The results disclose that the PD model implemented, which involves socio-constructivist accompaniment, has several assets that support the acquisition and application of new knowledge related to HS in order to promote its absorption within schools. Our findings indicate that PD likely reinforced the actors’ knowledge and understanding as well as their confidence. The lessons drawn from the evaluation of this PD model could serve to enhance accompaniment methods implemented to promote the absorption of such initiatives in schools. Our data highlight the relevance and effectiveness of accompaniment anchored in action, calling for practice based on reflection and expert recommendations to meet the objectives of health and academic success.

Key words: healthy school; professional development; case study; knowledge transfer

INTRODUCTION

The ‘Health Promoting School’ is a global intervention strategy endorsed by the World Health Organization to improve the health and well-being among school-aged children (World Health Organization, 2003). In Quebec, Healthy School (HS), an approach equivalent to HPS, is a joint initiative offered on a voluntary basis since 2004 by the Ministry of Education and the Ministry of Health and Social Services. In 2011, 35% of Quebec schools had adopted it (Ministry of Health and Social Services, 2011). The HS model proposes an innovative way to promote health that requires a change in the practices and methods of school management, to achieve more consistency between the various interventions offered to foster the health and educational success of young people (Martin et al., 2005).

Despite the approach’s potential impact on young people and their milieu, HS implementation poses a challenge for schools because of its complexity and constraints within the school environment. Schools must often contend with time limitations, various and numerous priorities and limited resources that reduce HS absorption in school operations, despite the receptiveness of several actors (Mukoma and Flisher, 2004;
Rowling, 2009; Deschesnes et al., 2010b; Kremser, 2011; Simard et al., 2011). In Quebec, studies have shown that the approach was often embraced only by principals and some champion teachers in schools that adopted it (Couturier et al., 2009). Several schools implemented the approach only moderately, a phenomenon that has also been observed elsewhere in the world (Kremser, 2011; Simard et al., 2011).

The literature on the conditions necessary to promote the absorption of new knowledge within organizations highlights the need for training and suitable professional support (Mikhailovich et al., 2007; Hoyle et al., 2008; Eriksson et al., 2010; Deschesnes et al., 2010a). In all regions of Quebec, some support (such as training, tools, etc.) has been offered since 2004 to promote HS dissemination. Despite the utility of this support, it only partially met the needs of the actors involved, who deemed it to be too prescriptive and insufficiently focused on concrete ways of integration into school operations (Deschesnes et al., 2010a). To promote the approach’s absorption in schools, the support provided must be better adapted to the context and better suited to reinforce the competencies of actors implicated in the approach’s deployment. This article reports the preliminary findings of research into a professional development (PD) model to reinforce HS absorption in school operations.

PD can be defined as a training process through which subjects are transformed over the course of their activities within proposed organizational mechanisms (Wittorsky, 2009). Transformation occurs through knowledge acquisition, analysis of and critical reflection on practices in use, to improve them, to better master them and to feel confident about their execution (Uwamariya and Mukamurera, 2005). In this context, socio-constructivist accompaniment was the method preferred to support the process among groups of actors involved in HS implementation (Lafortune and Deaudelin, 2001; Lafortune et al., 2008; Savoie-Zajc, 2010; Besner et al., 2012).

Research goal
Our article reports initial results of an exploratory research whose goal was to document the implementation of a PD model and to understand whether it influenced, or not, the HS knowledge (understanding and practice) of participants. This expected outcome represents an essential resource to improve the absorption of the approach within schools. The paper focuses on the theoretical basis of the PD model, the description of its implementation and its appreciation by actors and, its influence on their HS knowledge and practices.

SETTING AND INTERVENTION

Setting
The study was conducted during the 2010–2011 school year (from September to June) at three schools in disadvantaged areas in the province of Quebec, Canada. Characteristics of the participating schools are enumerated in Table 1. The research was conducted only in schools that had adopted the HS approach for at least 2 years. Each school identified a health priority for which suitable actions would be selected and implemented.

Conceptual basis of the PD intervention
The PD model is based on three conceptual axes. The first axis deals with socio-constructivist accompaniment, inspired by the work of Lafortune et al. (Lafortune et al., 2008). It is the catalyst of the intervention. This type of accompaniment:

(i) Is directed at changing/adjusting practices to make them more effective and better adapted to the school context according to the HS perspective;
(ii) Uses a reflexive approach to critically evaluate existing practices in the HS context and enhance them as needed;
(iii) Adopts a spiral learning method that encourages continuous discussion between facilitators and participants to adjust ongoing practices;
(iv) Embraces the experiential and theoretical knowledge of users and facilitators;
(v) Is based on inter-professional collaboration in a climate of openness and mutual trust between facilitators and participants;
(vi) Anticipates re-investment of learning in other situations.

The second axis involves the knowledge and practices of the HS approach, which highlights effective health-promoting conditions in a school context, notably comprehensive and coordinated
planning (Martin et al., 2005; Simard et al., 2011). This planning process requires room for deliberation and reflection by the actors concerned, to jointly prioritize the best educational and environmental actions available to meet young people’s needs, to coordinate them and to evaluate their impact. The process goes through six stages not necessarily linear: (1) awareness/mobilization; (2) needs assessment; (3) establishment of priorities based on the main needs identified; (4) selection/adjustment of actions; (5) development of a comprehensive action plan; and (6) implementation and evaluation of the plan. PD focuses on selection/adjustment of the action stage based on expert recommendations (Palluy et al., 2010) and development of the

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>School A</th>
<th>School B</th>
<th>School C</th>
</tr>
</thead>
<tbody>
<tr>
<td>School level</td>
<td>High school</td>
<td>High school</td>
<td>Elementary</td>
</tr>
<tr>
<td>Region</td>
<td>Metropolitan</td>
<td>Metropolitan</td>
<td>Rural</td>
</tr>
<tr>
<td>Socio-economic level</td>
<td>Disadvantaged areaa</td>
<td>Disadvantaged area</td>
<td>Disadvantaged area</td>
</tr>
<tr>
<td>Number of students/teachers (stakeholders)</td>
<td>2000/125 (+75)</td>
<td>1100/70 (+20)</td>
<td>125/10</td>
</tr>
<tr>
<td>Management</td>
<td>1 principal + 4 assistant principals</td>
<td>1 principal + 3 assistant principals</td>
<td>1 principal for 3 schools</td>
</tr>
<tr>
<td>Stability</td>
<td>5 years as principal + 5 years as assistant principal</td>
<td>4 years</td>
<td>No assistant</td>
</tr>
<tr>
<td>HS Committee</td>
<td>Committee integrating various health and educational approaches (HS + NANSb + guidance-oriented approach)In charge: Assistant principal</td>
<td>Committee without integration of other approachesIn charge: assistant principal</td>
<td>Committee without integration of other approachesIn charge: teacher</td>
</tr>
<tr>
<td>Composition of HS Committee</td>
<td>- School actors: 1 assistant principal in charge of HS Committee; 1 HS-NANS resource person; 4 teachers in charge of working committee groups; 1 pedagogical advisor; 1 teacher from each sector; 1 student facilitator - CSSS facilitator - Community: none</td>
<td>- School actors: 1 assistant principal from HS Committee; 4 teachers; 1 nurse; 1 CSLC (Counsellor in spiritual life and community); 1 special education teacher - CSSS and SB facilitators - Community: 4</td>
<td>- School actors: 2 teachers including person in charge of HS Committee; 1 special education technician; 1 CSLC - CSSS and SB facilitators - CSSS workers: 2 - Parents: 2 - Community: 2 including 1 municipal</td>
</tr>
<tr>
<td>Educational project (orientations)</td>
<td>- Develop a healthy school and community - Further increase student success - Develop student competence to actively participate in today’s society - Formal links between HS and educational project</td>
<td>- Promote a taste for learning (NANS); - Promote better living together and practice of citizenship; - Develop better student’s self-knowledge to build a life project - Formal links between HS and educational project</td>
<td>- Improve the academic success of students - No link between HS priorities and educational project</td>
</tr>
<tr>
<td>School priority</td>
<td>Prevent verbal violence, theft and vandalism</td>
<td>Feelings of pride and belonging</td>
<td>Social skills</td>
</tr>
</tbody>
</table>

bNANS (Quebec’s New Approaches, New Solutions).
action plan, which takes various levels of intervention into account (students, schools, families/communities) and the consistency of actions. The awareness/mobilization stage was revisited, given the significance of widespread participation by school members in the activities selected.

The third axis refers to organizational conditions required to improve the schools’ capacities for new knowledge (Deschesnes et al., 2013). The principal conditions highlighted in the PD context focus on leadership and integrative management of measures related to health promotion and the academic success of students, as well as communication, joint working and networking.

The actors

Accompaniment was offered by two facilitators from the Institut national de santé publique du Québec (INSPQ). Researchers were not directly involved in the PD process in the field, though they interacted regularly with INSPQ facilitators to share data collected throughout the study and knowledge on organizational capacities. Accompaniment mainly targeted two categories of actors: (1) local CSSS and SB facilitators designated to accompany schools in HS implementation within their territory, and (2) school principals, actors essential for the implementation of organizational conditions facilitating HS absorption. Other actors in the schools were also accompanied, but on a more ad hoc basis. For example, agreement with the sites to try out learning and evaluation situations (LESs) intended for students would allow teachers to integrate health promotion into classes by combining academic and health contents. A working group on LES development (WGLES), based on priorities selected by the schools, was thus set up in each school. The school team in each school was also accompanied. In the elementary school, this was done directly by INSPQ facilitators, in linkage with LESs. In the high schools, accompaniment was provided with the support of local facilitators and principals during consultations in conjunction with revision of the educational project or management and educational success agreement. Figure 1 illustrates the actors targeted for PD. The darker areas indicate more intensive accompaniment.

Accompaniment activities and strategies

The accompaniment activities offered took various forms, depending on the type of actors being accompanied. In most cases, they were small work-group sessions, lasting 3 h on average. In total, 18 sessions took place in School A; 20 in School B; and 17 in School C. The SB and CSSS facilitators at the three sites were actors who took part most actively in work sessions with INSPQ facilitators, reinvesting the knowledge acquired into HS committees and other school and community actors. The principals and assistant principals of the two high schools were also accompanied consistently by INSPQ facilitators during planning activities. Knowledge relating to organizational conditions was addressed in a practical manner throughout these activities. The elementary school principal did not participate in any session. In fact, he hardly participated in any of the activities, showing very little interest in them.

Sessions focused on reflective questioning, finding solutions and feedback from experiences involving changes in practice. They addressed ongoing processes at a school related to the HS model, the preparation of activities to accompany the HS committee to develop their action plan or LES working groups looking for expert recommendations for the health component. A few work sessions were also held with the school team, to sensitize and mobilize a larger number of people to health-promoting priorities and actions within and outside the school. Table 2 summarizes the main accompaniment activities carried out at the three sites. A few networking activities between the principals of the two high schools allowed them to share their experiences and reinforce their motivation regarding steps that had been taken in their schools.

Two main accompaniment strategies were proposed at the three sites. The first, present at all three sites, was to document the planning efforts made to date regarding the HS approach, and, on this basis, guide accompaniment content and process according to the schools’ realities and participants’ needs. The second strategy was to identify opportunities for incorporating knowledge relating to HS into the schools’ central objectives. These opportunities were: planned revision of the educational project at one of the high schools, and establishing a management and educational success agreement at the second high school. The HS model was proposed as a structuring–planning process to achieve these objectives. Through planning exercises conducted with the principals, INSPQ facilitators...
were able to highlight the value of incorporating knowledge of HS into their management process, as well as the importance of implementing some organizational conditions (such as integrative management, communication, active participation) to reach and mobilize the school team as broadly as possible. The planning exercise and LES implementation created many opportunities for group discussion and reflection about health-promoting interventions, their relevance and consistency concerning ongoing school operations. As a result of the joint work carried out through these activities, health-promoting priorities were no longer confined to the principal and HS committee, but were brought to the school as a whole. This second strategy could not be deployed at the elementary school, since the principal chose to rely on Quebec’s New Approaches, New Solutions (NANS) strategy to develop his educational project, which primarily focused on academic success.

**METHODOLOGY**

A *research-action* strategy, in line with the PD model, was adopted (Savoie-Zajc, 2001; Titchen and Manley, 2006). The knowledge generated in this context was both ‘instrumental’, due to its short-term utility for participating milieu, and conceptual, because of new insights it provided on how to conceive and understand certain phenomena (Cronbach *et al*., 1980). We conducted a multiple case study during the school year, with pre- (T₀) and post- (T₁) intervention comparison. It provided an in-depth opportunity to examine the relationship between the components of an intervention, its implementation conditions and its outcome in various contexts, which reinforced the validity of the results (Miles and Huberman, 2003).

The data presented in this paper are based on qualitative data collection methods: *documentary analysis* of educational projects and HS action plans at T₀ and T₁; *semi-structured individual and group interviews*, at T₀ and T₁, with school principals and local facilitators (N = 12); and continuous observation of various meetings (N = 24) to document practices in detail and knowledge re-investment acquired during implementation at each site.

The interview framework was designed to cover dimensions of the three conceptual axes. We employed the interview technique proposed by Vermersch (Vermersch, 2000) which induced participants to describe their practice as specifically as possible, rather than speak about an idealized version of this reality. All interviews were recorded and transcribed verbatim, then analyzed with N’Vivo 7 software, based on selected dimensions. However, content analysis also made it possible to remain open to emerging themes. The following procedures were undertaken to increase result reliability and ensure methodological rigour: triangulation of data collection; data saturation

---

**Fig. 1:** Actors involved in professional development.
RESULTS

Context

At the time we began our research, various directives from the Ministry of Education, Recreation and Sports offered schools health-promoting opportunities, such as the Management and Educational Success Agreement, one of its five goals concerning a healthy and safe school environment, and the Action plan to prevent and address violence in schools. Moreover, interviews realized at T₀ showed that the Local Health and Social Service Centres (CSSS) managers, the School Board (SB) and school principals of the three study sites shared the following expectations: the importance of prioritizing health-promoting actions to avoid dispersion of effort, the willingness to base these actions more on best practices and the willingness to work with teachers to incorporate health promotion (HS) into school operations. Although less strongly endorsed by the elementary school principal, these expectations reflected an openness to explore new means of incorporating health promotion (HS) into school operations.

Characteristics of the implemented model and its appreciation

As illustrated by the results reported below, the PD model implemented at the three sites has the

---

Based on the principles of redundancy and repetition; stability of interpretation throughout situations; interpretation confrontation by two researchers; and restitution of the results to the actors involved (Miles and Huberman, 2003).

### Table 2: Accompaniment provided by INSPQ facilitators in the three schools

<table>
<thead>
<tr>
<th>To local HS facilitators</th>
<th>To school principals and staff representatives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>School A</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Preparation for accompanying those responsible of working groups of the HS-NANS Committee: reflective questioning about the selection of actions based on expert recommendations</td>
</tr>
<tr>
<td></td>
<td>• Preparation for accompanying teachers of the WGLES regarding the priority selected (verbal violence, theft and vandalism)</td>
</tr>
<tr>
<td></td>
<td>• Preparation for consultation with grade 10 teachers regarding learning to be targeted for the LESs</td>
</tr>
<tr>
<td></td>
<td>• Preparation of an activity to raise the school team’s awareness regarding this priority</td>
</tr>
<tr>
<td></td>
<td>• Provision of support to realize the management agreement and school success; major planning operation within the school</td>
</tr>
<tr>
<td></td>
<td>• Preparation for consultation with staff regarding actions to include in the management agreement, specifically promotion–prevention</td>
</tr>
<tr>
<td></td>
<td>• Preparation of an activity to raise the school team’s awareness regarding the priority selected</td>
</tr>
<tr>
<td><strong>School B</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Preparation for accompanying the HS committee: reflective questioning about the selection of actions based on expert recommendations; development of an action plan based on a more systematic approach</td>
</tr>
<tr>
<td></td>
<td>• Preparation of support activities for various teaching groups and sensitization of the school team to the priority selected (feelings of belonging and pride)</td>
</tr>
<tr>
<td></td>
<td>• Provision of support to review the school’s education project: major planning operation within the school</td>
</tr>
<tr>
<td></td>
<td>• Preparation for consultation with staff and community members regarding actions to include in the educational project</td>
</tr>
<tr>
<td><strong>School C</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Preparation for accompanying the HS committee to critically assess actions selected in the action plan: operationalization of already-selected actions; work session for questioning the healthy eating component based on expert recommendations</td>
</tr>
<tr>
<td></td>
<td>• Preparation for accompanying the school team to identify learning related to students’ social skills to be included in the LESs; questioning about class management regarding these skills</td>
</tr>
<tr>
<td></td>
<td>• Preparation for WGLES accompanying: planning and use of expert recommendations</td>
</tr>
<tr>
<td></td>
<td>• No accompaniment was provided to the principal as his planning focused on achieving academic objectives</td>
</tr>
</tbody>
</table>

---
characteristics of socio-constructivist accompaniment, which was greatly appreciated by the accompanied actors. However, some differences between the high schools on the one hand and the elementary school on the other hand are noteworthy.

One of the main features of socio-constructivist accompaniment, reflective questioning, together with expert recommendations, was considered to be particularly relevant to the comprehensive process of collaborative planning by all actors at both high schools. The actors emphasized that expert recommendations provided essential guidelines for the selection of health-promoting actions, focusing on those most likely to yield results:

I come back to the expert recommendations, which we worked with. I think they made it possible to identify exactly what we have to work on and then how to work on it . . . I think that may be an element that made it possible to go further into the reflections. (School B, Principal)

Planning the means of the management agreement was a big step we took this year, because we finally drew on elements from the research instead of sticking to our own ideas and habits. It really has changed people’s mentality. (School A, Principal)

In the elementary school, this reflective questioning was more limited, mostly mobilizing the members of an HS subcommittee to review existing actions promoting healthy eating.

The ‘in context’ use of expert recommendations, based on school priorities, as well as the spiral method anchored in practice (modelling/reinvestment of learning in action), were key elements that were very much appreciated by all SB and CSSS facilitators. According to them, these elements resulted in greater retention of knowledge relating to HS:

The binder with expert recommendations should definitely be related to a specific context; otherwise, we don’t know what we’re reading. I’ve taken some training, which was great fun, but two weeks later, I had forgotten everything because I had not used it in a context. So to get more out of it, you have to experience it. (School B, Facilitator 1)

The process of knowledge-sharing—both experiential and theoretical—was also an important part of accompaniment, as one of the facilitators emphasized: . . . this is where theory met practice, and it was very interesting. So I think the two worlds came together, but it wasn’t one at the expense of the other. (School B, Facilitator 1)

With respect to inter-professional collaboration, which requires openness and trust, the interpersonal skills of INSPQ facilitators were particularly conducive to collective reflection and learning. The skills mentioned by participants related to listening, openness, respect, patience, flexibility and non-judgment: What specifically made me change was their attitude to people . . . I never felt I was being judged. The sense of competence I felt when I came out of those meetings was huge. When you return to your world, you will feel competent . . . (School A, Principal)

Local facilitators and the principals of both high schools also mentioned that the accompaniment was designed to make the actors architects of their actions without ‘making decisions for them’ . . . in our discussions, we felt we were being listened to, heard and respected. To understand things on our own instead of being fed theories; it works much better, at least with me. (School B, Facilitator 2). Some of the comments from local facilitators also indicate that they themselves took this approach with HS Committee members.

Acquisition of knowledge and confidence

Socio-constructivist accompaniment most likely enhanced the knowledge of local facilitators and of both high school principals in the selection/adjustment of action stage and in development of the action plan, for example, by ensuring that the actions targeted students, the school environment, family and community. Participants emphasized better assimilation of these stages and greater ownership of tools to support them: The integration of efficiency criteria, plus the use of expert recommendations, I think I’ve made progress there . . . the reflex to consult and use them. (School A, Facilitator 1). The principals and local high school facilitators also reported greater ownership of organizational conditions conducive to the absorption of HS knowledge within the schools:

. . . thinking about it . . . always thinking about organizational conditions rather than just the very, very, very specific method. For that you have to contact the school principal, put in requests, ensure that it works well. You always had to keep in mind the feasibility of things. (School B, Facilitator 2)

Our staff also should be well-trained, because they’re involved in everything. We [principals] can
be education leaders, but we can’t be everywhere at the same time. (School A, Principal)

Local facilitators also mentioned having more confidence in their accompaniment: We’re more confident about reflective thinking as a group; we’re more comfortable, having experienced it. I see how it gets much easier... because I think I have better mastery of the tools and the process. (School B, Facilitator 2)

Although all local facilitators were more confident accompanying the HS Committee in the collaborative planning process, several felt less competent when it came to the specific content of health-promoting interventions. Everyone felt that their ability to properly accompany schools also depended on collaboration with other professionals within their territory whose expertise related specifically to health promotion, prevention and teaching, and complemented their own.

To obtain benefits, time for reflection was deemed to be essential by the principals of both high schools: What I liked most was that it gave me time to stop and think. We don’t have time to think in education because we’re continually asked to implement new measures. Now we ask more questions. (School A, Principal) As managers, we realize that we can go further both in terms of pedagogy and regarding HS. (School A, Assistant Principal)

The intensity of accompaniment was mentioned by various accompanied actors as a factor contributing to the positive outcome obtained. As one of the high school principals put it: ‘I don’t think you can develop a Healthy School approach without winning conditions’, referring to intensive and quality external accompaniment, reflection time and internal resources promoting participation in school activities that go beyond teacher’s regular duties.

DISCUSSION

The schools’ capacity to integrate an innovation like HS into their operations is crucial to provide young people access to the best practices available to promote their well-being, health and academic success. The importance of finding strategies to encourage the uptake of new knowledge in practice is emphasized by many authors in the health field (Harvey et al., 2002; Kitson, 2009).

The PD model implemented, which involves socio-constructivist accompaniment, has many assets that support the acquisition and use of new knowledge among the actors involved in HS deployment. Our results indicate that this model, which is adaptive rather than prescriptive, is based on a reflective process and learning rooted in action, representing an element that is favourable to the absorption of new knowledge (such as planning and expert recommendations) within actors’ practices (Jouvenot and Parlier, 2005; Lafortune et al., 2008; Savoie-Zajc, 2010).

This model likely reinforced the knowledge and understanding of the two categories of participants whose commitment was essential for supporting HS absorption into school operations: local HS facilitators and school principals. The only exception was the elementary school principal, whose interest in HS was lukewarm and who was not directly involved in accompaniment. The situation probably explains the lack of change in integrative management, which, in this case, did not reflect the incorporation of HS priorities into the educational project. However, the school’s small size and the presence of a champion teacher working at the school for several years still allowed the school team to ponder health promotion collectively and to integrate it into classroom teaching through LES experimentation.

Knowledge related to socio-constructivist accompaniment and a feeling of confidence was also reinforced among local facilitators. However, particular attention needs to be given to the issue of inter-professional collaboration as local facilitators felt less competent when it came to support schools about some specific content of health promotion interventions. Future research and intervention should take this aspect into consideration.

The role and skills of external facilitators emerged as key factors in the success of learning and knowledge reinforcement of the accompanied actors. Although they questioned them about their HS practices, INSPQ facilitators showed respect and patience, and listened to the needs of local actors. They were able to share knowledge and promote desired changes, considering the HS approach as a basis for supporting their decision-making process with regard to health and educational goals. They adopted a role of ‘critical friend’ (Butler et al., 2011) or ‘critical companion’ (Harvey et al., 2002). This role was central in favouring the acquisition of new knowledge and changes in practice.
The implemented PD model is an intensive process that requires time to reflect and act differently with respect to health promotion in school settings. According to the comments of school principals and other participants at the study sites, room for group reflection and exploration is a rare commodity in schools, as the management of ‘emergencies’ and a ‘culture of action’ better characterize these settings. The results of this research suggest that better balance between action and reflection could be obtained in the two high schools when principals received appropriate accompaniment.

Although the principals directly involved in the accompaniment process stated that the benefits were well worth the investments, the PD model poses a challenge for many schools, because of the resources needed to make the required changes and to establish them in school routines. The results of this study confirm the importance of leadership by principals, their firm commitment and their influence on staff to support the changes that innovation requires (Fullan, 2001; Johnson et al., 2004; Forman et al., 2009; Peirson et al., 2012). Leadership was essential for dedicating the resources and time necessary to incorporate the HS perspective within schools’ educational mission and management structures.

CONCLUSION

This article presents the PD outcome of participants’ new knowledge and practices, and does not address changes observed regarding the schools’ capacities to absorb HS into their operations, e.g. classroom or school project. A later article will address these changes.

It is important to note that this research was conducted at three specific sites. Even when the results converged between these sites, as was the case with the two high schools, they cannot be generalized to all settings. Requirements with regard to the intensity and duration of this type of accompaniment raise the issue of its reproducibility in other schools due to the school constraints already mentioned (Deschesnes et al., 2010a; Peirson et al., 2012). At the moment, a school’s decision to commit to the PD process to promote HS absorption is mainly based on the principal’s receptiveness and leadership, on his or her commitment, that of the champions of this approach, and the innovative propensity of these actors. Such conditions are essential, as demonstrated by our results, but it seems unlikely they will be met on a larger scale considering the multiple programs ‘in silos’ offered to schools and the lukewarm support from the two ministries concerned. Government policies as well as financial and administrative support have a determining influence on a school’s room to manoeuvre and its capacity to absorb new knowledge (Debowski, 2008). Currently, these external factors lack the momentum necessary to establish conditions conducive to the coordinated deployment of comprehensive interventions for health promotion and educational success.

The lessons learned from this evaluation of the PD model can, however, improve accompaniment methods to encourage the absorption of these initiatives in schools and to help establish balance between essential components of the approach and the realities and needs of local participants. Other complementary strategies for the implemented model, based on the dimensions of socio-constructivist accompaniment relating to HS, could also be explored to provide benefit to as many people as possible: E-learning with training capsules, discussion forums, wikis, blogs, etc. (Brahimi, 2011); implementation and facilitation of practice communities, virtual or otherwise (Savoie-Zajc, 2010); and health promotion university curricula for future teachers (Jourdan et al., 2008).

ACKNOWLEDGEMENTS

We thank all participants for generously giving their time to this study.

FUNDING

This work was supported by a grant from Fonds de la recherche en santé du Québec (S. société—10364).

REFERENCES

