Health in everyday teaching practice in Sweden: a social pedagogical analysis of high school teachers' descriptions

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Abstract

This article aims to contribute a social pedagogical perspective of high school teachers' descriptions of working with student health in their teaching practice in Sweden. Ten high school teachers were interviewed. The teachers considered their student health work as consisting of two main aspects: creating a good relationship and helping the students to succeed. These aspects are implicitly and explicitly described as comprising the recognition of the actors' social and pedagogical identities. This study shows that social pedagogical recognition is significant for common success in school practice in relation to student health work. Clarifying the teachers' responsibility and competence

in student health work and strengthening teachers in their identity as health promoters could improve student health practice.

Keywords school practice; teacher identities; student identities; student health work

Introduction

Teachers are crucial in promoting student health and well-being (De Wit et al., 2011; Pössel et al., 2013; Warne et al., 2017), but traditionally it is not considered a teacher's task. This article presents findings from an empirical study focusing on verbal accounts of teachers' experiences to explore their work with student health in high school.

School is considered a suitable and vital arena for working with the health of children and young people (Matthews et al., 2015; Weare and Nind, 2011; World Health Organization, 2021). This is achieved by implementing various programmes and initiatives led by teachers or other professionals, or in a more informal way, in everyday school practice. The focus of this study is the latter.

Student health has been and remains a concern for the student health services (SHS). However, it is the teacher with whom students spend most of their time while at school. A good relationship with the teacher (Maelan et al., 2020; Warne et al., 2013), support from the teacher in meeting academic demands (Maelan et al., 2020; Rosvall, 2019) and classroom participation (Hammerin et al., 2018; Warne et al., 2017) have proven beneficial to student health. There is also a well-documented reciprocal relationship between health and academic achievements (Gustafsson et al., 2010; Sawyer et al., 2012). Overall, the same factors that promote learning also promote health (Partanen, 2019).

In Sweden, where the study is set, student health work 'shall be primarily preventive and promoting' (Swedish Government, 2011, p. 800, the Education Act). Teachers are not tasked explicitly with health promotion, but they are stipulated to cooperate with the SHS regarding student health. Although the teacher is not presented in the Education Act as a central actor regarding health promotion, other guiding documents highlight the teacher as being important for student health. Written by the Swedish National Board of Health and Welfare and The Swedish National Agency of Education (2016), the *Guidance for Student Health* states that: 'Student health work is carried out in all school environments, not to mention the classroom where the teacher plays a central role' (p. 27). Thus, teachers play a role in working with student health, but what this entails is not made clear in the governing documents.

The social pedagogical perspective used in this study can be used to analyse the schools' organisation of student health work related to processes important to resource management, governing and cooperation between different professional actors within the school practice (Blumer, 1969; Cameron and Moss, 2011; Eichsteller and Holthoff, 2011; Hämäläinen, 2015; Úcar, 2013). In an overarching social pedagogical sense, there are prerequisites for successful collaboration in the school practice for the relationship between students and different professional categories (for example, teachers, SHS or school leaders). In the school practice, actors continuously meet and strive to understand each other's functions and commitments and agree on common goals. Student health work in everyday practice in high school is still relatively unexplored, especially from a teacher's perspective. Furthermore, the social pedagogical angle provides an alternative analytical perspective compared to the more commonly used health science or public health perspectives. This article aims to contribute knowledge of Swedish high school teachers' descriptions of working with student health in their everyday teaching practice.

Health promotion and teachers

Student health work has been explored empirically, but teachers' involvement in this work needs further empirical investigation. Much of the research on teachers' involvement in student health has examined various programmes and initiatives implemented at particular schools. Although some research has concerned teacher involvement in programmes targeting physical activity (Barcelona et al., 2022) and nutrition (Bergling et al., 2022), most research has concerned programmes targeting mental health

(Askell-Williams and Cefai, 2014; Daniele et al., 2022; Graham et al., 2011). Overall, it is mental health promotion that appears to be the focus of most of the research on the role of the teacher in student health work.

In their study of teachers' views on providing mental health support to students, Graham et al. (2011) found that generally teachers feel confident in implementing mental health programmes. In regard to dealing with mental health issues in the classroom, teachers reported less confidence, especially as part of their professional role. A similar study was conducted by Askell-Williams and Cefai (2014), who studied teachers' views on their capabilities in taking part in a mental health promotion initiative. Their results differ from Graham et al. (2011) in that, while teachers were generally positive towards participating in the initiative, they expressed a lack of capability and knowledge of how to promote mental health in accordance with the initiative.

The focus of this article is how teachers describe their work in informal, everyday student health work, not in a programme or initiative. Previous research on informal student health promotion has focused mainly on early school years. Maclean and Law (2022) studied primary teachers' views on their role in supporting student mental health. They reported that the teachers believe they have a role but lack adequate knowledge and skills to promote mental health. These findings contrast with those of Maelan et al. (2018), who studied Norwegian lower secondary school teachers' understandings of how they support students' mental health in their everyday practice. Supporting students' mental health was regarded as a prerequisite for learning and an integral part of their professional responsibilities, something that teachers were competent in.

Research on teachers' work with informal health promotion in high school is scarce. Phillippo and Kelly (2014) studied how high school teachers in the US respond to having their professional identity include informal mental health support. Their findings show that, while teachers will encounter student mental health issues, they will not necessarily address them (that is, they do not perceive mental health support to be part of their professional identity). This is similar to the findings of Ekornes (2015), showing that teachers perceive their work in student health promotion as identifying problems and referring the students to the SHS.

In a study by Greve et al. (2021), professional actors from both high school and outpatient treatment units were interviewed regarding health promotion, prevention and remediation work. The results indicate the importance of a good relationship between the professional and the young people. Thus, a good relationship entails social pedagogical recognition based on mutual interaction, caring and trust.

Teacher involvement in health-promoting programmes, as well as informal health promotion, has been criticised. Askell-Williams and Cefai (2014) have questioned whether it is acceptable to situate initiatives promoting student mental health in the classroom while not providing teachers with enough competence in the field. Student mental health promotion can be regarded as an additional task to be added to the existing abundance of teacher tasks. Expanding teachers' responsibilities has been criticised, as it can add stress and pressure (Ekornes, 2017; Mazzer and Rickwood, 2015). Lastly, teachers' increased awareness of mental health problems among children and adolescents can result in teachers starting to identify many behaviours and experiences previously deemed ordinary or understandable as being indicative of mental health problems (Timimi and Timimi, 2022).

In Sweden, research on student health work has focused largely on the SHS (Reuterswärd and Hylander, 2017) and health-promoting programmes or initiatives (Wickström, 2018). Informal student health promotion by Swedish teachers requires more research. Warne et al. (2017) found in their study of upper high school students that support from teachers affected student health in a positive way. The study also showed that participation in the classroom was crucial to promoting student health. Similar findings were reported by Hammerin et al. (2018) in their study of high school girls. Both these studies highlight the importance of the teacher in the everyday learning environment for student health. However, teachers' own views of their work is a relatively unexplored field of empirical research.

Theoretical framework

The general theoretical point of departure for this study is interactionist (Blumer, 1969; Farr et al., 2019; Sudtho et al., 2015). In the context of this study, it means that teachers' perceptions of student health work in their everyday teaching practice is studied less in terms of the actors' static baggage and more in terms of institutionally and materially situated interactions here and now. In line with interactionist theory,

we analysed how the teachers themselves use identity-related resources in their everyday life (such as narratives, perceptions, metaphors, vocabulary, roles, status symbols, etc.) when they, for example, describe working with student health, formulate criticism and express experiences. The expressed perceptions in the narratives regarding student health work can not only produce sympathy and build a distinct typification (competent teacher, successful student); they are also associated with status. The narrator holds personal knowledge that others do not. In this study, both the content of the teachers' and the students' identity building (in relation to student health work) and their dynamic, as well as how identities are used, handled, strengthened or questioned, are analysed.

In addition to interactionism, other important theoretical starting points for this analysis are social pedagogical perspective and recognition. The term 'social pedagogy' has multiple meanings. Hämäläinen (2015) clarified that the term refers to a field of research, a theory and a professional area. In this study, the term is used in relation to the empirical data.

In the broad sense, social pedagogy is about creating an environment where people develop, learn and thrive (Cameron and Moss, 2011). The focus is on enhancing individual and collective well-being and dignity (Eichsteller and Holthoff, 2011). Social pedagogy assumes the position that learning, care, well-being and development are inseparable (Boddy et al., 2005). Furthermore, a social pedagogical perspective highlights how political and social problems transform into pedagogical issues (Cameron and Moss, 2011). The health and well-being of children and young people is an issue that has both social and political bases but is also handled in school. Pedagogy and education are often used as a political strategy for social change at an individual and societal level (Úcar, 2013), which is one of the links between the social and the pedagogical.

The multifaceted nature of social pedagogy can be viewed as a weakness, but Úcar (2013) viewed it a strength. Social pedagogy is multidisciplinary, interprofessional, dynamic and changeable, which is also true for people and society. This makes it a suitable theory for studying people and society. Social pedagogy is described as an action-oriented social science close to its practice and social issues with its theoretical base inspired by several other research fields (Úcar, 2013). A social issue, such as student health work in our case, cannot be explained, let alone solved within one discipline or research field alone. Thus, an action-oriented discipline, such as social pedagogy, must be interdisciplinary or transdisciplinary.

School can be regarded as a place where social pedagogical recognition can be both given and denied (Medegård et al., 2022). According to Berger (1966/1991), people interact with each other in attempts to make sense of their own social and pedagogical identities. Through this sense-making, their identities are created. In school, the social and pedagogical life is created and recreated through mutual recognition of identities (Medegård et al., 2022), and both students and teachers occupy several identities at once, both social and pedagogical (Basic et al., 2021; Medegård et al., 2022). Social identities are based on people's social characteristics and can, for example, be an ethnical or a gender identity, but also others, such as victim identity (Kesak and Basic, 2023; Olsson et al., 2023). Pedagogical identities are connected to pedagogical contexts or practices where learning, success and failure are brought to the fore. Examples of pedagogical identities from the school practice are successful student identity, humiliated student identity, invisible student identity, successful teacher identity and humiliated teacher identity (Kesak and Basic, 2023; Olsson et al., 2023). In broad terms, social pedagogical recognition from the teacher is a means to identify and recognise several of the different social and pedagogical identities that students occupy to adapt the teaching situation accordingly. The teacher is a vital actor in the school practice, contributing to social pedagogical recognition, student health and school success (Medegård et al., 2022).

An actor's actions, speech and writing create motives for and answers to these aspects in the other actors, which in turn create a process by which different social and pedagogical identities are created. This process also entails shaping, confirming and recognising these identities. All actors within the school practice occupy interactive positions in every given situation where some actors have advantages relative to the others in the practice. This means that some actors have more authority and a higher social and pedagogical status than others, giving them an interactive advantage when it comes to defining and redefining the pedagogical practice and in how the other actors are (re)presented and recognised. Social pedagogical recognition can strengthen self-esteem for both students and teachers, as well as provide a sense of participation (Medegård et al., 2022). It can also contribute to successful collaboration and learning between teachers and students (Björk et al., 2019) in the same way as a lack of social

pedagogical recognition can contribute to the exclusion and humiliation of students and teachers in the school practice (Kesak and Basic, 2023; Olsson et al., 2023).

Methods

The empirical data used in this article was collected in connection with a larger qualitative study conducted in two high schools in Sweden. Both are large schools, with approximately 1,500 students, run by the local municipality. The study provides broad and varied research material, which strengthens the quality of the data.

Information about the study was given and participation requested during a staff meeting. The study received ethical approval from the Swedish Ethical Review Authority (2021). Inclusion criteria for the study were being a certified high school teacher with at least one year of high school teaching experience. A total of 10 teachers participated in the study, and the teachers had a variation of teaching qualifications, both vocational and preparatory, as well as teaching experience of between 4 and 22 years.

The data were collected in exploratory individual interviews using an interview guide (Cohen et al., 2018). The questions concerned working with student health, such as 'How do you promote student health in your work?' Follow-up questions were formulated to gain a deeper understanding of the teachers' answers. The length of the interviews varied between 32 and 50 minutes, with an average length of 42 minutes. The interviews were recorded and transcribed verbatim. The participants were given fictional names to ensure confidentiality (Cohen et al., 2018).

Data was analysed using six commonly used steps when analysing qualitative data (Creswell, 2019):

1. organising the data for analysis, which meant sampling text from the transcript relevant for the aim
2. exploring and coding, resulting in 102 codes
3. using the codes to develop themes in an iterative process involving re-reading the selected interview sections, as well as the whole interviews – the groupings were based on the relationship and underlying meaning regarding differences and similarities, as well as the social pedagogical perspective (Kesak and Basic, 2023; Medegård et al., 2022; Olsson et al., 2023)
4. representing the findings in written text
5. interpreting the meaning of the results using the social pedagogical perspective
6. validating the accuracy by once again reading through the original transcripts.

Results

The teachers' narratives of student health work in everyday practice show that they mainly consider two aspects as constituting their student health work: creating a good relationship and helping the student succeed. According to the teachers, working with student health means working to achieve these two aspects. In the following section, we describe what this entails according to the teachers, and their descriptions of how they achieve this.

Creating a good relationship

The narrative of creating a good relationship with the student takes on different social and pedagogical forms in the empirical material. The interviewed teachers verbalised a good relationship when they described how they work with student health in their everyday teaching practice. In this narrative, both students and teachers are highlighted as two significant actors in the social and pedagogical contexts. These actors are portrayed as being key in the meaning-making and recreation related to social and pedagogical meaning in the teaching practice.

The perception that student health work is about building good relationships comes across in the following quotation from one of the interviewees. During the interview, the teacher (Jessica) was asked to describe concretely what it is that she does in her teaching practice that she considers student health work: 'To ask how they are, talk about something that has nothing to do with school … To simply build a relationship. That is the most important thing for students to feel well, I think.'

By talking to students about dimensions unrelated to school, the students' social identities are recognised and the teacher, together with the student, creates a shared social context. The described

conversation with the student is carried out during the school practice, contributing to both pedagogical recognition and the creation of a shared pedagogical context (Basic et al., 2021, Kesak and Basic, 2023, Medegård et al., 2022).

The teachers' student health work is described as a social interaction (Blumer, 1969; Cameron and Moss, 2011) that is created and recreated during the school practice in the teacher–student relationship. It is described as a relationship in which the student is recognised as being something 'more' than a student, receiving social pedagogical recognition regarding phenomena and identities outside the school practice.

Furthermore, the narrative highlights the significance of the practical action that the teacher describes ('to ask how they are'). Jessica described a concrete action in her teaching practice that she considers health-promoting. In the following empirical sequence, Jessica elaborates on her description of practical tricks that can contribute to the creation and recreation of a good relationship between a teacher and student: 'That you have talked to each student during the lesson, addressed everyone by name, listened to them. Everyone should have been seen and acknowledged in some way. I think that is very important.'

Jessica described social pedagogical recognition in which every student has experienced individual contact with the teacher during the lesson, as opposed to addressing only a few in the class as a whole. She described the (re)production of a social context in the pedagogical practice in which none of the described actions are linked directly to the subject matter of the lesson, but rather to creating a positive social school practice.

Another teacher, Angelica, described a similar phenomenon when meeting students during lessons. She stressed the importance of 'seeing them for who they are' for students to feel well. When questioned about what that means, Angelica explained:

> To have some sort of understanding for people being different and we should be, that is ok, it is good … Sometimes you don't feel well, sometimes you feel a bit better. To be a little … to recognise what it is to be human somehow. That does sound a bit lofty but school can be quite square sometimes.

What Angelica expressed here is social pedagogical recognition of students' different social identities and not only as a student expected to perform well in school. Her depiction shows the creation of a permissive school practice in which room is given by the teacher for students' different feelings. At the end of the extract, she identified student identity in relation to the organisation, which she describes as 'quite square'. In doing so, she recognises not only the students' social identities as unique individuals who do not always feel well, but also their pedagogical identities as struggling students in a demanding organisation. Implicitly, Angelica disassociated herself from the identities and actions of colleagues because the school comprises actors contributing to this perceived 'squareness'.

However, not all teachers consider their work with student health a given. Karl reflected on whether he believes that he has the competence for student health work and his initial response was, 'No, we are pedagogues, so we do not really'. Nevertheless, he continued to reflect and concluded that 'we should all be competent enough to make everyone comfortable in the classroom'. Thus, he connects being comfortable in the classroom to student health work. Karl took his reasoning further by describing the importance of being an adult in relation to the students: 'Being an adult can be health-promoting in itself, being an adult to talk to. Because many (students) don't have a great relationship where they have deep discussions with their parents. It is more student to student.'

From initially having said that he does not have the competence for student health work, Karl reflected and concluded that making students feel comfortable in the classroom and being an adult who the students can talk to are parts of student health work that he conducts. What Karl exemplifies is social pedagogical recognition of the students' social and pedagogical identities (Basic et al., 2021; Kesak and Basic, 2023). He did not say that the adult in the school practice is necessarily a teacher, but it is being an adult itself that is important. In that way, the identity from which the teacher acts is also described. Karl described acting primarily from a social identity and secondarily from a pedagogical identity. His reasoning depicts the notion that the social pedagogical context, to which the teacher contributes to a significant extent, is important for student health, and something is created in the interaction between teacher and student.

In parts of the teachers' narratives, connections can be identified between the good relationship with the students and both the social and pedagogical. Anne describes how she, through dialogue with the students on both an individual and group level, shapes her teaching practice:

> to go to the individual level and see what is possible. What do you think? How do you feel? How do you learn best? To create a perception of that. So I always have, when I start a new course, a conversation. How do you learn best? How would you like the teaching to be? And then I also have with the whole class, that they get … you make continuous evaluations of the teaching. How they want to work and such.

Anne recognises the students' identities as competent individuals with the ability for reflection and self-knowledge. They are recognised as important actors with perspectives and knowledge that can contribute to the quality of the teaching ('What do you think? How do you feel? How do you learn best?'). The school practice that Anne describes contributing to creating is both a social and pedagogical context in which different social pedagogical identities are recognised. By depicting actions that involve students (asking questions and listening to them), the image of the competent teachers, as well as the competent student, is (re)produced. In her description, Anne gives the students influence and shows them that they share the school practice and create and recreate it together.

A perceptiveness and recognition of students' social and pedagogical identities in the school practice is depicted in the excerpt from Mary below. This recognition is not always given at an individual level, but can just as well be given at a group level. Mary described how she takes student health into account when she plans her teaching as a health and social care teacher. In her subjects, she sometimes addresses topics that can be difficult for students to handle. Mary shared her thoughts on planning to address the topic of suicide in class:

> We talk about suicide, for example, and there could be students who have bad experiences of that. So I do not talk about it on a Friday before they go home for the weekend. And I don't talk about it during the dark, depressing season – I have pushed it to springtime. I prepare the class that I am going to bring it up and they get the opportunity to tell me beforehand if they find it particularly difficult.

Mary began her depiction by showing that she recognises the students' social identities and experiences through her awareness of the fact that a student may harbour difficult experiences regarding suicide. Furthermore, she explained that she does not address this topic on a Friday because she wants to be able to follow up and not leave students with potentially difficult thoughts. This choice is not based on any particular student, but rather social pedagogical recognition at the group level. She then opens it up to a discussion on an individual level should the students choose to do so. By taking these social and pedagogical aspects into consideration, Mary gives social pedagogical recognition, which creates a pre-condition for both good relationships and learning. This exemplifies the link between learning, well-being and recognition (Cameron and Moss, 2011; Eichsteller and Holthoff, 2011). The school practice that is created and recreated in the teaching practice has room for both social and pedagogical identities.

In the excerpts depicted above, the teachers described the importance of a good teacher–student relationship for the practical work with student health in their everyday practice. The teachers gave concrete examples of how they create this relationship, and it is implicitly and explicitly described as comprising (a) the actors' social and pedagogical context, (b) recognition of the actors' social and pedagogical identities and (c) the actors' actions from their own social and pedagogical identities.

Helping the student succeed

In the empirical material, the students' academic success comes across as important for student health. This narrative takes on different social and pedagogical forms. To a great extent, the student health work described by the teachers focuses on producing and reproducing successful student identities, which in turn is health-promoting. The teachers describe doing this by giving both social and pedagogical recognition. Health is not described as the primary goal, but rather as a side effect of a well-thought-out pedagogical practice in which students are provided the conditions to succeed academically. Emma relates her view of the connection between academic success and health:

> I think that … feeling well … believing in yourself is also part of feeling well and it becomes very difficult if they don't believe that they can succeed. If they just think it will not work. And if I don't meet them there and see that and try to help them succeed it will not work.

Emma considers believing in yourself to be part of feeling well and connected academic success with feeling well. She described it as meeting the students in their self-doubt, giving social pedagogical recognition and taking their fear of failure seriously. She depicts her responsibility in student health work as helping the students succeed, thereby contributing to a successful student identity (Basic et al., 2021; Kesak and Basic, 2023). In her description, Emma contributes to (re)creating a social pedagogical context in which she is trying to create good conditions for the students to succeed.

In contrast to Emma's depiction, Louise related that she considers student health work to take place outside of the classroom in activities among the professionals on an organisational level. In answer to the question of whether she works with student health in her everyday teaching practice, Louise responded: 'Not really, not in the sense that I think "What is good for their health?" That is not my main focus, I think, "What is pedagogically clever, how can I get through to as many of them as possible?"'

Louise depicted actions focusing on her pedagogical teacher identity, where social identities are not at the forefront. In her description of student health work, student health is depicted as a positive side effect of successful pedagogical choices contributing to academic success (Cameron and Moss, 2011). When Louise was asked to provide examples, she stated that she always writes the lesson plan on the whiteboard. Here is why:

> It creates a calmness. And I believe that as a student, you feel safe then. You know what is going to happen. 'I don't have to sit here and be nervous because I don't know what happens next.' That all of a sudden, I will say that they have to come forward and present something. (Louise)

It is clear that creating a sense of security and predictability for the students is a goal for Louise. She gave concrete examples of how she creates conditions for the students to succeed and, thereby, promote health. The teacher has the interactive advantage in the teaching situation and the power to contribute to defining and redefining the students' social pedagogical identities and their experiences of the school practice (Basic et al., 2021; Blumer, 1969). By acknowledging this and providing the students with the lesson plan, the power is distributed more evenly and the teacher gives the students the opportunity to create a successful student identity. Simultaneously, a safe social pedagogical context is created for the students.

Michael told a somewhat different story when he related how he works with student health in his everyday practice. He said that he has a 'specific role with clear borders'. When he talked about students' mental health, he pointed out that he has 'no competence at all' regarding the practical work with mental health issues. When questioned whether he considers student health work a part of his everyday practice at all, Michael answered: 'Take creating instructions, for example, for a task. How you design them.' In that depiction, Michael's pedagogical identity is visible and the depiction recognises the students' social pedagogical identities implicitly in relation to health. Michael continued:

> You can use … You can have a certain language which is difficult to follow for many students except maybe a small group. But you can also design your instructions in a concrete, clear and concise way with simpler words. Explain what they are supposed to do in a way that maximises the chances of the majority of them understanding the instructions. That alone can help.

Michael acknowledged the students' social pedagogical identities characterised by a struggle with language level or the type of language used by the teacher. These social pedagogical identities are predominantly influenced not only by the school practice, but also by the social aspects, given that language is developed outside school. In Michael's depiction, the importance of reflection on obstacles to student learning and possibilities for success, as well as adaption of the teaching practice according to it, was highlighted. With the changed language, Michael (re)produces a social pedagogical context in which the students are given conditions for academic success and to produce successful student identities. This, in turn, is health-promoting.

In the teachers' narratives regarding how they work to create conditions for academic success, an image is produced of the competent teacher who, at times, is unaware of the explicit significance of

their practical work with student health. In the quotations above, a social and pedagogical context was produced and reproduced in which both the teachers' and the students' social and pedagogical identities come across. In this school practice, the teachers described acting primarily from their pedagogical identities (Basic et al., 2021). This, in turn, is health-promoting (Cameron and Moss, 2011).

Discussion

This study aimed to contribute knowledge on how Swedish high school teachers' work with student health in their everyday teaching practice. In the analysed descriptions, the teachers appeared to convey the importance of a good relationship with the student and of students' academic success for their student health work. A good relationship and helping the students succeed are implicitly and explicitly described as comprising (a) the actors' social and pedagogical context; (b) recognition of the actors' social and pedagogical identities; (c) the actors' actions from their own social and pedagogical identities; and (d) prerequisites for students and teachers having opportunities to create and recreate successful student and teacher identities together. This study shows that these aspects are significant for common success in school practice in relation to student health work.

Concrete, practical examples of how the teachers work to create a good relationship were given by the teachers. Acts such as talking to each individual student during the lesson and talking about dimensions not related to school are mentioned as part of the teachers' student health work. These actions are examples of the teacher giving social pedagogical recognition (Basic et al., 2021; Medegård et al., 2022) to the students. Greve et al. (2021) also found that a good relationship is important for health and characterised such a relationship as entailing social pedagogical recognition based on interaction, caring and trust. That definition is similar to the good relationship depicted in our study; the difference being that ours is more pedagogically focused.

Concrete, practical examples of how teachers help students reach academic success were also given by the teachers. Giving clear instructions and writing the lesson plan on the whiteboard are two such examples. Notably, these examples could be considered ordinary teacher tasks and not student health work. The teachers' examples are closely connected to the reciprocal relationship between health and learning (Gustafsson et al., 2010; Sawyer et al., 2012). Arguably, the teacher's task is to facilitate learning and, as the same aspects that promote health (such as participation and manageability) also promote learning (Partanen, 2019), does this mean that everything the teacher does is also student health work? On the one hand, accepting the premise makes it hard to distinguish what is not student health work, which could be potentially problematic. On the other, if the student health work that teachers are and should be doing is incorporated in their teaching practice and closely connected to learning and academic success, then teachers do have the competence for health work. This could make the identity as health-promoter compatible with the teacher identity, potentially making more teachers comfortable with being health-promoters. Compatibility between the two identities is a prerequisite for successful student health work (Jourdan et al., 2016). This would also highlight teachers as competent health-promoters in school practice and in relation to other actors, such as the SHS.

Similar to the research by Graham et al. (2011), the teachers in our study expressed doubts about their competence to work with mental health issues. However, the student health work that they describe doing is in line with the health-promoting guidelines set by Swedish authorities. Swedish teachers are not expected to be involved in remediating actions regarding student mental health. The work described by the teachers in our study is more in line with Maelan et al. (2018) and their findings that supporting mental health is a prerequisite for learning and part of the professional responsibility of teachers. However, the teachers in that study worked with younger students.

The findings in this study indicate that the teachers view themselves as competent in working with student health in their everyday teaching practice. Given the reciprocal relationship between health and learning and that teachers' primary competence is learning, teachers can be seen as working with student health in the classroom on a daily basis. Clarifying the teachers' responsibilities and competence in this work and strengthening teachers in their identity as health-promoters could improve the student health practice.

This study provides valuable insight into high school teachers' own views on what they consider to be their part in student health work. The focus of this work is, of course, the students. A limitation of this study is the lack of student perspective. Research on how students themselves perceive student health

work and what they believe to be beneficial for their health at school are questions for an upcoming study of ours as well as future research.

Student learning and developing are essential goals in school. With a social pedagogical perspective, these goals are unobtainable without well-being and care (Boddy et al., 2005; Eichsteller and Holthoff, 2011). We argue that working with student health requires both a social pedagogical perspective in the role of the teacher, as well as with student health work as a whole. Interdisciplinary or transdisciplinary collaboration is needed where several professions with different expertise – including teachers – work together with health and learning as their goal. The teacher, as the professional spending the most time with the students, must be at the forefront of this work. The terms social pedagogical recognition and social and pedagogical teaching identities may be useful tools when discussing student health work in the school practice.

Teachers' competence in health promotion could be facilitated to further provide students with conditions that allow them to thrive in school, in both the social and pedagogical sense. There are tensions and problematic structures regarding the organisation of education and student health work. A great deal of the research concerning student health work is within the field of health science or public health, whereas research from a social pedagogical perspective is nearly non-existent. It would be of interest to study further, together with practising teachers, the possibilities for involving the teacher in student health work. Such research could potentially highlight how teachers as a student health work resource could be used more effectively in supporting (a) processes important for the student inclusion, learning, teaching and health; (b) the teachers' and other professional actors' work with the students related to these processes; (c) the schools' organisation of student health work related to processes important for resource management, governing and cooperation between different professional actors within the school practice; and (d) the creation of shared identities during social pedagogical activities in school, shared identities involving both teachers and students, as well as other professional actors in the school practice.

Declarations and conflicts of interest

Research ethics statement

The authors declare that research ethics approval for this article was provided by the Swedish Ethical Review Authority.

Consent for publication statement

The authors declare that research participants' informed consent to publication of findings – including photos, videos and any personal or identifiable information – was secured prior to publication.

Conflicts of interest statement

The authors declare no conflicts of interest with this work. All efforts to sufficiently blind the authors during peer review of this article have been made. The authors declare no further conflicts with this article.

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