

Opinion

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Quality Health and Physical Education: Facilitating a Healthy Mind in a Healthy Body

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In the past, the Greek ideal; “Mens sano incorpore sano”, stressed the importance of having a healthy mind within a healthy body. In the current high-tech sedentary society, this is increasingly an outcome to which we all should aspire. This communique highlights the importance of a comprehensive educationally-based and strategic approach to wellness that values the role of the health and physical educator.

An effective reduction strategy in those living a sedentary lifestyle is seen to lie within the domain of school and community programs that promote regular Physical Activity (PA) and associated health understandings. Importantly, there is a large body of evidence indicating that Physical Education (PE) classes are a significant setting for endorsing the benefits of a physically active lifestyle¹ and for promoting engagement in PA both within and outside school.²⁻⁴ It is widely acknowledged that adolescents’ experiences in PE are an important factor in their physical activity levels;² but, it also is a critical time period for shaping life-style exercise and health related habits. Furthermore, PE and the activity generated facilitate disease prevention, decreased morbidity and premature mortality, as well as improved mental health.⁵ Despite the health-enhancing effects of regular physical activity, adolescent participation rates typically fall below recommended guidelines.⁶

The accountability of PE and indeed health education Health and Physical Education (HPE) should be viewed through the lenses of student outcomes. Accordingly, alongside reasons for physical health, HPE outcomes should facilitate the primary development of physical skills, lifestyle physical activity patterns and health literacy. Positive HPE experiences should also access opportunities for students to develop skills related to management of self and others, interpersonal skills, knowledge and understanding, leadership, tolerance, self-esteem and self-efficacy. Somewhat unique in the school menu of subjects, quality HPE provides opportunities to develop cognitively, spiritually, socially, emotionally, and physically – all in a one-stop-shop!

While it is acknowledged that HPE represents a complex learning environment, the efficacy of contemporary HPE has been debated. However, it is universally accepted that student’s interests, as well as readiness and ability levels mandate the need for differentiated practice.⁷ Significant differences in (a) the developmental level of learners, (b) their stages of learning (i.e., beginner, intermediate, and advanced), and (c) the diverse nature of the content that needs to be covered, reiterate that a ‘one program fits all’ approach does not encourage optimal student development. Exemplifying this point, low competence children have displayed greater physical activity (PA) effort in programs that de-emphasize competition⁸ and use teacher centred teaching strategies.⁷ Moreover, gender and the motives for engaging in physical activity (PA) appear to differ between children who participate in structured sport outside of school and those who are not.⁹

Differentiation involves the teacher tailoring content, process/support, and product in response to their students’ needs.⁷ Importantly, it reflects a level of autonomous support,

where students' motivational regulations are enhanced through the satisfaction of three basic psychological needs for autonomy, competence, and relatedness. The need for autonomy represents one's desire for input, choice, and a sense of agency or volition regarding one's pursuits.¹⁰ Competence reflects one's desire to feel capable with respect to one's environment, and relatedness refers to the desire to feel connected to, and understood by, significant others.¹⁰ When an individual feels that their needs are satisfied, they display relatively greater self-determined motivation, which in turn supports more positive achievement behaviour.¹¹ While perceived support is clearly multifaceted, some research suggests that students' perceptions of relatedness support in PE are a stronger predictor of self-determined motivation than perceptions of autonomy and competence support.¹² Irrespective, the relationships that the teacher builds with their students through displaying relatedness behaviors (see Table 1), be it in the academic setting or as in this case HPE, are powerful facilitators of learning outcomes.

In addition to the valuable outcomes of HPE, a recent Australian Federal Government initiative will realize the implementation of a \$100 million nationwide sporting program in schools. It will involve more than 30 sports, delivered by

accredited coaches, with an explicit intention to address a perceived childhood inactivity, obesity and motor coordination conundrum. Whilst the provision of school-aligned sporting activities may serve to provide opportunity for students to be active, one can only ponder the potential missed opportunities. As discussed earlier, quality health and PE implemented in a differentiated framework, can access a broad spectrum of desirable outcomes. After school sport is clearly not HPE and a coach is not necessarily a quality educator. Potentially bereft of the teacher-student relationship, educational foci, cross-curricula underpinnings, and differentiated practice; by simply dropping kids into competitive games we may further disenfranchise the young people that we seek to serve. The success of health promotion strategies is enhanced when it is: multi-modal; strategically aligned to goals; interrelated with the school curriculum, teaching and learning, the school ethos, policy and environment; and, collaboratively developed with family and community partnerships.^{13,14} In sum, school sport delivered in isolation to a child's education is a blunt, unsophisticated intervention instrument. A quality physical educator, working with children to develop autonomous motivation through individualized relationships remains central to the facilitation of a healthy mind in a healthy body.

Teacher Actions	Relatedness Supportive Qualities
Genuine Listening	<ul style="list-style-type: none"> • Listen to students and acknowledge their individual perspectives.
Catch Students Being Good	<ul style="list-style-type: none"> • Encourages all students – equitable support. • Values effort to learn and improve. • Enthusiastic about the content and the student achievements. • Belief in the students: Teacher and Peer RISE (relation-inferred self-efficacy). • Encourages and motivates.
Safe and Enjoyable Classes	<ul style="list-style-type: none"> • Teacher mood, teaching style, promoting teamwork and things that the teacher does to make actual class time a positive experience. • Set and inform students of high, realistic expectations.
Differentiates	<ul style="list-style-type: none"> • Provides a pedagogy to match the task, students' needs and the desired learning outcomes. Not one style or content fits all. • Provides choice.
Switched-on	<ul style="list-style-type: none"> • Brisk pace – purposefulness. • Gives sufficient and appropriate opportunities to learn. • Teacher demonstrating ability to perceive and respond; to be conscious of class events, picking up on emotional cues from the students. • Belief in themselves as an educator.
Connector	<ul style="list-style-type: none"> • Students feeling comfortable enough to hold conversations, make jokes, ask questions or address issues with their teacher. • Have PA, H, PE, sport & lifestyle – as a common connector. • Asking students questions/conversing with students about things unrelated to class, "getting to know" students better. • Students develop ownership when they contribute to planning.
Respectful	<ul style="list-style-type: none"> • Meaningful and respectful tasks – outcome focussed. • Have mutual respect (between student-teacher). • Provides a meaningful rationale for the learning tasks on offer.

Table 1: HPE teacher actions that serve to connect and motivate students.

REFERENCES

1. National Association for Sports and Physical Education. Moving into the future: national standards for physical education. St. Louis, MO: Mosby, 1995.
2. Cox AE, Smith AL, Williams L. Change in physical education motivation and physical activity behavior during middle school. *Journal of Adolescent Health*. 2008; 43: 506-513. doi: [10.1016/j.jadohealth.2008.04.020](https://doi.org/10.1016/j.jadohealth.2008.04.020)
3. Hagger MS, Chatzisarantis NLD, Hein V, et al. Teacher, peer and parent autonomy support in physical education and leisure-time physical activity: a trans-contextual model of motivation in four nations. *Psychology & Health*. 2009; 24: 689-711. doi: [10.1080/08870440801956192](https://doi.org/10.1080/08870440801956192)
4. Stratton G, Fairclough SJ, Ridgers N. Physical activity levels during the school day. In: Smith AL, Biddle SJH, eds. Youth physical activity and sedentary behavior: challenges and solutions. Champaign, IL: Human Kinetics; 2008: 321-350.
5. Warburton DER, Nicol CW, Bredin SSD. Health benefits of physical activity: the evidence. *Canadian Medical Association Journal*. 2006; 174: 801-809. doi: [10.1503/cmaj.051351](https://doi.org/10.1503/cmaj.051351)
6. World Health Organization. Global action plan for the prevention and control of non-communicable diseases 2013-2020. Available at: http://www.who.int/nmh/events/ncd_action_plan/en/ 2013; Accessed July 2, 2014.
7. Whipp PR, Taggart A, Jackson B. Differentiation in outcomes-focused physical education: Pedagogical rhetoric and reality. *Physical Education & Sport Pedagogy*. 2014; 19(4): 370-382. doi: [10.1080/17408989.2012.754001](https://doi.org/10.1080/17408989.2012.754001)
8. Cuddihy TF. Intrinsic motivation and physical activity in the high school: traditional vs. conceptually based physical education. Unpublished PhD diss, Arizona State University; 1995.
9. Longhurst K, Spink KS. Participation motivation of Australian children involved in organised sport. *Canadian Journal of Sport Science*. 1987; 12(1): 24-30.
10. Ryan RM, Deci EL. Self-determination theory and the role of basic psychological needs in personality and the organization of behavior. In: John OP, Robbins RW, Pervin LA, eds. Handbook of personality: Theory and research. New York: Guilford Press; 2008: 654-678.
11. Standage M, Ryan RM. Self-determination theory and exercise motivation: facilitating self-regulatory processes to support and maintain healthy and well-being. In: Roberts GC, Treasure DC, eds. Advances in motivation in sport and exercise. 3rd ed. Champaign, IL: Human Kinetics; 2012: 233-270.
12. Standage M, Duda JL, Ntoumanis N. A model of contextual motivation in physical education: using constructs from self-determination and achievement goal theories to predict physical activity intentions. *Journal of Educational Psychology*. 2003; 95: 97-110. doi: [10.1037/0022-0663.95.1.97](https://doi.org/10.1037/0022-0663.95.1.97)
13. Trudeau F, Shephard RJ. Contribution of school programmes to physical activity levels and attitudes in children and adults. *Sports Medicine*. 2005; 35(2): 89-105. doi: [10.2165/00007256-200535020-00001](https://doi.org/10.2165/00007256-200535020-00001)
14. World Health Organization. Creating health promoting schools. WHO, UNESCO, EDC. Available at: http://www.who.int/school_youth_health/media/en/sch_local_action_en.pdf 2000; Accessed May 4, 2015.