Research in Educational Policy and Management

https://repamjournal.org

E-ISSN: 2691-0667

Volume: 5 Issue: 2 2023

pp. 226-244

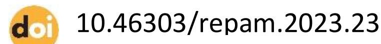
The Role of School Leaders in Developing Teams: Sources and Triggers in School Health Promotion

Melody Nosisa Mtimkulu[a] & Siphokazi Kwatubana*[a]

* Corresponding author
E-mail: sipho.kwatubana@nwu.ac.za

a. Faculty of Education, North-West University, Vanderbijlpark, South Africa

Article Info
Received: October 16, 2023
Accepted: November 23, 2023
Published: December 2, 2023



10.46303/repam.2023.23

How to cite
Mtimkulu, M. N. & Kwatubana, S. (2023). The role of school leaders in developing teams: Sources and triggers in school health promotion. *Research in Educational Policy and Management*, *5*(2), 226-244. https://doi.org/10.46303/repam.2023.23

Copyright license
This is an Open Access article distributed under the terms of the Creative Commons Attribution 4.0 International license (CC BY 4.0).

ABSTRACT
Although teams are the cornerstone of school health promotion, sources of team learning and the role of school leaders in developing such teams is unknown. It is important to understand the sources and triggers of team learning in order to establish the role of school leadership in the development of such teams. The investigation adopted a qualitative approach and a single case study design. Six members of the school management team and 12 teachers from one school participated. Eight of the 12 teachers were members of health committees responsible for the implementation of health policies in the school. Data were gathered by means of individual and focus group interviews. The findings revealed three sources of team learning that may be regarded as triggers: routine health promoting activities in the school, policies and guidelines for implementation of health programmes, and collaboration with other role players. School leaders were found to play an essential and multi-faceted role in team development, in that they were responsible for establishing developmental training programmes including creating opportunities for evaluation and reflection, managing interpersonal relationships and roles, articulating a vision, and facilitation of an open dialogue about the implementation of the health policy.

KEYWORDS
School leadership roles; sources of team learning; health policy; triggers of team learning; team leadership.

INTRODUCTION

After the advent of democracy in South Africa, efforts were made to democratise school processes and procedures. The introduction of School Management Teams (SMTs) and other teams in the school system was primarily motivated by democratic discourse, which emphasised participation and a shift away from static entities to reflexive and continuously transforming systems. In this study, a team is regarded as a distinguishable set of two or more people who interact; a cohesive unit where members rely on each other to perform assigned roles or functions, and who have a limited lifespan of membership (Vangrieken et al., 2013). From a South African perspective, the SMT comprises the principal, deputy principal(s), and department heads (Makhasane & Majong, 2023).

A focus on teams as opposed to individuals in schools was also motivated and facilitated by the principle of distributed leadership. In school health promotion, distributed leadership involves the formation of committees, whose task in each school is to focus on a specific health issue or programme. For example, a feeding scheme committee comprises a nutrition adviser, members of the school governing body, a school coordinator, and a food handler.

The chairperson of the committee acts as the leader of such a team, reporting to the Head of Department or the principal of the school. Although distributed leadership has been widely recommended for the benefits it brings, such as democratisation, capacity building and efficiency and effectiveness (Mayrowetz, 2008), school leaders remain accountable for the activities undertaken by teams working under their auspices.

Members of health teams play a key role in the implementation of health policies. A study by Thajane and Masitsa (2021) revealed that pregnancy and HIV/Aids policies were poorly implemented. One of the reasons was lack of understanding of key elements of the policies. These policies benefit learners directly; if they are not effectively implemented, learners are deprived of the information and interventions that are part of these policies. Team members in the schools should work together to achieve goals, which should include the dissemination of information and the provision of preventive interventions for the health and wellbeing of learners. Thus, members of a health committee are responsible for ensuring that interventions that support a healthy lifestyle, positive development, and mental and physical wellbeing are delivered. The learners in most South African schools rely on these programmes to improve their nutritional status, learn about infectious diseases, maintain healthy lifestyles, and ensure sexual and reproductive health.

Teamwork is an important aspect of successfully run health committees. For members to work well together, there has to be a common understanding of the health policy they are implementing and the objectives of the programme. For this, members should be willing to learn to manage their continuously changing environment and equip themselves to meet the challenges associated with health policy implementation. Team learning is the process of aligning and developing the capacity of a team to create the results its members truly desire.

Thus, team learning is based on the willingness of its members to learn from others and from one another for team success, and on the shared vision of all its members. Group problem solving is an important source of team learning, boosting the capacity not only of individuals but of the entire team. Team learning is an essential aspect of introducing innovation in school health promotion programmes. Such innovations may involve dynamic changes in the school, as a result of changes in school health policies and a focus on global trends.

In order for schools to navigate such challenges and be effective at promoting the health of their community, it is vital that they manage and motivate their teams, largely through focused team-building processes. According to Fapohunda (2013), team building involves two basic skills: the ability to recognise the correct, fundamental issues, and the ability to tackle them appropriately and in the correct order. In this research, it is believed that the identified sources of team learning, if recognised and applied, could help meet the developmental needs of school health promotion teams and boost the role that school managers play in sustaining well-functioning teams. School leaders are crucial to developing effective teams in school health promotion, but their specific roles remain largely underexplored. An understanding of their role is essential for school-based health promotion, because the health programmes overseen by school principals affect not only the learners but their families and entire communities, too. Although social context, practice and theory have been identified as sources of professional teacher learning (Koffeman & Snoek, 2018), not much is known about the sources of team learning in school health promotion, and the role of team leaders in developing the teams than run school health programmes.

The questions that guide this research are: What are the sources and triggers of team learning in school health promotion? What are the roles of school leaders in developing teams for school health promotion? This research may yield valuable results that could inform the practice and daily behaviour of school leaders for the purposes of improving organisational performance. The study contributes to the body of knowledge on team learning in organisational and educational contexts, building on the findings of other researchers in this area.

LITERATURE REVIEW

In this research, a team is a small group of teachers with complementary skills committed to the common purpose of promoting the health of learners in a school. Teams have a common purpose, are interdependent, and have clear goals and contributions (Higgs, 1999). They also hold themselves accountable for achieving certain performance goals. As school health promotion is a complex topic, the approach adopted by such teams involves systematically breaking down a top-level goal into a structured set of sub-goals, each of which may be undertaken by a separate team (Sheard & Kakabadse, 2004). To that end, two to three teams, also called health committees, may be found in public schools in South Africa. The sub-goals are never completed. They are continuous; therefore, after a certain period, depending on the

constitution of the health committee, new members are voted in to continue with the project. In other instances, new projects are added as the demand for such projects increases. As most health programmes are top-down and planned at the national level, the strategic element is limited, and the focus tends to be on operational issues.

Teamwork in school-based teams revolves around each new problem that the school seeks to address. For example, teamwork is required to implement the school nutrition programme. Teachers are assigned to ensure that this programme runs smoothly and that meals are provided to learners on time. In addition to programmes planned at the national level, schools are faced with immediate and varying challenges that require the input of teams to deal with issues that crop up, such as seeing to the wellbeing of orphans and vulnerable children, bereavements in the school, and health and safety issues. Each team has a complete project to undertake and deliver. This approach to organisational problem solving requires individuals to work outside their specific area of functional competence for much of the time, and therefore their role within the project team becomes relevant (Sheard & Kakabadse, 2004). Responsiveness to context requires mindsets of continuous development, in which the individual is always ready to adjust and change the skills they apply and the approach they adopt as the needs of stakeholders evolve or even dramatically alter (Kakabadse, 2000 as cited by Sheard & Kakabadse, 2004, p. 37). This was clearly the case during the Covid-19 pandemic.

Team development in school health promotion falls into two categories: team building and team training. Team development is a set of strategies designed to improve interpersonal relations and social interactions and, in addition, to address problems occurring in teams (Klein et al., 2009). It is also designed to improve the achievement of tasks and goals According to Shuffler, DiazGranados and Salas (2011), team training enables team members to obtain, understand, and practise the knowledge, skills and attitudes required for effective team performance. During team training, members practise their skills and receive feedback so that they may identify teamwork deficiencies and learn the skills to address them. Team building and team training constitute the majority of team development interventions implemented. In both of these activities, school managers (principals) play a vital role, which needs to be understood and supported for optimum performance.

Team development comprises steps such as clarifying team goals, identifying hindrances to goal achievement, facing the identified challenges, and facilitating the achievement of the goals. As school management teams are relatively static, a focus on the development of individual members can improve relationships in the team (Cranston & Ehrich, 2009; Cardno, 2010; Fapohunda, 2013; Mutongoza et al., 2021; Nkambule, 2023). In health promotion teams, the emphasis is on developing individuals' skills so that they become effective team members, able to acquire the skills they do not have and enhance those they already have. Cardno (1998) asserts that schools have both long-life, permanent teams and short-life, project-based teams in which membership changes create a new mix of people who must learn to work together to function effectively as a team. According to Cheung et al. (2017), team development is

imperative for school health teams, positioning them to establish a collaborative approach to learning and to health.

In school health promotion, team learning can be triggered, enabled or motivated by an event or situation. In triggered team learning, members are forced to learn as they are compelled to act. The trigger might be an event, with learning taking place when members reflect on past performance, especially where past performance has not been satisfactory. Thus, learning triggers in school health promotion may be regarded as factors that facilitate learning. They will vary according to the level of the team. Process-oriented events, such as a lack of understanding of policies and various related challenges that crop up during programme implementation, may occur after the initial stages of development.

Team learning is vital because teams, not individuals, form the basis of the school, with most activities at the school level being team-based and performed in groups. For teams to be effective, they must consist of people capable of coming up with new and creative ideas. As team learning occurs, the effectiveness of the team improves. Team learning in the school context takes place when teachers share ideas, learn together, and eventually work together to change the school.

RESEARCH METHODS

In this study, a qualitative research method was used following a single case study design. Yin (2012) defines the case study as an in-depth practical investigation of a current event in its context. We adopted the case study design because it provides a high level of detail and understanding of a real-life phenomenon; in this case, the sources and triggers of team learning and team development among school health promotion teams. Qualitative research is carried out in a natural setting – in this study, the schools where the sources of team learning originate. A single case study was appropriate for this research, as it allowed for an in-depth investigation of school health promotion activities in a high school to determine the sources of team learning and the role of the principal in the development of teams.

This study was carried out in a township high school with the highest enrolment and the highest performance in the Fezile Dabi district, in Free State province. A purposive sampling method was used to select a total of six SMT members and twelve teachers for this research. Of the twelve teachers, eight were members of health committees and four were senior teachers. The demographic data of the participants is indicated in Table 1 below.

More females than males participated in this study (11 females, 7 males). This is typical of most schools in South Africa, in which there has been little change with regard to gender make-up over the years. Most participants were in their 40s and 50s and therefore experienced; however, the study also deliberately included those with slightly less experience, as their views were considered important, too. Twelve of these participants were directly involved in teams while nine were in health committees. Participants were selected based on the perception that on the basis of their positions and experience in the school, they would be knowledgeable about

team learning and the role of school leaders in team development. These participants also constitute the key informants because of their experience in health promotion initiatives and activities in the school.

Table 1.

Demographic data of the participants

Participants	Gender	AGE	Teaching Experience	Roles
Participant 1	Male	58	37 Years	Principal, ex-officio of Health, Environment, and School-Based Support Team committee
Participant 2	Male	34	11 Years	Deputy principal; Physical and Technical Science teacher
Participant 3	Female	46	23 Years	Deputy Principal; CAT Teacher; CPTD committee
Participant 4	Female	52	30 Years	HOD for Physical and Technical Science teacher; Cleaning and Environment Committee
Participant 5	Female	53	31 Years	HOD – Life Orientation, SBST Committee
Participant 6	Female	49	27 Years	HOD – English
Participant 7	Female	32	10 Years	Mathematics teacher, health committee member
Participant 8	Female	45	22 Years	Life Orientation teacher; SBST committee member
Participant 9	Male	48	25 Years	Accounting teacher, Assessment and Health committee; Soccer
Participant 10	Female	37	14 Years	Life Science teacher; Assessment, and Cleaning and Environment Committees
Participant 11	Female	29	5 Years	English teacher, and Environment committee
Participant 12	Male	35	9 Years	English teacher, and Environment committee
Participant 13	Female	41	19 Years	English Teacher, Assessment, and health committee; staff meeting secretary
Participant 14	Male	37	13 Years	Life Orientation teacher, and Environment committee
Participant 15	Male	54	32 Years	Life Science and Senior teacher
Participant 16	Female	52	30 Years	Mathematics and Senior teacher
Participant 17	Male	58	36 Years	Physical Science and Senior teacher
Participant 18	Female	55	33 Years	Accounting and Senior teacher

According to Creswell (2013), in-depth face-to-face interviews are the most commonly used sources of data in qualitative case studies. The results of this study are drawn from both

individual interviews and focus group discussions. Individual interviews were conducted with SMT members, and two focus group discussions were conducted with teachers. All were conducted in the natural setting, that is, the school in which participants taught. The same questions were asked in interviews and focus group discussions: What sources of team learning can you identify in health promotion activities? Why do you think these sources triggered learning? What, in your view, is the role of school leaders in developing teams? The aim was to compare the data yielded by the interviews and focus group discussions to determine whether similar ideas, issues and conclusions were mentioned in each data set. The use of multiple sources of data (SMT members, teachers in health committees, and senior teachers) yielded a broad range of views and facilitated the triangulation of data, revealing depth while enhancing the credibility of the study.

Data were analysed using thematic analysis, which involved coding individual units of data, grouping these units into loose themes and sub-themes, naming the themes and sub-themes and developing a system for placing all data into the relevant theme or sub-theme. The embedded case design enabled us to examine specific health programmes that were implemented in the school, with a focus on particular initiatives, policies and collaboration in all activities. The use of multiple sources (triangulation), along with a well selected sample, a pre-tested interview schedule and prolonged engagement, enhanced the validity of this study.

RESULTS

Below, results are presented for sources and triggers of team learning, the role of school leaders in team development, and policy implementation. Each of these has several sub-themes.

In the excerpts, participants are identified as P1 to P6 (SMT members), P7 to P14 (members of health committees), and P15 to P18 (senior teachers).

Sources and triggers of team learning

From the responses of the participants, three sources or triggers of team learning were identified: school health promotion activities, school health promotion policies and guidelines, and collaboration.

School health promotion activities

The participants stated that four health promotion activities, routinely conducted in their school, acted as sources of team learning. These were the challenge of keeping the grounds clean, keeping the kitchen equipment clean for the feeding scheme, keeping toilets in good working order, and ensuring the availability of water.

The following quotes illustrate these points:

How to keep the school grounds clean and hygienic due to the huge number of learners in our school (P7).

Cleanliness of the kitchen, pots, food utensils, and the entire setup to serve food for learners, as it can be a source of foodborne diseases (P9).

Having functional toilets and keeping them in good condition (P2).

Availability of water for washing hands and sanitation (P11).

All of these are continuous activities in which all schools must engage, developing effective strategies over time to ensure that each is attended to consistently. These areas are challenging in schools in poor communities, where resources are lacking, and enrolment is high. Insufficient knowledge among the population about good hygiene practices can increase the chances of foodborne disease. Toilets that do not flush are also a source of communicable diseases. This situation is aggravated by a lack of running water in many schools. The Covid-19 pandemic exposed the challenges and problems that schools in developing countries such as South Africa face in ensuring school cleanliness and health.

School health promotion policies and guidelines

Participants mentioned the importance of understanding health policies and guidelines and what these health policies mean in practice. The following statements were made:

Although each committee has a policy with a set of rules that members must follow, members can interpret it differently (P14).

The danger of not understanding the policy correctly is that it can affect its implementation negatively (P3).

Health policies guide the promotion of health. A lack of their understanding hinders the progress (P10).

My view is that there is a lack of understanding of the new amendment bill on sex education which has always been associated with teaching learners about how to have sex (P17).

Participants acknowledged that a lack of understanding of health policies negatively affected their implementation. This was confirmed by an SMT member, two committee members and a senior teacher. Because of a lack of understanding of policies, schools lose out on the benefits of knowledge, since knowledge of the guidelines provided by the policy would enhance their school practice. Thajane and Masitsa (2021) concur that principals experience problems when implementing school policies, which has a negative impact on policy implementation.

The implementation of policies in schools in South Africa has always been a challenge. A few examples of policies that have suffered inadequate implementation include the progression policy (Mogale & Modipane, 2021); environmental education (Damoah & Amodan, 2022); and the stipulations of Education White Paper 6 (Donohue & Bornman, 2014). The same applies to health and wellness policies in schools. The results of a study by Mokwena et al. (2020), drawn from members of school management teams in schools in North West province, South Africa, revealed that the National Policy of Drug Abuse Management in Schools (2002), promulgated under the National Education Policy Act (Act 27 of 1996), is not known by any school management team members and thus not implemented. Another study by Thajane and Masitsa (2021) found that school principals encountered problems when implementing HIV/Aids and pregnancy policies.

The concerns that the participants raised included different interpretations of the same document, the negative impact of lack of understanding, and lack of progress in health initiatives because of policy ignorance. Thus, the will of the participants to implement the policies was not at issue; rather, it was lack of capacity that constituted a major challenge.

Collaboration

According to participants, collaboration with different stakeholders is a source of team learning. Stakeholders were often required to work together to ensure healthy environments that benefitted the school community. The following statements were made.

Inviting community members and NGOs and convincing them to be part of a health committee (P8).

Building good and trusting relationships that last for longer (P15).

Ensuring the commitment of all collaborators to the vision of health promotion (P1). Sometimes it is challenging to work with different groups, and then we decide to leave them behind (P10).

Although schools have always worked with parents, school–community collaboration is a new terrain for them, requiring skill, persistence and patience. The importance of collaboration was mentioned by a principal, two committee members and a non-committee member. By its nature, school health promotion uses a collaborative model, and teachers have to learn to develop a common vision and sense of teamwork among multiple stakeholders. School-based health programmes are delivered through intersectoral partnerships between the health, education and social development sectors. In this way, health and wellbeing become centrally embedded in school functioning, and the school becomes the setting for both education and community health promotion.

Collaboration also takes place with community members and non-government organisations, both of which may be incorporated into teams for health promotion. School–community collaborations are known to be short lived, with recent research showing that territorialism can affect the relationship, with agendas often determined solely by educators, and school and district leaders (Hands, 2023). In Myende's (2013) study, a lack of effective communication negatively affected stakeholders' commitment to partnership activities, the empowerment of partners, the mapping of assets, and partners' perceptions about partnerships.

The role of school leaders in team development

The participants indicated that school leadership fulfilled four main roles in promoting learning among health promotion teams. These were establishing development programmes; managing interpersonal relationships, trust and conflict; and clarifying vision, roles and job specifications. The last entailed building team cohesion and interpreting policies.

Establishing development programmes for the training of teams

Participants indicated that teams had skills and knowledge gaps, and that a developmental plan was needed to fill these gaps and ensure the efficacy of school health promotion activities. The following statements were made:

In the promotion of health in schools, there is always new information and new ways of doing things. We have to keep up with the trends (P10).
Covid-19 taught us that information and knowledge are important if individuals and groups are to survive (P6).

We have been doing the same activities the same way for years, and it is demotivating. We need new information, and also just to sit together and reflect on our actions and learn from each other (P7).

Learners are hospitalised for what they ate at school in the feeding scheme. When they return, it is business as usual. We do not change our methods until the same incident occurs (P18).

The participants clearly understood their need for new information and better practices. An SMT member and committee member (P6 and P10) stated that a developmental programme would assist in dealing with emergencies and disasters. The other two teachers were members of health committees and were concerned about their lack of innovation and responsiveness to crises.

There are four ways in which team development may occur: Participants already working in health teams can learn from their own experiences; team members can learn through informal conversations with others; learning communities (also known as communities of practice) can be formed specifically to enhance learning and practice; and traditional training programmes can be run to educate a group. Although all four types would benefit health teams, the burning issue in this study was lack of knowledge and information, which requires the last option, formal training.

Team learning should be seen as a process rather than an outcome or a result. Kérivel et al. (2021) indicate that team learning is both individual and collective in nature. In some cases, team members learn alone as individuals; in other cases, they engage in joint sense-making and learn together. Team members should be encouraged to participate in both individual and team learning. A participant (P7) suggested that an effective forum is required in which team members feel free to ask questions and share ideas in search of solutions. Essentially, P7 could also be referring to a community of practice. A community of practice may be established among a cluster of schools, either among themselves or under the auspices of the Department of Education. They constitute effective forums for mutual learning, reflection and exchange of ideas. Similar communities of practice could be formed specifically for health promotion among schools.

Managing interpersonal relationships, trust and conflict resolution

Participants indicated that in most cases, conflict among team members was a result of strained relationships and lack of trust, and that poor interpersonal relationships could affect the ability of a team to work together. The following comments were made:

Clashes between members affect teamwork and ultimately achievement of goals (P9).

Team members should be orientated even before starting a task, and communication rules should be established and prioritised with respect (P12).

It is their [referring to community members] involvement and participation that is problematic, that is where the principal must start. How do we involve them more? (P5).

Trusting relationships within the school are an important prerequisite for effective school–community collaboration. There was agreement about the need to involve the community and form partnerships in which community members were listened to, but the SMT member (P5) seemed uncertain about the best way in which to involve collaborators. Participants seemed to be advocating a re-examination of current structures and processes, in which schools lead conversations about school health promotion and community partners endorse their decisions. There is a need to review and revise processes for community collaboration, so that both schools and community partners are able to contribute and expand their knowledge. School leaders play an important role in managing interpersonal relationships, and in establishing and nurturing school–community partnerships.

Clarifying vision, roles and job specifications

The participants were aware of the consequences of an unclear vision and ambiguous roles in teams. They indicated that if team members' or staffs' roles were not clear, conflict was inevitable. They also acknowledged that although the roles of school personnel were clear, the roles of those drawn from outside of the school were usually not clear. Participants said the following:

The roles of teachers in a team are clear. There is a chairperson and then members who are assigned roles, but, for example, a nurse, social worker and NGO representatives are just members without clear roles (P8).

Assigning roles to some members while others are just part of the group is problematic (P14).

Most of the members are passive participants, while others do everything (P7).

It would appear that the failure to assign specific roles meant that some team members ended up contributing little to the team. All the participants quoted above were members of committees, so had first-hand knowledge of how committees functioned when some had roles and others did not. Although the health teams in the participating school strove to involve members of the community and representatives of government departments, these people remained unengaged, which frustrated those who were engaged, lowered trust and hampered team effectiveness.

Clarity of roles is essential for team functioning. Lynn and Kalay (2015) indicate that each team member should clearly understand their role and how that role interacts with other team roles. In this case, community partners had not been assigned any specific role, and therefore did not grow as team members and remained unengaged, possibly as a result of a lack of confidence about their role and what they could and could not contribute.

It also vital that both the school as a whole, and individual teams such as the health promotion team, develop a common vison about their role, purpose and unique offering. Participants indicated that when a vision is not shared, it becomes difficult to execute tasks. They believed in the idea of a shared vision in which the school principal communicates an image of the future that reflects the aspirations of the whole school community. They stated the following:

It does not help to have a vision that is shared by just a few people (P1).

The role of the leader is to inspire us to work toward a shared vision, and this sometimes is lacking (P11).

I would like to see everyone participating in the development of goals (P8).

The participants' utterances show that they considered the school principal central to the matter of vision, as the principal inspires and articulates a vision, models the behaviour, and enables the school community members to act. At the same time, the vision does not emanate from the principal only; it needs to be a shared vision. A common vision across stakeholders provides clarity of values and beliefs and is essential to ensure focussed behaviour and the attainment of targeted outcomes (Mayer & Carroll, 2011). For people to commit, the leader must be passionate about the vision. People who share a vision are connected and bound by a common aspiration (Hoe, 2007). Senge et al. (2000) indicate that a vision should emerge from ongoing processes that develop and build on the vision of individuals.

Policy implementation

The participants believed that although the principal held final responsibility, policy interpretation and implementation was a shared undertaking. They valued the idea of forums for policy discussion and interpretation. Comments included the following:

A common understanding of a policy is important. No one gets confused when it is implemented (P15).

We need to sit down together with the principal and talk about the content and procedures of the policies we are responsible for implementing (P11).

For comprehensive sexuality education to be effective, there must be a common understanding of its importance and how it benefits students and the school (P9).

Two issues were prominent for these participants: actions that needed to be taken to ensure a common understanding of policy guidelines and procedures, and the benefits that accrue when a policy is correctly understood and applied.

Clear communication about the goals of policy and the steps for its implementation is required before a team can implement a policy. Tummers (2012) indicates that policy implementation involves a cognitive process of sense-making for the implementer, based on what she knows, what she understands of the policy, and what she believes the course of action should be. The benefits of policies are realised when participants interact and negotiate on the basis of the policy, which should guide all their subsequent actions. Lipsky (2010) warns against

resorting to routines that help implementers meet the pressure but decrease the quality of their service to end users of the policy.

Discussion

In this study, it was necessary to establish the sources and triggers of team learning in school health promotion teams, since these teams play a vital in enhancing the health of learners and the surrounding community. Information on this aspect of school functioning is scarce. Participants indicated that learning was triggered by specific, routine health promotion activities, the health policies and guidelines that informed their actions, and collaboration with partners outside of the school. Wiese and Burke (2019) maintain that there are many sources of learning for teams. Specific sources of team learning in this research were reflections on past performance, having to work through ongoing challenges (Wiese & Burke, 2019), and events that required teams to respond to massive changes in the environment (Oertel & Antoni, 2014). A perfect example of the latter occurred during the during Covid-19 pandemic. Identifying learning triggers can raise awareness of the need for team learning. These sources of team learning were regarded as triggers because they were the focal points with which the participating school seemed to be struggling.

Routine health promotion activities that promoted learning comprised all the activities associated with keeping the kitchen, school grounds and ablution facilities clean. Participants spoke of a general lack of understanding of how foodborne diseases may be prevented in the school setting. There have been several incidents in South African schools in which learners were hospitalised after consuming school meals. These include hospitalisation for symptoms of food poisoning in a school in Mpumalanga (Khoza, 2019), Tshwane in Gauteng province (Pretoria News, 2021), and in the Eastern Cape (SABC News, 2022), among others. Mafugu (2021) found that health problems experienced by learners after eating school-prepared food made them reluctant to consume meals on some days. Although other factors may have been involved, it is likely that lack of hygiene practices and food contamination during food preparation contributed to food poisoning in the above incidents. In this research, the knowledge of the committee running the school nutrition programme may not have been adequate to maintain consistently high hygiene standards. For the implementation of the National School Nutrition Programme, each school is required to have a committee made up of a nutrition adviser, school governing body members, a school coordinator, and a volunteer food handler. When teams working with food and kitchen hygiene do not learn from incidents, the incidents are likely to continue unabated.

Lack of clarity with regard to policies and their correct implementation was a challenge in this study. Two issues were fundamental: lack of understanding of the policies, and an inability to achieve the desired results. Participants indicated that they relied on the school principal to understand the policies, and to convene meetings where the policies could be explained and discussed. Tonich (2021) believes that education cannot be separated from policy

implementation and support. The implementation of health promotion policies requires buy-in from the entire school community for sustainable results. This means teachers, learners and community members need to be aware of the relevant policies and contribute to their effective implementation.

Collaboration was found to be an important source of learning. School teams have to work collaboratively with community members in the school health promotion programme, since the National School Nutrition Programme is essentially community centred. The successful implementation of the Integrated School Health Policy (Health and Basic Education, 2012), the National Policy on HIV and Aids for Learners and Educators in Schools (1999), the South African National Policy of Drug Abuse Management in Schools (2002), along with other policies, depends on the collaboration of multiple sectors. This requires leadership and skillful management. The policy on HIV and Aids recommends that a health advisory committee be established in each school; if that is not possible, the school or institution should draw on the expertise available within the education and health systems (Department of Education, 1999). All these policies advocate collaboration that is inter-sectoral, interprofessional, and community oriented. Interaction and teamwork should occur at the intersection between schools, government departments and communities, and should include a spectrum of inputs and forms of collaboration, including consultative, collaborative and interactive teaming. The participants revealed that they were not sufficiently skilled or knowledgeable about teamwork processes and the roles that community members were supposed to play. It was apparent that in this respect, school health promotion teams had failed to be fully inclusive and were essentially moving ahead without community members.

The participants were clear about the important role played by school leaders in managing health promoting activities in the school. Leaders were expected to focus on the needs of team members by establishing training programmes for their education and development. Team members needed knowledge on hygiene practices to prevent foodborne diseases, and their lack of hygiene-related expertise was concerning. This is likely to be an ongoing issue in schools, since new members are elected to teams every two or three years. Ongoing skills training is therefore imperative. Fapohunda (2013) asserts that to achieve effectiveness, team members must possess the requisite knowledge, skills and capabilities to address the issues for which the team was formed or have access to the needed help. This means that school leaders should continually adapt their training to the needs of health teams. The SMT should focus on ascertaining whether or not the school is operating efficiently and accomplishing the required goals (Ntuli & Mahlangu, 2023), while the principal is responsible for initiating any training needed, in collaboration with team members. To accommodate the needs of teams, school leaders should implement various forms of ongoing team development and communicate regularly with each team member and the team as a whole.

There is also a need to create opportunities for team reflection, with school leaders facilitating the process. In meetings organised for collective reflection, team members may

share thoughts, opinions, knowledge and skills. Schön (1987:31) developed the concepts of reflection-in-action and reflection-on-action. Reflection-in-action represents the ongoing process of evaluation of and within the current practice, while reflection-on-action denotes what happens after or outside the practice, individually or together with colleagues (Schön, 1987:31). Both forms of reflection are important in making decisions for future practice, as they concern learning from experience. Reflection provides opportunities for the co-construction of knowledge, in which shared meaning and knowledge are developed through social interactions. This is in line with Vygotky's sociocultural theory of learning, (early 1930s) which stresses the idea that knowledge acquisition is not an individual activity, but that knowledge is co-constructed through interaction with others. His theory stresses the role of social interactions and cultural influences in the development of cognition and learning.
Thus, reflection often takes place through communities of practice, both within a school and within a cluster of schools.

The second role of school leaders in assisting with team learning is to manage interpersonal relationships, help ensure mutual trust, and manage any conflicts that may arise. The problem of role clarity emerged as a problematic area, as some team members had not been assigned roles, which hampered trust and team functioning. Revilla and Rodriguez (2011) caution that without effective team vision and role definition, individuals generally pull the project in different directions, and thereby adversely affect the team's performance.

The third role of schools leaders was to inspire and articulate a shared vision for the school and for the health promotion team or teams. Within the school, different teams may work on different aspects of health promotion, such as the National School Nutrition Programme, support for orphans and vulnerable learners, and maintaining a clean school environment. Within each team, a vision needs to be established, shared by all in the group, and deemed attainable and realistic. It is important for members to have a common sense of purpose, to support the vision, and not to feel left out. In agreement, Lynn and Kalay (2015) state that vision support allows team members to understand how they might work together or align themselves in realising their shared vision. Hoe (2007) argues that a shared vision is an important foundation for proactive learning because it provides direction and focus for learning. It helps clarify an organisation's direction, guiding it on what to do and what to learn (Hoe, 2007).

The lack of understanding of health policies and the correct way to implement them was of concern to participants. Although some mentioned that the school principal was responsible for disseminating information about the policy, they also mentioned the importance of having open dialogue about the policies they were responsible for implementing. This indicates a shift from a passive stance that requires very little of team members to a more participatory approach. Participants seemed willing to take on the responsibility of co-creating a shared understanding of policies.

CONCLUSIONS

In this investigation, three sources of team learning were identified: routine health promotion activities, policies and guidelines, and collaboration with outside entities. All three sources of learning were embedded in the activities and processes of normal health promotion activities in the school. Therefore, this research revealed that practice is a source of learning. Problems are identified and ways are found to overcome them in the context of active engagement and the implementation of health programmes.

School leaders were found to play an important role in terms of introducing training programmes, managing interpersonal and school–community relationships, and both inspiring and articulating a school vision. School principals were also seen as instrumental in establishing a forum for evaluation and reflection. The area of policy understanding, and implementation was seen as a weakness, with many participants agreeing that they needed to discuss policy more thoroughly.

Identifying the sources and triggers of team learning in school health promotion teams can lead to an enhanced understanding of roles and responsibilities in such teams. Furthermore, if school leaders are motivated to make this kind of team development a priority, the potential of teams to contribute to organisational learning may be realised (Cardno, 2010). Fully functioning health promotion teams in schools have the potential uplift the quality of education in a school by ensuring a high level of nutrition and a healthy and clean environment. This, in turn, may have a positive effect not only learners and teachers, but on surrounding communities.

Although this research was conducted in one high school, a stratified sampling method was used that ensured input from a variety of participants with adequate experience of the topic under investigation. The use of multiple sources of data yielded rich data for analysis, enabling us to answer the research questions in depth. The sources and triggers of team learning in school health promotion teams might differ according to context. Further research should therefore be conducted in other contexts.

References

Cardno, C. (1998). Teams in New Zealand schools. *Leading & Managing*, 4(1), 47-60.

Cardno, C. (2010). Team Learning: Opportunities and challenges for school leaders. *School Leadership & Management*, 22(2), 211-223. https://doi.org/10.1080/1363243022000007764

Cheung, K., Lesesne, C.A., Rasberry, C.N., Kroupa, E., Fisher, D., Robin, L. & Pitt Barnes, S. (2017). Barriers and Facilitators to Sustaining School Health Teams in Coordinated School Health Programs. *Health Promotion Practice*, 18(3), 418-427. doi: 10.1177/1524839916638817

Cranston, N.C., & Ehrich, L.C. (2009) Senior management teams in schools: understanding their dynamics, enhancing their effectiveness. *Leading & Managing*, 15(1), 14-25.

Creswell, J.W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. 3rd ed. Thousand Oaks, CA: Sage.

Damoah, B. & Amodan, B. (2022). Determinants of effective environmental education policy in South African schools. *International Journal of Educational Journal Open*, 3. https://doi.org/10.1016/j.ijedro.2022.100206

Department of Education (1999). National Policy on HIV/AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions. https://healtheducationresources.unesco.org › documents.

Donohue, D., & Bornman, J. (2014). The challenges of realising inclusive education in South Africa. *South African Journal of Education*, 34(2). 1-14. http://www.sajournalofeducation.co.za

Fapohunda, T.M. (2013). Towards Effective Team Building in the Workplace. *International Journal of Education and Research*, 1:1-12. https://ijern.com/images/April-2013/23.pdf

Hands, C.M. (2023). School-Community Collaboration: Insights from Two Decades of Partnership Development. In: B. Cleveland, S., Backhouse, P. Chandler, L. McShane, J.M, Clinton, & C. Newton (eds) *Schools as Community Hubs*. Springer, Singapore. https://doi.org/10.1007/978-981-19-9972-7_3

Health and Basic Education. (2012). Integrated School Health Policy. http://www.doh.gov.za/docs/policy/2012/Integrated_School_Health_Policy.pdf.

Higgs, M. (1999). Teams And Team working: what do we know?, *Henley Management College Report*, No. HWP9911. http://eprints.soton.ac.uk/id/eprint/51517

Hoe, S.L. (2007). Shared vision: A development tool for organisational learning. *Development and Learning in Organizations*, 21(4), 12-13. https://doi.org/10.1108/14777280710758817

Kérivel, T., Bossard, C. & Kermarrec, G. (2021). Applying IPO model to team learning in sport context: An exploratory qualitative study on twenty soccer players. *Journal of Human Kinetics*, 78(1), 251–262. DOI: 10.2478/hukin-2021-0040

Khoza, M. (2019). Three learners die as ten are hospitalised from suspected food poisoning. Soweto Live, 20 July 2019. https://www.sowetanlive.co.za/news/south-africa/2019-07-30-three-learners-die-as-ten-are-hospitalised-from-suspected-food-poisoning/

Klein, C., DiazGranados, D., Salas, E., Le, H., Burke, C. S., Lyons, R. & Goodwin, G.F. (2009). Does team building work? *Small Group Research, 40*(2), 181-222. https://doi.org/10.1177/1046496408328821

Koffeman, A. & Snoek, M. (2018). Identifying context factors as a source for teacher professional learning. *Professional Development in Education*, 45(3), 456-471. DOI: 10.1080/19415257.2018.1557239

Lipsky, M. (2010), Street-level bureaucracy: dilemmas of the individual in public services. *American Political Science Association,* 76(1),1-275. DOI: 10.2307/1960475

Lynn, G.S. & Kalay, F. (2015). The effect of vision and role clarity on team performance. *Pressacademia*, 4(3),473-473. DOI: 10.17261/Pressacademia.2015313067.

Mafugu, T. (2021). Challenges encountered in a South African school nutrition programme. *Journal of Public Health Research*, 10(1). doi: 10.4081/jphr.2021.1982.

Makhasane, S. & Majong, N. (2023). Exploring the School Management Team's Perspectives about the Challenges of Addressing Learner-on-teacher Violence in Secondary Schools: Implications for Invitational Leadership. *Journal of Culture and Values in Education*, 6(2), 172-191. https://doi.org/10.46303/jcve.2023.1

Mayer, K. & Carroll, V. (2011) Visioning as a hiring strategy for quality outcomes. *Journal of Nursing Administration*, 41(9), 369-373. DOI: 10.1097/NNA.0b013e31822a7348.

Mayrowetz, D. (2008). Making Sense of Distributed Leadership: Exploring the Multiple Usages of the Concept in the Field. *Educational Administration Quarterly*, 44,424. https://doi.org/10.1177/0013161X07309

Mogale, M.L., & Modipane, M.C. (2021). The implementation of the progression policy in secondary schools of the Limpopo province in South Africa. *South African Journal of Education*, 41(1), 1-10. http://dx.doi.org/10.15700/saje.v41n1a1853

Mokwena, A.V., Mokwena, K., van der Heever, H. & Mokgatle, M. (2020). The National Policy of Drug Abuse Management in Schools in South Africa: Unknown and Unimplemented. *Journal of Drug and Alcohol Research*, 9,1-5. doi:10.4303/jdar/236098

Mutongoza, B., Olawale, B., & Mzilikazi, B. (2021). Chronicling school principals' experiences on school management in the context of COVID-19 stringency. Research in Social Sciences and Technology, 6(3), 146-162. https://doi.org/10.46303/ressat.2021.35

Myende, P.E. (2013). Sustaining School-Community partnerships through effective communication. *Communitas*, 18, 76-94. https://journals.ufs.ac.za/index.php/com/article/download/999/988/1919

Nkambule, B. (2023). The Perceived Heads of Departments' Infusion of Ubuntu Values in Curriculum and Knowledge Sharing Leadership in Under-Resourced Public Schools. *Journal of Curriculum Studies Research, 5*(2), 186-205. https://doi.org/10.46303/jcsr.2023.26

Ntuli, L. T., & Mahlangu, V. P. (2023). Legal execution of curriculum in primary schools: School management teams' perspectives. *Research in Educational Policy and Management*, 5(2), 177-206. https://doi.org/10.46303/repam.2023.16

Oertel, R., & Antoni, C.H. (2014). Reflective team learning: linking interfering events and team adaptation. *Team Performance Management*, 20(7/8), 328–342. doi: 10.1108/TPM-03-2014-0027

Pretoria News, (2021). Winterveldt learners rushed to hospital after food poisoning. IOL 18 March, 2021. https://www.iol.co.za/pretoria-news/news/winterveldt-learners-rushed-to-hospital-after-food-poisoning-d18542ef-c387-43ae-af75-0ca481068629.

Revilla, E., & Rodriguez, B. (2011). Team Vision in Product Development: How Knowledge Strategy Matters. *Technovation*, 31, 118-127. DOI: 10.1016/j.technovation.2010.10.007.

SABCNews, (2022). More than 100 Eastern Cape learners rushed to hospital for symptoms allegedly relating to food poisoning. 14 February 2022. https://www.sabcnews.com/sabcnews/more-than-100-eastern-cape-learners-rushed-to-hospital-for-symptoms-allegedly-relating-to-food-poisoning/.

Schön, D.A. (1987). *Educating the reflective practitioner: Toward a new design for teaching and learning in the professions.* Jossey-Bass.

Senge, P. (2000) *Schools that Learn. A Fifth Discipline Fieldboook for Educators, Parents, and Everyone Who Cares about Education*. New York: Doubleday.

Sheard, A.G. & Kakabadse, A.P. 2004. A process perspective on leadership and team development. *Journal of Management Development*, 23(1), 7-106. https://doi.org/10.1108/02621710410511027.

Shuffler, M.L., DiazGranados, D., & Salas, E. (2011). There's a Science for That: Team Development Interventions in Organizations. *Current Directions in Psychological Science*, 20(6), 365–372. https://doi.org/10.1177/0963721411422054

South Africa. (1999). National Policy on HIV and AIDS for Learners and Educators in Schools. https://healtheducationresources.unesco.org/library/documents/national-policy-hivaids-learners-and-educators-public-schools-and-students-and

South Africa. (2002). South African National Policy of Drug Abuse Management in Schools. https://www.gov.za/documents/national-education-policy-act-national-policy-management-drug-abuse-learners-public-and.

Thajane, S.B. & Masitsa, M.G. (2021). An investigation into policy implementation by primary school principals in the Free State province. *South African Journal of Education*, 41(2), S1-S12. https://doi.org/10.15700/saje.v41ns2a1960.

Tonich, T. (2021). The Role of Principals' Leadership Abilities in Improving School Performance through the School Culture. *Journal of Social Studies Education Research*, 12(1), 47-75.

Tummers, L. (2012). Policy Alienation of Public Professionals: The Construct and Its Measurement. *Public Administration Review*, 72(4), 516-525, http://dx.doi.org/10.1111/j.1540-6210.2011.02550.x.

Vangrieken, K., Dochy, F., Raes, E., & Kyndt, E. (2013). Team entitativity and teacher teams in schools: Towards a typology. *Frontline Learning Research*, 1, 86–98. doi:10.14786/flr.v1i2.23.

Wiese, C. W., & Burke, C.S. (2019). Understanding Team Learning Dynamics Over Time. *Frontiers in Psychology*, 10:1417. doi: 10.3389/fpsyg.2019.01417

Yin, R.K. (2012). *Applications of case study research*, 3rd ed. Thousand Oaks, CA: Sage.