SOPHE R. Brick Lancaster Community Health Internship

Final Report – Caitlin B. Holden

BACKGROUND: Despite receiving substantial amounts of skills-based training needed to implement sexuality education content, sexuality educators are reporting significantly low self-efficacy rates.[1,2,3,4] Low self-efficacy among sexuality educators raises concern because of the important role educator self-efficacy has on student outcomes.[5,6] Schools and communities provide a unique platform to educate and advocate for safe sexual health practices. Sexuality educators, working in schools or community-based programs, play a vital role in providing people with the knowledge and skills needed to make informed health decisions about sex and relationships. Identity salience (defined as the likelihood that a given identity will be active across situations) has been linked to self-esteem, role commitment, and more specifically, role self-efficacy.[7,8] A person with higher identity salience may have increased self-efficacy in completing role-related tasks/responsibilities while, in contrast, a person with lower identity salience experiences decreased self-efficacy in associated role tasks/responsibilities because of his/her level of commitment and connection to the role.[9] Additionally, strong identity salience can be a source of job satisfaction and provide the person with a sense of accomplishment.[7,10,11] As Brenner and colleagues claim:

"Confidence in one's ability to perform a role leads the individual to more strongly value that role, which increases the likelihood that the individual will perform it which, returning to the beginning, increases one's confidence in his or her ability to perform a role."[7(p73)]

In order to improve educators' self-efficacy to deliver sexuality education, going beyond skills-based training and incorporating factors shaping identity salience is important because salience affects educators' self-efficacy.[2,7,8] To begin addressing the low self-efficacy documented among sexuality educators, I will provide a conceptual framework (Figure 1) accounting for factors known to shape sexuality educators' identity salience. Based on identity theory and professional literature, the following three factors shape identity salience: 1) Person Identity, 2) Professional (role) Identity, and 3) Training.[12] Person Identity refers to the person's qualities and characteristics (e.g. gender, religion); 2) Professional (role) Identity constitutes one's social position such as spouse, worker or members of specific social groups; and 3) Training refers to the types of skills-based education, exposure, and quality. The short-term goal of this project is to assess the adequacy of the proposed framework (based on the 3 factors outlined above) to capture the role of identity salience and its effects on self-efficacy among samples of sexuality/health educators in the US. The long-term goal is to initiate critical conversations regarding sexuality educator training efforts and to create improved, more effective training programs. Ultimately,

I hypothesize that the inclusion of factors shaping identity and identity salience will aid in better equipping confident sexuality educators. Thus, this project will provide a conceptual framework addressing the relationship among person identity (PSI), professional identity (PFI), training (T) and the identity salience (IDS) of sexuality educators, as well as the relationship between identity salience and self-efficacy (SE). Therefore, the purpose of this specific project (the first of a three part study) is to explore pre-service health educators' perspectives of the factors influencing identity formation and identity salience regarding their role as health educators who teach sexuality education.

Background on Identity Theory: To better comprehend identity theory and its application to understanding sexuality educators' identity salience, the following terms need to be defined first: a) IDENTITY – "the set of meanings that define who one is when one is an occupant of a particular role in society, a member of a particular group, or claims particular characteristics that identify him or her as a unique person"; b) ROLE -- "a set of expectations prescribing behavior that is considered appropriate by others"; and c) IDENTITY SALIENCE – "the likelihood that a given identity will be active across situations" [8,12]

All people carry a variety of identities, some more valued than others, which are important to consider when preparing the next generation of sexuality educators. Available literature documents an over-emphasis on skills-based programs that equip sexuality educators with the knowledge and skills needed to implement sexuality education content. These programs, however, have overlooked the identities and values trainees bring.[1,2,3,4,13,14] In its simplest form, identity theory seeks to explain role behavior through two key concepts 1) identity salience and 2) role commitments.[7] Identity theorist have identified causal relationships between increased self-efficacy and role (identity) salience.[7,16] If preparation programs consider the diverse identities people hold, as well as these identities' influence on identity salience, self-efficacy can increase among sexuality educators.[16]

To capture the complexity, and at times, sensitive nature of sexuality education, identity theory is used to understand the factors/variables that influence sexuality educators' identity salience. Identity theory strives to explain the meaning people give to the multiple identities they claim, how these identities relate to one another, how identities influence behavior, thoughts, feelings or emotions; and how identities tie individual persons to society at large.[12(p3)] Identity theory investigates the structure and function of an individual's identity as related to the behavioral roles he/she plays in society.[17(p266)] In identity theory, there are three main dimensions that help form identity: social identity, person identity, and role identity. Social identity refers to the categories or groups to which a person belongs. Person identity refers to the personal characteristics people claim, while role identity accounts for the roles people occupy.[12,17] This

project seeks to understand how the factors shaping sexuality educators' identity influence his/her identity salience within a sexuality educator role.

Identity salience is a key concept in identity theory. Identities are held in a salience hierarchy in which each identity is ranked according to its propensity of being activated.[7] In other words, a highly salient identity is an identity that manifests itself through different scenarios. In short, a person with a highly salient identity is someone who brings a certain identity to bear, regardless of the role he/she is having at a given moment. For example, a sexuality educator with a high identity salience may attempt to – even during informal conversations among friends or family – communicate, clarify or educate his/her friends about sexuality-related matters. According to a study conducted by Brenner, Serpe, and Stryker:

"a highly salient identity is very likely to be enacted in situations that are relevant to it and may even be invoked in tangentially relevant or even irrelevant interactional situations. For example, an individual with a highly salient science student identity will be very likely to enact it not only in chemistry and biology courses but also in conversations with others with whom the individual is linked through his or her other identities."[7(p59)]
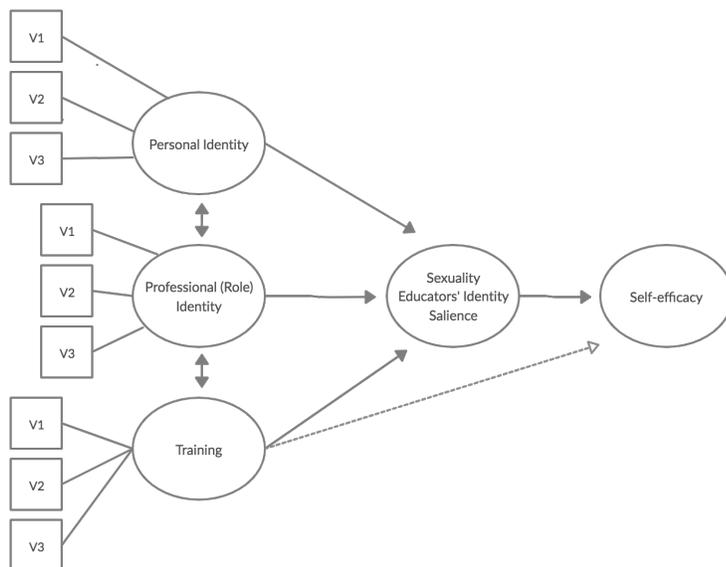
The inclusion of identity formation and the factors shaping sexuality educators' identity salience could help better support skills-based training efforts to ultimately increase self-efficacy among sexuality educators.

Figure 1: The proposed Conceptual Framework of the factors shaping sexuality educators' salience and self-efficacy for teaching.

METHODS: This study design utilized interviews and is grounded in qualitative research. The design belongs to a constructivist paradigm where "there is no single reality, but that the researcher elicits participants' views of reality"[18, 19(p669)]. I conducted semi-structured interviews with student teachers

(N=10) at Texas A&M University over a two week time frame. These interviews provided a rich description of the complexity inherent in describing and conceptualizing identity formation as well as identity salience among health educators who might be tasked with teaching human sexuality. Table 1 contains the interview protocol used to complete all 10 interviews.

Table 1. Interview Protocol

1. Tell me the story about how you made the choice to become a health educator
o If they do not recall a specific time/choice:
o Tell me how your background influenced your path to getting where you are today
2. Health educators are responsible for teaching a variety of health topics, which ones do you feel comfortable and not comfortable with?
o If you were tasked with teaching sexuality education, what would that be like?
o Can you tell me about a time where you taught sexuality education?
▪ Experience
▪ Environment
▪ Participants (grade, setting)
▪ Comfort
▪ Confidence levels
▪ Eager to repeat that experience OR never want to do it again
• Do you see yourself as a sexuality educator (identity)
▪ Identity Salience:
*did you see yourself as a sexuality educator
o What does being a sexuality educator mean to you?

Sample: Clinical (student) teachers (N=10) were chosen as the sample to be interviewed as they are during their training and have not yet established a career role. Additionally, clinical teachers present a unique viewpoint of the factors influencing identity formation and identity salience among sexuality educators. Also, clinical teachers can describe their current experience in whether there is an over emphasis on skills-based training or not as well as whether they think there are identity issues missing. Clinical teachers are a sample of convenience because of my role as a graduate teaching assistant as well as my ease in accessing them.

Data collection: I sent an email to student teachers at TAMU inviting them to participate in the study. If interested, a link to a sign-up sheet was attached to the email for scheduling their interviews. All interviews were completed on Zoom due to COVID-19 restrictions. I began each interview with reading

the informed consent agreement as approved by TAMU IRB prior to obtaining participant verbal informed consent. Once consent was given, I ensured the participant was comfortable with the interview being recorded. I recorded the audio portion of the interview only if the participant gave permission. Participants were asked basic demographic questions (e.g., gender, race/ethnicity, age, year classification) followed by a series of open-ended questions (Table 1) regarding their person identity, professional identity, training exposure, identity salience, self-efficacy for teaching sexuality and experiences implementing sexuality education content. Interview protocol items for data collection were be informed by a previous completed literature review. The interview guide included specific questions about their story of becoming a health educator, their health/sexuality educator training experience, and their self-efficacy when implementing sexuality education content. I transcribed the interviews using Zoom live transcription and went back after each interview to check for accuracy and correct the transcript where needed.

Data management: ATLAS.ti was utilized for coding interviews systematically through the secured, online software. All interviews were transcribed by me using Zooms' live transcription resource, saved as Word documents, and stored securely on a password protected external hard drive.

Data analysis: I used ATLAS.ti software to "systematically code data and create a system of meaning".[20,21(p1)] Additionally, Leiblich's holistic content analysis was used to guide the analysis of interview transcripts.[22] A holistic content analysis was chosen because the analysis generates the major themes in texts.[22] For conducting this analysis, Lieblich suggests that the researchers (1) read the texts multiple times until a pattern emerges, (2) document their initial overall impression, (3) note down the foci or themes of the text, (4) color code the themes, and (5) keep a record of the themes as they occur in the text.[22] By establishing themes and identifying similarities and differences between the transcripts, I made clear connections while developing an understanding of what factors preservice health educators believe influence their identity formation and identity salience. Additionally, I followed the Standards for Reporting Qualitative Research (SRQR), ensuring the 21 items considered needed for complete, transparent reporting of qualitative research were included.

RESULTS: The findings from the interviews provided depth and meaning to the conceptual framework, therefore validating, or providing novel perspectives on factors influencing/affecting identity salience among sexuality educators. Additionally, the holistic content analysis identifies themes and gaps in the literature/available research. The four most emergent themes influencing their identity salience as well as their path to becoming a health educator included:

1. *Religious and Cultural Values:* Participants discussed the role of religious and cultural norms the effect it had on the conversation and lack of conversations surrounding specific health topics. The two most common health topics not discussed in the home were mental and sexual health. These topics were taboo and off limits when it came to diving deeper into the content or curiosity. Participants described their experiences as wanting to know more but knowing they could not ask openly in the home so often they received mental and sexual knowledge from their peers.

2. *Discovery Profession:* One theme I did not expect to find was that eight out of the ten participant described their journey to a health educator as being a "discovery" career. Only two participants said that they started from the beginning wanting to be a health educator. Many of their stories started out as wanting to be nurses or physician assistants and realized they wanted to do more educating rather than treating. This led them to researching various routes where they then found health education. Participants described the role of a health educator as "the best of both worlds".

3. *Health Advocate:* All participants discussed the importance of being a health advocate. Specifically targeting sexuality education. Many participants focused on their middle and high school years where they were curious to know more but didn't feel comfortable asking questions. This resulted in them trusting information from the internet and peers. This motivated them to be an advocate not just for sexual health but all health topics. Participants described their passion for wanting individuals to feel safe and confident asking questions regarding all aspects of their health and wellbeing.

4. *Societal Norms:* When we arrived at the questions regarding their role as a sexuality educator many of them felt comfortable in their "element". This referred to the classroom and community program setting. Where they felt uncomfortable was when they were with peers they did not know well. They described these experiences as weird and sometimes awkward because there are many factors and influences going into what we perceive as "accepted" and "unaccepted" or "right" and "wrong". Participants said in the classroom/community setting content is structured and predominately science based, meaning the facts are the facts whereas in a more personal conservation with peers it often becomes greyer and value based in what is being discussed. Participants described many of these instances as uncomfortable because they did not know if the person they were talking to would agree or disagree with their perspectives.

CONCLUSIONS: This project provided depth and meaning to my proposed conceptual framework as well as provided diverse perspectives on factors influencing identity salience among sexuality educators in training. Outcomes from this study provided data supporting the importance of including identity formation and factors influencing identity salience in the professional training of those who will deliver sexuality-related content as part of their professional roles (as primary sex educators or health educators who incidentally teach about human sexuality). Additionally, this will further support the argument for

sexuality educator preparation programs encompassing both factors influencing identity salience as well as skills-based training.

ADDITIONAL WORK: I am currently collecting quantitative data investigating the relationships among person identity, professional identity, training, identity salience and self-efficacy for teaching among a sample of sexuality educators recruited from national health organizations. I expect data collection to be completed within the next six weeks. I anticipate data analysis occurring in November/December and the third portion of this study to be completed by March 2021.

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