



Defining the Effect of Teachers' Medical History on their Inclusive Teaching Practice: Analyzing Feelings of Competence and Knowledge in Inclusive Physical Education

Omar Ben Rakaa^{1ABCDE}, Mustapha Bassiri^{1ABCDE} and Said Lotfi^{1ABCDE}

¹Hassan II University of Casablanca

Authors' Contribution: A – Study design; B – Data collection; C – Statistical analysis; D – Manuscript Preparation; E – Funds Collection

Corresponding Author: Omar Ben Rakaa, E-mail: omarbenrakaa@gmail.com

Accepted for Publication: September 19, 2024

Published: October 30, 2024

DOI: [10.17309/tmfv.2024.5.13](https://doi.org/10.17309/tmfv.2024.5.13)

Abstract

Background. The process of including special students in the school system has prompted a comprehensive examination of strategies to ensure equity in school justice, the quality of learning, and the harmonious development of students' potential. The efficacy of these strategies is contingent upon the life experiences and medical backgrounds of the educators in question.

Objectives. The study aimed to evaluate the extent to which personal and family medical histories impact teachers' sense of pedagogical competence (TSPC) and their knowledge (TK) of students' physical activity management.

Materials and methods. The methodology entailed the distribution of an online questionnaire to 339 physical education and sports (PE) teachers, comprising 159 females and 180 males over the age of 21, employed in public schools at the high school and middle school levels. The measurement instrument consisted of four sections: socio-demographic characteristics, personal and family background, sense of pedagogical competence, and teacher knowledge.

Results. The findings indicate a notable prevalence of diseases such as obesity and diabetes in males compared to females, with a significant predominance in older people. It is demonstrated that gender has a particular influence on TSPC and TK in managing hypertensive students. Furthermore, older teachers and those employed in urban settings tend to exhibit greater self-efficacy, despite the absence of a statistically significant association between their initial PES training and TSPC and knowledge outcomes. There is a positive correlation between TSPC and teacher knowledge.

Conclusions. To sum it up, older teachers are more susceptible to developing illnesses such as diabetes, hypertension, and obesity. This medical history has a significant impact on the development of inclusive skills and knowledge of school-related pathologies.

Keywords: medical history, teaching skills, teachers' knowledge, inclusive physical education, inclusive pedagogy.

Introduction

The teacher plays a pivotal role in the implementation of inclusive education programs. The teacher serves as the foundation for a multitude of interventions and initiatives, designed to benefit all students in the class and to ensure their comprehensive right to education, teaching, and learning. The teacher is responsible for implementing the educational program, maintaining regular and consistent interaction with students, and monitoring their academic and training progress within the school environment (Direction des

Curricula, 2019). The process of school inclusion for students with pathologies has prompted reflection on the strategies employed within this framework and the benefits derived by each student. To ensure access to mainstream education, it is imperative to establish an accessible environment, conditions that facilitate inclusive teaching and learning, and content that is both accessible and adapted to students' needs (Direction des Curricula, 2019). In order to accomplish this, it is essential to enumerate the diverse educational agents that are implicated in this process (Decision of the Minister of National Education No. 047_19 on the Inclusive Education of Pupils and Pupils with Disabilities, 2019).

The implementation of an effective and inclusive pedagogical approach for students with special needs within the context of mainstream education, including physical

education and sports, necessitates the involvement of a diverse range of stakeholders. These include administrative and teaching staff, educational inspectors, tutoring and support professionals, parents, and the broader community (Almeida-Verdu et al., 2002; Benitez & Domeniconi, 2015; Direction des Curricula, 2019). Inclusive pedagogical practice in PES enables the establishment of equity in terms of school justice, the quality of learning, and the global and harmonious promotion of students' potential, encompassing physical, emotional, moral, and cognitive development (CSEFRS, 2015), furthermore, an individual's life experiences and medical history also influence this phenomenon (Anderson, 2006). Teachers of the disabled contribute knowledge that is not typically included in the conventional curriculum, and they illuminate aspects of education that are frequently overlooked. As they embody pedagogical approaches that prioritize school justice, interdependence, and respect for diversity, they challenge the status quo and advocate for more inclusive and equitable educational practices (Anderson, 2006).

While studies have shown that there is a notable difference in the participation of students with special educational needs in physical sports activities (Ben Rakaa et al., 2024a), as their inclusion in classes is significantly influenced by their teachers' perceptions and their sense of pedagogical competence in inclusive physical education (Ben Rakaa et al., 2024b).

In light of these considerations and the growing prevalence of chronic illnesses, particularly asthma (19%), diabetes (3.2%), hypertension (0.4%) (Ministère de la Santé et de la Protection Sociale, 2018b), obesity (14%), and overweight (8%) in children, it is imperative to examine the potential impact of these conditions on pediatric health (Ministère de la Santé et de la Protection Sociale, 2018a). It could be argued that a body's medical history functions as a valuable and distinctive pedagogical tool. Are educators merely conduits of knowledge and "talking heads", or do bodies also educate through their medical history? This topic has piqued our interest, and we are particularly intrigued to ascertain the extent to which medical history (personal and familial) influences teachers' sense of pedagogical competence and knowledge of physical activity (PA) management towards special students, in particular those with diabetes, asthma, hypertension, obesity, and/or overweight. The objective of this study is to demonstrate the impact of PE teachers' personal and familial backgrounds on their pedagogical competence and knowledge of inclusive physical education in an educational setting.

Materials and Methods

Study Participants

The participants in this study were recruited via mailing lists provided by the Beni Mellal-Khénifra Regional Directorate of the Ministry of National Education, Preschool and Sports. Subsequently, the participants were informed via email and WhatsApp messages that their involvement in the study was entirely voluntary and that the findings would be disseminated. A total of 339 physical education and sports teachers employed in public schools consented to participate in the research, with a slight majority of male

respondents (53.10%) compared to female respondents (46.90%). The majority of participants were within the 21-39 age bracket, with 35.40% of individuals falling within the 21-29 age range and 28.61% within the 30-39 age range. The proportion of participants aged 40-49 was 14.16%, while those over 50 represented 21.83% of the sample. The participants' professional experience is diverse, with a notable representation in the "Less than 5 years" (31.86%) and "6 to 10 years" (28.61%) categories. The sample comprises 14.16% of participants with between 11 and 15 years of experience and 25.37% with over 15 years of experience. Of the teachers surveyed, 43.07% (n = 146) indicated that they work in urban areas, 28.61% (n = 97) in rural areas, and 28.32% (n = 96) in peri-urban areas. Nevertheless, 53.39% (n = 181) of the respondents indicated that they work in college secondary schools, while 46.61% (n = 158) reported working in qualifying secondary schools.

Measuring Instrument

A panel of five experts in the field conducted a comprehensive and meticulous assessment of the questionnaire, offering constructive feedback and recommendations pertaining to its relevance, clarity, and the suggestions provided. The online questionnaire was distributed to teachers via email and WhatsApp with the aim of recruiting participants for our study. Participation in this research was entirely voluntary. The instrument is divided into four sections. Section 1 pertains to participant characteristics, including gender, age, experience, work area, and cycle. Section 2 addresses personal and family medical history, specifically controlled and uncontrolled chronic pathology. Section 3 focuses on teachers' feelings of pedagogical competence as measured by the TSPC. Part 4 pertains to the teachers' knowledge (TK) of school pathologies and the management of special students in adapted physical activity as part of PE lessons among. The items in the final two sections are presented on a 5-point Likert scale. Cronbach's alpha for the scales measuring pedagogical competence and knowledge was 0.85 and 0.88, respectively.

Statistical Analysis

The collected results were subjected to statistical analysis using the SPSS software, version 27.0.1.0. Firstly, a descriptive analysis was conducted to ascertain the characteristics of the sample and its history. This was followed by a Chi2 test between the medical history and the age and experience of the participants, with the objective of examining whether there was a difference between the two. Subsequently, a one-factor ANOVA test was conducted to ascertain whether socio-demographic characteristics and medical history exert an influence on TSPC and TK in relation to physical activity management, for each condition. Fourthly, a correlation was established between medical history and TSPC and TK.

Results

Prevalence of personal and family medical history among PE teachers.

Table 1 illustrates that diabetic antecedents (33.64%) are the most prevalent among the other diseases reported by

Table 1. Difference and prevalence of medical history according to gender, age and experience

Medical history	Gender			Gender	Age	Experience	χ^2
	Female n (% relatif)	Male (% relatif)	%/N n (% absolute)				
Personal	Diabetes	14 (18.92 %)	60 (81.08 %)	74 (33.64 %)	.000	.000	.000
	Obesity / Overweight	0 (0.00 %)	48 (100 %)	48 (21.82 %)	.000	.000	.000
	Asthma	14 (22.58 %)	48 (77.42 %)	62 (28.18 %)	.000	.000	.000
	High Blood Pressure	12 (33.33 %)	24 (66.67 %)	36 (16.36 %)	NS	.000	.000
	Total	40 (18.18 %)	180 (81.82 %)	220 (100 %)	-	-	-
Family	Diabetes	36 (75.00 %)	12 (25.00 %)	48 (25.00 %)	.000	.000	.000
	Obesity / Overweight	12 (25.00 %)	36 (75.00 %)	48 (25.00 %)	.000	.000	.000
	Asthma	36 (60.00 %)	24 (40.00 %)	60 (31.25 %)	.010	.000	.000
	High Blood Pressure	12 (33.33 %)	24 (66.67 %)	36 (18.75 %)	NS	.000	.000
	Total	96 (50.00 %)	96 (50.00 %)	192 (100 %)	-	-	-

Significance $p < .05$, NS. not significant

the participants. Hypertension is the most common disease among these teachers. Additionally, personal antecedents are more prevalent among men, while family antecedents are more common among women. Significant variations were observed between gender, age, and experience in the majority of cases.

Influence of medical history on feeling of pedagogical competence and teacher knowledge

Table 2 illustrates the mean values and standard deviations of teachers' sense of their pedagogical competence

(TSPC) and knowledge (TK) in managing various disease types (diabetes, asthma, hypertension, and obesity) in the context of physical activity (PA), as a function of variables such as gender, age, place of work, and training cycle. Teachers over the age of 40 tend to report higher levels of competence and training than their younger counterparts. These discrepancies are particularly evident with regard to the management of diabetic, hypertensive, and obese students in the context of physical activity. Furthermore, the cycle and zone of instruction exert a significant influence on TSPC and TK.

Table 2. Effect of socio-professional factors on TSPE and TK in relation to the management of physically active students

Variable	Gender		ANOVA	Age		ANOVA	Overall	Work Area	Work cycle	Basic Training
	Female	Male		<40 years	>40 years					
TSPC – Diabetes management in PA	2.56 ± 1.30	2.88 ± 1.40	.028	2.29 ± 1.13	3.52 ± 1.39	.000	2.73 ± 1.36	.004	.000	NS
TSPC – Asthma management in PA	2.56 ± 1.41	2.72 ± 1.46	NS	2.55 ± 1.38	2.80 ± 1.53	NS	2.64 ± 1.44	.027	.000	NS
TSPC – Hypertension management in PA	2.01 ± 1.17	2.37 ± 1.40	.012	1.99 ± 1.11	2.58 ± 1.53	.000	2.20 ± 1.31	.037	.000	.000
TSPC – Obesity management in AP	4.50 ± 0.28	4.41 ± 0.28	.002	4.47 ± 0.29	4.42 ± 0.27	NS	4.45 ± 0.28	.020	NS	.039
TK – Diabetic management in AP	2.42 ± 1.45	2.85 ± 1.49	.008	2.16 ± 1.25	3.53 ± 1.46	.000	2.65 ± 1.48	.001	.000	NS
TK – Asthma management in PA	2.51 ± 1.50	2.74 ± 1.46	NS	2.50 ± 1.43	2.87 ± 1.55	.030	2.63 ± 1.48	.001	.000	NS
TK – Hypertension management in PA	2.02 ± 1.16	2.35 ± 1.44	.021	2.02 ± 1.12	2.51 ± 1.60	.001	2.19 ± 1.33	NS	.000	.000
TK – Obesity management in PA	2.47 ± 1.02	2.80 ± 1.13	.006	2.33 ± 0.93	3.20 ± 1.13	.000	2.64 ± 1.09	.000	.000	NS

All data are written as mean ± standard deviation (SD), TSPC. Teachers' sense of pedagogical competence, TK. Teachers' knowledge, AP. Physical Activity, $p < .05$. Significant, NS. Not Significant

Table 3. Effect of personal and family antecedents on TSPC and TK in relation to the management of students in physical activity

Variable	Personal medical history			ANOVA	Family medical history			ANOVA
	No	Yes	Total		No	Yes	Total	
TSPC – Diabetes management in PA	2.21 ± 1.06	4.58 ± 0.34	2.73 ± 1.36	.000	2.46 ± 1.28	4.38 ± 0.28	2.73 ± 1.36	.000
TSPC – Asthma management in PA	2.20 ± 1.22	4.60 ± 0.20	2.64 ± 1.44	.000	2.24 ± 1.27	4.50 ± 0.16	2.64 ± 1.44	.000
TSPC – Hypertension management in PA	1.88 ± 0.96	4.92 ± 0.12	2.20 ± 1.31	.000	1.94 ± 1.12	4.42 ± 0.24	2.20 ± 1.31	.000
TSPC – Obesity management in AP	4.46 ± 0.27	4.38 ± 0.36	4.45 ± 0.28	NS	4.45 ± 0.28	4.45 ± 0.32	4.45 ± 0.28	NS
TK – Diabetic management in AP	2.09 ± 1.16	4.66 ± 0.24	2.65 ± 1.48	.000	2.35 ± 1.38	4.47 ± 0.35	2.65 ± 1.48	.000
TK – Asthma management in PA	2.18 ± 1.24	4.67 ± 0.17	2.63 ± 1.48	.000	2.23 ± 1.31	4.53 ± 0.17	2.63 ± 1.48	.000
TK – Hypertension management in PA	1.87 ± 0.98	4.96 ± 0.06	2.19 ± 1.33	.000	1.92 ± 1.12	4.50 ± 0.10	2.19 ± 1.33	.000
TK – Obesity management in PA	2.67 ± 1.14	2.50 ± 0.74	2.64 ± 1.09	NS	2.63 ± 1.14	2.70 ± 0.71	2.64 ± 1.09	NS

All data are written as mean ± standard deviation (SD), TSPC. Teachers' sense of pedagogical competence, TK. Teachers' knowledge, AP. Physical Activity, $p < .05$. Significant, NS. Not Significant

Table 4. Correlation between medical history with TSPC and with TK in relation to the management of PA students at school

No	Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	TSPC – Diabetes management in PA	1															
2	TSPC – Asthma management in PA	-.137*	1														
3	TSPC – Hypertension management in PA	.123*	-.124*	1													
4	TSPC – Obesity management in AP	.073	-.198**	-.04	1												
5	TK – Diabetic management in AP	.737**	.041	.279**	-.02	1											
6	TK – Asthma management in PA	-.014	.813**	-.223**	-.253**	.183**	1										
7	TK – Hypertension management in PA	.044	-.260**	.938**	.021	.214**	-.355**	1									
8	TK – Obesity management in PA	.506**	.541**	.072	-.204**	.802**	.703**	-.059	1								
9	PMH. Diabetes	.648**	.046	.044	-.016	.595**	.253**	-.172**	.596**	1							
10	PMH. Obesity/Overweight	.03	-.075	.072	-.067	.017	.188**	.092	.016	.031	1						
11	PMH. Asthma	.074	.578**	-.308**	-.300**	.214**	.635**	-.509**	.541**	.452**	.071	1					
12	PMH. Hypertension	-.016	-.211**	.547**	-.141**	-.03	-.172**	.546**	-.081	.096	.190**	-.163**	1				
13	FMH. Diabetes	.412**	-.129*	.112*	-.076	.461**	-.180**	.247**	.239**	-.215**	-.165**	-.192**	-.140**	1			
14	FMH.Obesity/Overweight	-.176**	-.001	-.019	.003	-.014	.045	.093	.073	-.215**	-.165**	-.192**	-.140**	.126*	1		
15	FMH. Asthma	-.162**	.508**	-.06	.01	-.014	.496**	-.002	.292**	-.245**	-.188**	-.219**	-.160**	.344**	.190**	1	
16	FMH. HTA	-.032	-.061	.430**	-.049	.108*	-.134*	.416**	-.031	-.182**	-.140**	-.163**	-.119*	.190**	.190**	.141**	1

* p > .01, ** p > .05, TSPC. Teachers' sense of pedagogical competence, TK. Teachers' knowledge, PMH. Personal medical history, FMH. Family medical history

Table 3 examines the influence of teachers' personal and family histories on TSPC and TK in terms of student PA intake. The results demonstrate significant discrepancies between teachers' personal and familial histories, particularly those with a history of diabetes, asthma, and hypertension. Teachers with a personal and/or family history will demonstrate a high level of confidence in teaching physical activities to students with pathologies.

Relationship between personal and family history with TSPC and TK

Table 4 illustrates the correlation between medical history and two pivotal variables: teachers' sense of pedagogical competence (TSPC) and their knowledge of physical activity (PA) within an educational context. The results demonstrate significant correlations (p < 0.05), including positive associations between personal history of diabetes (r = 0.648; p < 0.05) and obesity/overweight (r = 0.030; p > 0.01) with TSPC and TK. Furthermore, a robust correlation was identified between family history of asthma (r = 0.508; p < 0.05) and hypertension (r = 0.430; p < 0.05) and TK. Conversely, TSPC was found to be significantly correlated with TK.

Discussion

This research shows that men suffer from more pathologies than women, including diabetes 27%, obesity 21.92%, asthma 21%, hypertension 16.38%. However, the onset of pathologies in this study is significantly correlated with age progression. This indicates that individuals in their fourth decade of life and beyond are at an elevated risk of developing metabolic disorders, including diabetes and obesity, as well as cardiovascular pathologies such as hypertension. Prior research has yielded comparable findings, indicating a notable correlation between age and the prevalence of obesity, diabetes, and hypertension. A cross-sectional study conducted in four regions of low- and middle-income countries revealed that both BMI and waist circumference were reasonable predictors of the prevalence of diabetes and hypertension. Furthermore, there was a linear age-dependent trend for BMI and diabetes in men, as well as a linear age-dependent trend for waist circumference prevalence ratio. Point estimates for both types of obesity were greater in women than in men between the ages of 20 and 34. However, no statistically significant differences were observed in any other age group (Patel et al., 2016). A further study conducted in Saudi Arabia corroborated these findings (Al-Sumaih et al., 2020). However, a high BMI was linked to a heightened incidence of cognitive disorders in the elderly, irrespective of age, sex, diabetes, and hypertension (Feinkohl et al., 2018). Similarly, a study conducted in Japan demonstrated that diabetes and dyslipidemia are obesity-related comorbidities that contribute to the development of cardiovascular disease (Yamada et al., 2023).

As posited by Bandoura, competence is defined as the individual's conviction in their capacity to orchestrate and execute the requisite action plan to achieve the desired outcomes (Bandura, 2003), while the term "self-efficacy" is used to describe a person's confidence in their ability to succeed in a specific task or situation (Bandura, 2007). The construct of self-efficacy plays a mediating role in the relationship be-

tween competence and performance. This implies that despite possessing the requisite competencies to accomplish a task, an individual will not attain optimal outcomes unless they possess self-efficacy, or confidence in their abilities (Brown & Lent, 1996). While inclusive pedagogical competencies correspond to the fact that a teacher has acquired certain skills, knowledge, sense, and attitudes that enable him or her to work successfully in an inclusive classroom, including the implementation of differentiated pedagogy for diverse learners, flexible schedules, and the use of technology (Dingle et al., 2004), valuing the diversity of learners, supporting all students, collaborating with others, and promoting ongoing personal and professional growth (Nimante & Kokare, 2022). The inclusive classroom is complex, requiring a variety of pedagogical skills to promote successful learning and well-being for all children. In these classrooms, teachers face the daily challenge of meeting the educational needs of students and ensuring quality learning and personal development for every child, regardless of their situation. Therefore, inclusive teaching is not limited to traditional pedagogical skills, but positive sense of inclusive education are a precursor for teachers to be more open (Sharma et al., 2018), because these skills are the foundation for optimal self-efficacy and continuous development to achieve desired professional standards in teaching (McNeil et al., 2017; Pedersen et al., 2014). In the same vein, a study has shown that older teachers may have accumulated more experience, which allows them to develop more solid professional skills, particularly in classroom management and content adaptability, leading to better educational inclusion of all students, regardless of their situation (Darling-Hammond & Bransford, 2005; Hargreaves & Fullan, 2012), which confirms the results shown in the present study, where older teachers and those teaching in urban areas tend to feel more competent, despite their basic training in teaching physical education have no significant effect on TSPC and TK in relation to several diseases including, diabetes, asthma and obesity.

On the other hand, prolonged service without ongoing professional development and reflection can lead to ingrained pedagogical habits that make it difficult to meet the educational needs of students with chronic pathologies (Guskey, 2002). However, the different regions with varying access to training programs, specialized equipment and support staff for inclusive physical education have a direct impact on teacher training (UNESCO, 2015), as well as teachers' familiarity with the particular challenges and needs of students in their local context also influences their inclusion strategies (Tsui, 2009). While gender in our study only influenced TSPC and TK in teaching PE to asthmatic students, TK in school pathologies and TSPC in management were significantly correlated with teachers' medical, personal and family history. However, teachers with disabilities are not only able to teach students, but also to teach students about disability (Hayashi & May, 2011; Pritchard, 2010). The researchers also found that having an ESH teacher recognized as an expert in his or her field contributed more to the development of positive attitudes toward people with ESH than did exposure to disability in other scenarios (Hayashi & May, 2011; Ware et al., 2021). Others have found that, from a capability approach perspective, it's proven that those who are ESH have the freedom to explore their capabilities, they see themselves as competent teachers.

Of course, it's also the case that students learn more from teachers with a medical background simply because it's a new and novel experience for them, one that elicits a more desirable response (Bryant & Curtner-Smith, 2008).

Conclusions

In conclusion, the results of our study indicate that men are more susceptible than women to developing diabetes (27%), obesity (21.92%), asthma (21%), and hypertension (16.38%). It is noteworthy that a significant correlation was observed between the incidence of these diseases and age. This indicates that individuals over the age of forty are at an elevated risk of developing metabolic diseases, including diabetes, obesity, and hypertension. Moreover, our findings illustrate that educators are not merely disseminators of knowledge; their individual and familial medical histories exert a considerable influence on their sense of pedagogical competence and their understanding of how to address the needs of students with chronic conditions in physical education (PE) classes. The findings of this study illustrate the significant influence that personal and family medical histories have on the pedagogical approach of PE teachers in the context of teaching inclusive physical education. It should be noted that this study is not without its limitations. Firstly, the risk of self-report bias may limit the generalizability of the results, as teachers with a particular interest in chronic illness may be overrepresented. Secondly, self-report of medical history may be subject to recall or social desirability bias. In conclusion, the generalizability of the study is constrained by its focus on physical education teachers in public schools in the Beni Mellal-Khénifra region.

Acknowledgment

We would like to express our deep gratitude to the Regional Directorate of the Ministry of Health and Social Protection, the Regional Directorate of National Education in Beni Mellal-Khenifra, the Royal Moroccan Federation of Sports for Persons with Disabilities, and the Regional Directorate of Solidarity, Equality and Social Development in Khouribga, in charge of promoting the rights of persons with disabilities. Their generosity in granting essential permits was crucial to the success of our project. Their invaluable support facilitated the implementation of our projects. We are deeply grateful for their cooperation and trust. The permissions provided by these esteemed partners allowed us to navigate the complexities of our research with confidence. Their commitment to advancing research and fostering collaboration has had a lasting impact on our project.

Conflict of Interest

If the authors have any conflicts of interest to declare.

References

- Direction des Curricula. (2019). *L'éducation inclusive au profit des enfants en situation de handicap : Guide pour les enseignants*. <https://www.men.gov.ma/Ar/Documents/dc/guide-enseignants-fr.pdf>
- Decision of the Minister of National Education No. 047_19 on the Inclusive Education of Pupils and Pupils with

- Disabilities* (2019). <https://www.men.gov.ma/Fr/Pages/ListeActualites.aspx>
- Almeida-Verdu, A. C. M., Fernandes, M. C., & Rodrigues, O. M. P. R. (2002). A inclusão de pessoas com necessidades educativas especiais: implementação de práticas inclusivas e aspectos de planeamento educacional. *Interação Em Psicologia*, 6(2). <https://doi.org/10.5380/PSI.V6I2.3310>
- Benitez, P., & Domeniconi, C. (2015). Inclusão Escolar: o Papel dos Agentes Educacionais Brasileiros. *Psicologia: Ciência e Profissão*, 35(4), 1007-1023. <https://doi.org/10.1590/1982-3703000652014>
- Ben Rakaa, O., Bassiri, M., & Lotfi, S. (2024a). *Pour une Inclusion Physique Radicale : L'Urgence d'une Education Physique et Sportive Adaptee!* <https://hal.science/hal-04596000>
- Ben Rakaa, O., Bassiri, M., & Lotfi, S. (2024b). The Influence of School Pathologies on the Feeling of Pedagogical Incompetence in Teaching Inclusive Physical Education. *Physical Education Theory and Methodology*, 24(4), 626-634. <https://doi.org/10.17309/tmfv.2024.4.15>
- CSEFRS. (2015). *Vision Stratégique 2015-2030*. <https://www.csefrs.ma/publications/vision-strategique-de-la-reforme/?lang=fr>
- Anderson, R. C. (2006). Teaching (with) disability: Pedagogies of lived experience. *Review of Education, Pedagogy, and Cultural Studies*, 28(3-4), 367-379. <https://doi.org/10.1080/10714410600873258>
- Ministère de la Santé et de la Protection Sociale. (2018a). *Enquête Nationale STEPWISE*. www.sante.gov.ma/Documents/2019/05/Rapport%20de%20l%20enquête%20Stepwise.pdf
- Ministère de la Santé et de la Protection Sociale. (2018b). *Enquête Nationale sur la Population et la Santé Familiale (ENPSF) (2ème édition)*. www.sante.gov.ma/Documents/2020/03/Rapport%20ENPSF%202018%202ième%20édition.pdf
- Patel, S. A., Ali, M. K., Alam, D., Yan, L. L., Levitt, N. S., Bernabe-Ortiz, A., Checkley, W., Wu, Y., Irazola, V., Gutierrez, L., Rubinstein, A., Shivashankar, R., Li, X., Miranda, J. J., Chowdhury, M. A. H., Siddiquee, A. T., Gaziano, T. A., Kadir, M. M., & Prabhakaran, D. (2016). Obesity and its relation with diabetes and hypertension: a cross-sectional study across four low- and middle-income country regions. *Global Heart*, 11(1), 71. <https://doi.org/10.1016/J.GHEART.2016.01.003>
- Al-Sumaih, I., Johnston, B., Donnelly, M., & O'Neill, C. (2020). The relationship between obesity, diabetes, hypertension and vitamin D deficiency among Saudi Arabians aged 15 and over: Results from the Saudi health interview survey. *BMC Endocrine Disorders*, 20(1), 1-9. <https://doi.org/10.1186/S12902-020-00562-Z/TABLES/6>
- Feinkohl, I., Lachmann, G., Brockhaus, W. R., Borchers, F., Piper, S. K., Ottens, T. H., Nathoe, H. M., Sauer, A. M., Dieleman, J. M., Radtke, F. M., van Dijk, D., Pischon, T., & Spies, C. (2018). Association of obesity, diabetes and hypertension with cognitive impairment in older age. *Clinical Epidemiology*, 10, 853. <https://doi.org/10.2147/CLEP.S164793>
- Yamada, T., Kimura-Koyanagi, M., Sakaguchi, K., Ogawa, W., & Tamori, Y. (2023). Obesity and risk for its comorbidities diabetes, hypertension, and dyslipidemia in Japanese individuals aged 65 years. *Scientific Reports*, 13(1), 1-10. <https://doi.org/10.1038/s41598-023-29276-7>
- Bandura, A. (2003). Auto-efficacité: le sentiment d'efficacité personnelle. <https://educ.info/xmlui/handle/11515/17675>
- Bandura, A. (2007). *Auto-efficacité: le sentiment d'efficacité personnelle*. <https://educ.info/xmlui/handle/11515/34746>
- Brown, S. D., & Lent, R. W. (1996). A Social Cognitive Framework for Career Choice Counseling. *The Career Development Quarterly*, 44(4), 354-366. <https://doi.org/10.1002/j.2161-0045.1996.tb00451.x>
- Dingle, M., Falvey, M. A., Givner, C. C., & Haager, D. (2004). Essential Special and General Education Teacher Competencies for Preparing Teachers for Inclusive Settings. *Issues in Teacher Education*, 13(1), 35-50.
- Nimante, D., & Kokare, M. (2022). Perspective of Teachers on Their Competencies for Inclusive Education. *Acta Paedagogica Vilnensia*, 49, 8-22. <https://doi.org/10.15388/ActPaed.2022.49.1>
- Sharma, U., Aiello, P., Pace, E. M., Round, P., & Subban, P. (2018). In-service teachers' attitudes, concerns, efficacy and intentions to teach in inclusive classrooms: an international comparison of Australian and Italian teachers. *European Journal of Special Needs Education*, 33(3), 437-446. <https://doi.org/10.1080/08856257.2017.1361139>
- McNeil, S., Lante, K., & Pill, S. (2017). A review of the literature on inclusive pedagogy in physical education 2005-2015. *Learning Communities: International Journal of Learning in Social Contexts*, 21, 74-94. <https://doi.org/10.18793/LCJ2017.21.07>
- Pedersen, S. J., Cooley, P. D., & Hernandez, K. (2014). Are Australian pre-service physical education teachers prepared to teach inclusive physical education? *Australian Journal of Teacher Education*, 39(8), 3. <https://doi.org/10.14221/ajte.2014v39n8.4>
- Darling-Hammond, L. Ed., & Bransford, J. Ed. (2005). *Preparing Teachers for a Changing World: What Teachers Should Learn and Be Able to Do*. Jossey-Bass, An Imprint of Wiley.
- Hargreaves, A., & Fullan, M. (2012). *Professional Capital: Transforming Teaching in Every School*. Teachers College Press.
- Guskey, T. R. (2002). Professional Development and Teacher Change. *Teachers and Teaching*, 8(3), 381-391. <https://doi.org/10.1080/135406002100000512>
- UNESCO. (2015). *Incheon Declaration: Education 2030: Towards Inclusive and Equitable Quality Education and Lifelong Learning for All*. <https://unesdoc.unesco.org/ark:/48223/pf0000233137>
- Tsui, A. B. M. (2009). Distinctive qualities of expert teachers. *Teachers and Teaching: Theory and Practice*, 15(4), 421-439. <https://doi.org/10.1080/13540600903057179>
- Hayashi, R., & May, G. E. (2011). The Effect of Exposure to a Professor With a Visible Disability on Students' Attitudes Toward Disabilities. *Journal of Social Work in Disability & Rehabilitation*, 10(1), 36-48. <https://doi.org/10.1080/1536710X.2011.546300>
- Pritchard, G. (2010). Disabled People as Culturally Relevant Teachers. *Journal of Social Inclusion*, 1(1), 43-51. <https://doi.org/10.36251/JOSI.4>
- Ware, H., Singal, N., & Groce, N. (2021). The work lives of disabled teachers: revisiting inclusive education in English schools. *Disability & Society*, 37(9), 1417-1438. <https://doi.org/10.1080/09687599.2020.1867074>
- Bryant, L. G., & Curtner-Smith, M. D. (2008). Impact of a Physical Education Teacher's Disability on Elementary Pupils' Perceptions of Effectiveness and Learning. *Adapted Physical Activity Quarterly*, 25(2), 118-131. <https://doi.org/10.1123/APAQ.25.2.118>

Визначення впливу анамнезу викладачів на педагогічну практику інклюзивного навчання: Аналіз відчуття компетентності та обізнаності в галузі інклюзивного фізичного виховання

Омар Бен Ракаа^{1ABCDE}, Мустафа Басірі^{1ABCDE}, Саїд Лотфі^{1ABCDE}

¹Університет Хасана II в Касабланці

Авторський вклад: А – дизайн дослідження; В – збір даних; С – статаналіз; D – підготовка рукопису; Е – збір коштів

Реферат. Стаття: 7 с., 4 табл., 29 джерел.

Історія питання. Процес залучення учнів з особливими потребами до шкільної системи спонукав до комплексного дослідження стратегій, спрямованих на забезпечення рівності в контексті справедливості шкільної освіти, якості навчання та гармонійного розвитку потенціалу учнів. Ефективність реалізації цих стратегій залежить від життєвого досвіду та медичного анамнезу педагогів, які беруть участь у цьому процесі.

Мета дослідження. Мета дослідження полягала в оцінці ступеня впливу особистого та сімейного анамнезів на сприйняття викладачами педагогічної компетентності (СВПК) та викладацької обізнаності (ВО) щодо організації фізичної активності учнів.

Матеріали та методи. Для проведення дослідження було розповсюджено онлайн-анкету для 339 вчителів фізичної виховання і спорту (ФВС), серед яких 159 жінок і 180 чоловіків віком від 21 року, які працюють у державних школах на рівнях старшої та середньої ланок навчання. Інструмент оцінки складався з чотирьох розділів: соціально-демографічні характеристики, особистий та сімейний анамнези, відчуття педагогічної компетентності та обізнаність викладачів.

Результати. Отримані дані свідчать, що такі захворювання, як ожиріння та цукровий діабет, значно поширені серед чоловіків, ніж серед жінок, із суттєвим переважанням патологічного процесу в осіб старшого віку. Показано, що стать має особливий вплив на СВПК і ВО в рамках організації навчання учнів з гіпертонічною хворобою. Крім того, викладачі старшого віку та педагоги, які працюють у міських умовах, як правило, демонструють вищий рівень самоефективності, попри відсутність статистично значущого зв'язку між їхньою початковою підготовкою з фізичного виховання і спорту та шкалою оцінки сприйняття компетентності (Perceived Competence Scale, TSPC) та показниками якості знань. Спостерігається позитивна кореляція між шкалою оцінки сприйняття компетентності та рівнем обізнаності викладачів.

Висновки. Підсумовуючи, слід зауважити, що викладачі старшого віку є більш схильними до розвитку таких захворювань, як цукровий діабет, артеріальна гіпертензія та ожиріння. Наявність зазначеної історії хвороби має значний вплив на розвиток інклюзивних навичок і розуміння патологій, пов'язаних зі шкільною освітою.

Ключові слова: анамнез, педагогічні навички, викладацька обізнаність, інклюзивне фізичне виховання, інклюзивна педагогіка.

Information about the authors:

Ben Rakaа, Omar: omarbenrakaа@gmail.com; <https://orcid.org/0000-0002-2181-5247>; Multidisciplinary Laboratory in Education Sciences and Training Engineering (LMSEIF), Sport Science Assessment and Physical Activity Didactic, Normal Higher School (ENS-C), Hassan II University of Casablanca, 19, Rue Tarik Ibnou Ziad, Casablanca 21100, Morocco.

Bassiri, Mustapha: m.bassiri@encasa.ma; <https://orcid.org/0000-0002-1077-8057>; Multidisciplinary Laboratory in Education Sciences and Training Engineering (LMSEIF), Sport Science Assessment and Physical Activity Didactic, Normal Higher School (ENS-C), Hassan II University of Casablanca, 19, Rue Tarik Ibnou Ziad, Casablanca 21100, Morocco.

Lotfi, Said: lotfisaid@gmail.com; <https://orcid.org/0000-0002-0008-6145>; Multidisciplinary Laboratory in Education Sciences and Training Engineering (LMSEIF), Sport Science Assessment and Physical Activity Didactic, Normal Higher School (ENS-C), Hassan II University of Casablanca, 19, Rue Tarik Ibnou Ziad, Casablanca 21100, Morocco.

Cite this article as: Ben Rakaа, O., Bassiri, M., & Lotfi, S. (2024). Defining the Effect of Teachers' Medical History on their Inclusive Teaching Practice: Analyzing Feelings of Competence and Knowledge in Inclusive Physical Education. *Physical Education Theory and Methodology*, 24(5), 777-783. <https://doi.org/10.17309/tmfv.2024.5.13>

Received: 15.08.2024. Accepted: 19.09.2024. Published: 30.10.2024

This work is licensed under a Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0>)