

EXPLORING IDENTITY FORMATION AND IDENTITY SALIENCE AMONG
SEXUALITY EDUCATORS

A Dissertation

by

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ABSTRACT

This dissertation contains three separate studies exploring professional identity formation and identity salience among sexuality educators. First, a scoping literature review is presented ($n = 8$ studies), summarizing how the professional literature conceptually defines and operationalizes a) professional identity and b) the factors associated with the professional identity of sexuality educators. In this review, the factors found to be associated with professional identity included: a) self-efficacy for teaching, b) person or personal identity, c) training, and d) identity conflict.

Second, a quantitative study tested the adequacy of a conceptual model, designed to capture the relationships among person identity, professional identity, training, identity salience, and self-efficacy for teaching (SE) sexuality education. Employing data from a sample of 303 sexuality educators in the United States, and Structural Equation Modeling for analyses, the results indicated a good model fit, as well as a significant positive association between professional identity and SE, and, contrary to expectations, *no* relationship between training and SE.

Third, a qualitative study with a sample of pre-service health educators explored perspectives of how their professional identity — as health educators who teach human sexuality — developed. Semi-structured interviews were conducted with 10 clinical teachers at a university in the southwestern United States. A content analysis was used to summarize prevalent codes and identify specific themes using *a priori* constructs from Identity Theory as codes. Factors influencing professional identity development were organized under the two dimensions of professional identity (conventional and idiosyncratic). Highlights from the qualitative findings include: 1) the impact of cultural and social influences on professional identity development, and 2) the need for training that addresses the development of professional identity.

In tandem, findings from the three studies presented in this dissertation support the critical need for adding a professional identity component to sexuality educator preparation programs/training in the US. In addition, *more* research is needed to explore the complexity of sexuality educators' professional identity development. Ultimately, adding professional identity development components into sexuality educators' training programs should lead to the design of improved, more effective training, more confident educators, and healthier populations.

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1. INTRODUCTION

Schools and communities can 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 facilitating the knowledge and skills needed to make informed, healthy decisions about sex and relationships. However, despite receiving skills-based training to implement sexuality education content, sexuality educators are experiencing low levels of confidence in teaching content.^{1,2,3} Low self-efficacy among sexuality educators raises concerns because of the important role educator self-efficacy has on student outcomes.^{4,5}

This mismatch between educators' training and their self-efficacy raises important questions, such as given how in some states/districts in the United States teaching human sexuality is viewed as potentially controversial, how do educators navigate their roles and their perceptions of these roles? Research evidence supports the notion that among the factors that may lead to this lack of confidence are absence of training, alongside tensions between content to be taught and personal beliefs. Personal beliefs, or the histories, experiences, and motivations one has to become a sexuality education are portrayed in the research, often, as sources of conflict with one's professional role.^{6,7} The dynamic relationships between professional and personal identities can become a source of dissonance among sexuality educators in training and can lead to feelings of discomfort when delivering sexuality education content.⁵ According to available research evidence, developing sexuality educators' professional identity is important because a highly salient identity contributes to increased role self-efficacy.^{6,7}

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.^{6,7} 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 their level of commitment and connection to the role.⁸ Additionally, strong identity salience can be a source of job satisfaction and provide the person with a sense of accomplishment.^{7,9,10} 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 may be crucial, because salience affects educators’ self-efficacy.^{1,6,7} To begin exploring the issues of professional identity, identity salience, and teaching self-efficacy among sexuality educators, in this dissertation I will propose a conceptual framework (Figure 1.1) accounting for the factors/variables that influence sexuality educators’ identity, identity salience, and role self-efficacy.

Based on Identity Theory and the professional literature, the following three factors shape identity salience: 1) *Person Identity*, 2) *Professional (role) Identity*, and 3) *Training*.¹¹ *Person Identity* refers to the person’s qualities and characteristics (e.g. gender, religion) or the “set of meanings that define the person as a unique individual rather than as a role-holder”; 2) *Professional (role) Identity* is one’s “imaginative view of himself as he [*sic.*] likes to think of himself [*sic.*] being and acting as an occupant of a particular position”; and 3) *Training* refers to the types of skills-based education, exposure, and quality.

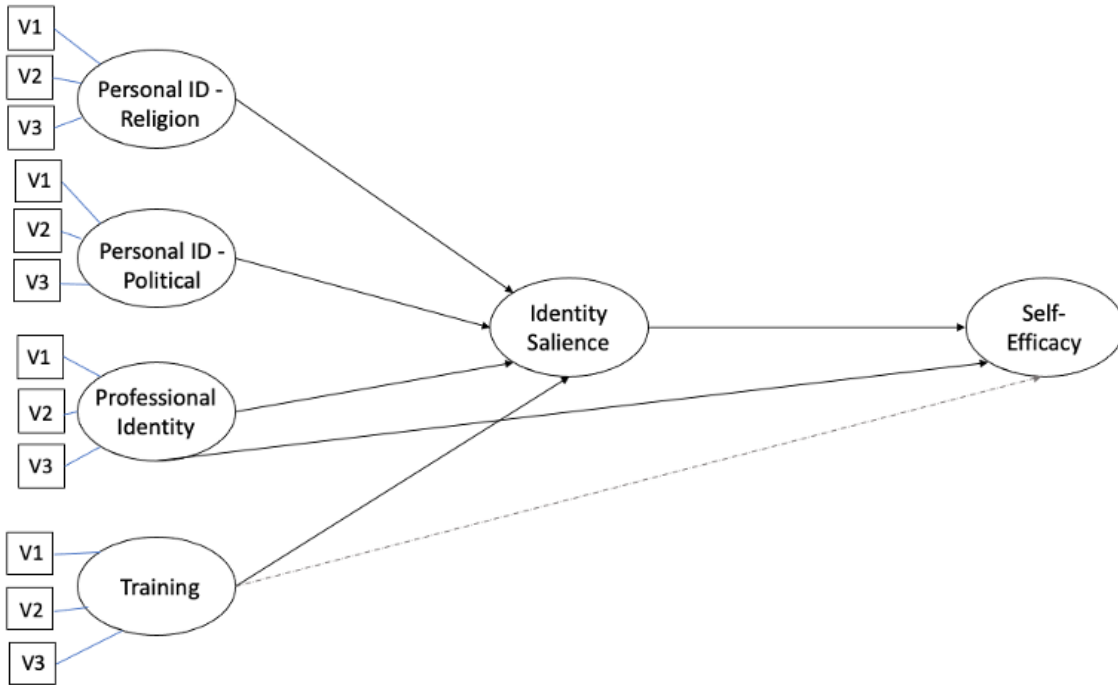


Figure 1.1. Proposed Conceptual Framework of the factors shaping sexuality educators' identity salience and self-efficacy for teaching.

The short-term goal of this dissertation is to assess the adequacy of this proposed model to capture the role of professional identity, training, identity salience, and the effects on self-efficacy among a sample of sexuality/health educators in the US. The long-term goal is to initiate critical conversations regarding sexuality educator training efforts and to help develop improved, more effective training programs. Ultimately, I will argue that the inclusion of identity formation and identity salience elements in training programs will aid in better equipping confident sexuality educators. Thus, this project will provide a conceptual framework addressing the relationship among person identity, professional identity, training, and the identity salience of sexuality educators, as well as the relationship between professional identity, training, identity salience, and self-efficacy.

To meet these goals, I propose three specific aims for this dissertation:

- **Aim 1:** Identify how the professional literature conceptually defines and operationalizes a) professional identity and b) the factors associated with the professional identity of sexuality educators.
- **Aim 2:** Examine the adequacy of the proposed conceptual model to capture the relationships among person identity, professional identity, training, identity salience, and self-efficacy for teaching sexuality education.
- **Aim 3:** Describe pre-service health educators' perspectives of how their professional identity — regarding their role as health educators who teach sexuality education in the United States — developed.

To address these specific aims, this dissertation is organized into three independent studies:

(1) A scoping review to identify how the professional literature conceptually defines and operationalizes a) professional identity and b) the factors associated with the professional identity of sexuality educators. (Manuscript 1).

(2) A test of the proposed conceptual model (Figure 1.1), examining the relationships among person identity, professional identity, training, identity salience, and self-efficacy for teaching, employing data from a sample of sexuality educators in the US and a Structural Equation Model analysis (Manuscript 2).

(3) A qualitative study of pre-service health educators' perspectives regarding how their professional identity—as health educators who teach sexuality education—developed. The study comprised semi-structured, one-on-one interviews with a sample of clinical teachers at a university in the southwestern United States (Manuscript 3).

This dissertation utilizes a journal article format (i.e., 3 journal articles/manuscripts) instead of the traditional five-chapter format. These journal articles can be found in Chapters II, III, and IV. Overall, this dissertation includes:

- **Chapter I:** A general overview and rationale for this dissertation project.
- **Chapter II (Journal Article 1):** A scoping literature review to identify how the professional literature conceptually defines and operationalizes a) professional identity and b) the factors associated with the professional identity of sexuality educators.
- **Chapter III (Journal Article 2):** A quantitative study (with a sample of sexuality educators in the US) to assess the adequacy of a conceptual model proposed to capture the relationships among person identity, professional identity, training, identity salience, and self-efficacy for teaching sexuality education.
- **Chapter IV (Journal Article 3):** A qualitative study to explore pre-service health educators' perspectives of how their professional identity -- regarding their role as health educators who teach sexuality education in the United States -- developed.
- **Chapter V:** A discussion of the overall project findings. This chapter provides a summary of the combined journal articles as well as implications for the field of health and sexuality education regarding programmatic efforts, as well as future research needs.

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2. FACTORS ASSOCIATED WITH PROFESSIONAL IDENTITY AMONG SEXUALITY EDUCATORS: A SCOPING REVIEW

2.1. Introduction

Despite receiving skills-based training to deliver classroom content, sexuality educators in American schools are experiencing low self-efficacy, with potential negative effects upon student outcomes.¹⁻² Among various factors that shape and influence an educator's self-efficacy is his/her *professional identity*.

Understanding the factors associated with sexuality educators' professional identity, beyond skills-based training, can contribute to improving training programs and, subsequently, educators' self-efficacy, performance, and student outcomes.^{3,4,5} To better understand how professional identity is formed or shaped, therefore, a scoping literature review was conducted to identify how the professional literature conceptually defines and operationalizes a) professional identity and b) the factors associated with the professional identity of sexuality educators.

2.1.1. Identity Theory

Prior to examining the empirical literature for how it defines and operationalizes professional identity, as well as the factors associated with sexuality educators' professional identity, an important first step consists of understanding how these factors are described and articulated theoretically. Identity Theory⁶ — one of the main theoretical approaches to studying human identity — describes human beings as having multiple identities. The theory strives to explain the meanings people attribute to the multiple identities they claim, how these identities relate to one another, how identities influence behavior, thoughts, feelings or emotions, and how identities connect individual persons to society at large.^{6(p3)} Identity theory, therefore, investigates

the structure and function of an individual's identity as related to the behavioral roles he/she plays in society.^{7(p266)}

Professional (role) identity, a construct in Identity Theory, is defined as one's "imaginative view of himself [sic.] as he [sic.] likes to think of himself being and acting as an occupant" in a particular role.^{6(p39)} Professional (role) identities have a *conventional dimension*, which can include cultural and social expectations as well as an *idiosyncratic dimension* which is a person's own understanding of what the professional (role) means to them.^{6(p39)} For example, a conventional dimension of a professor identity may include meanings of one as an educator and researcher, whereas an idiosyncratic dimension of a professor identity may include protector of students.^{6(p39)}

According to Identity Theory, professional (role) identity is impacted by cultural (historical, geographical, and familial factors, e.g., nationality) and social influences (group memberships that shape our norms, attitudes, and behaviors, e.g., socioeconomic status) as well as by one's idiosyncratic perception of a given role.⁶ Some individuals adhere to the culturally and socially defined behaviors attached to their roles, rigidly, while others adopt unique behaviors not directly attached to those roles.⁶ Specifically, individuals learn meanings of a professional role in interaction with others; simply put, professional (role) identities acquire meaning through the reactions of others.⁶

2.1.2. Rationale

The majority of the peer-reviewed literature addressing professional identity of sexuality educators focuses on skills-based training and emphasizes improved self-efficacy for implementing sexuality education content.¹⁻⁶ This emphasis, however, appears to be mis-aligned with evidence from the field. A 2016 study conducted in Rhode Island, for instance, reported only 30% of sexuality educators feeling "very confident" teaching sexuality education.⁸

Other research has demonstrated that sexuality educators' self-efficacy impacts student outcomes.^{5,9,14} Sexuality educator self-efficacy contributes to students' academic achievement as well as their overall success in school.⁵ Moreover, sexuality educators with high self-efficacy beliefs are more likely than educators with low self-efficacy to implement classroom management strategies, utilize effective teaching methods, and facilitate differentiated instruction, all while keeping students on task.^{5,9,14} According to researchers, educators' self-efficacy overall has been associated with student motivation, self-esteem, and attitudes towards school.^{5,9,14} Lastly, researchers report educator self-efficacy contributes to students' own sense of self-efficacy.^{11,12}

Despite the important role self-efficacy plays in sexuality education, available evidence points to sexuality educators feeling unprepared and uncomfortable when implementing sexuality education content.^{1-6,13,14,14} One study conducted in 2019 found that 47% of sexuality educators in the United States expressed a lack of confidence in their ability to plan and deliver sexuality education content.^{14,14} Researchers Cummings and Fischers assessed the confidence that educators experienced when teaching specific topics/contents and found that 73% were confident teaching personal safety, 70% with healthy relationships, 67% with puberty and development; 66% with anatomy and physiology, 61% with pregnancy and reproduction, 58% with STIs/HIV, and 36% with sexual identity.⁸ Similarly, Preston found that sexuality education teachers reported feeling discomfort about the subject of sexuality.¹⁴ Specifically, Preston explores the ways that sexuality education teachers often prioritize biological factors and risk-taking, over the topics of sexual autonomy and pleasure.¹⁴

Alongside the discomfort delivering sexuality-related content, sexuality educators who report low self-efficacy are also more likely to experience decreased job satisfaction and career motivation.^{9,14,15} Moreover, according to general education literature, educators who experience

low self-efficacy are less likely to commit to the profession, engage in collaborative relationships, and sustain their efforts toward student achievements.^{9,14,15} If this happens among non-sexuality educators, it is reasonable to assume this would also happen to sexuality educators because these professionals, regardless of topic/content area, are likely to experience similar challenges while navigating their professional roles and responsibilities.⁹

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. However, professional training requirements in the United States appear misaligned with the role's importance. Only 61% of colleges and universities in the United States require sexuality education courses for health education certification, for instance.¹⁶ Additionally, one-third of American teachers responsible for providing sexuality education in schools report receiving no pre-service or in-service training specific to sexuality education.¹⁶

For those who do, in fact, receive adequate preparation, a strong emphasis on skills and content delivery appears to trump attempts related to developing a *professional identity* as sexuality educators.¹⁷ Attempting to understand, therefore, the factors that are associated with the professional identity of sexuality educators becomes paramount for developing higher quality teacher preparation programs and, by extension, better sexuality education programs for youth.

2.1.3. National Efforts & Current Training

In 2014, the United States' leading sexual health education initiative, the Future of Sex Education (FoSE) developed the *National Teacher Preparation Standards for Sexuality Education* to better inform preparation programs and establish guidelines for sexuality educators.¹⁶ Despite these standards and numerous initiatives, educators delivering sexuality education content have experienced low confidence in their delivery skills.¹⁻⁶

Currently, the United States has formal, informal, and certificate training programs designed specifically for preparing sexuality educators.¹⁴ In order to meet a pre-determined hour requirement of 60-1,000 hours of formal training, many of these programs emphasize the following components: observation of more experienced teachers, demonstration of teaching skills, and facilitation of content delivery. None of these components, however, accounts for factors related to professional identity.^{1,18,19}

According to the American Association of Sexuality Educators, Counselors and Therapists (AASECT), which has the most comprehensive and most demanding certificate program in the US, a sexuality educator is responsible for teaching a range of sexual health/sexuality topics.¹⁸ Additionally, sexuality educators must be prepared to reach all ages and may teach in a variety of settings, not limited to classrooms or community-based settings.¹⁸ Educator preparation efforts, both those specific to sexuality educators and those for general educators, emphasize *skills-based* training, for enhancing their self-efficacy to teach these topics.^{1,12,20,21}

2.1.4. Purpose

If improving the training and development of skilled and competent sexuality educators in the US is important – given the impact these educators can/do have upon the students they teach – a valuable first step is to explore how the professional literature handles the construct of *professional identity* of sexuality educators: both how the construct is defined and how it has been assessed by scholars.^{3,4,20}

To take this first step, therefore, I conducted a Scoping Review of the current literature searching for how researchers conceptually define and operationalize a) professional identity and b) the factors associated with the professional identity of sexuality educators. I chose to conduct a Scoping Review due to the exploratory nature of this study as opposed to a Systematic Review,

which answers empirical questions.^{22,23} Additionally, a Scoping Review, at its foundation, aims to “map rapidly the key concepts underpinning a research area and the main sources and types of evidence available, and can be undertaken as a stand-alone project in [its] own right, especially where an area is complex or has not been reviewed comprehensively before.”^{22,23} In addition to capturing the breadth and depth of the literature, I chose a Scoping Review approach in order to analyze gaps and patterns within the available research.²²⁻²⁴

This review, therefore, provides insight into the available professional literature on sexuality educators’ professional identity, within the boundaries of Identity Theory, and will document how the factors are operationalized.

2.2. Methods

This Scoping Review was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines.²⁵ The methodology for this Scoping Review was based on the framework outlined by Arksey and O'Malley and further refined by recommendations made by Levac.^{22,26}

The review comprised the following 7 steps: (1) a database search with assistance from a librarian consultant; (2) development of criteria for including and excluding relevant articles; (3) first level screenings of titles and abstracts obtained after searches were conducted, followed by (4) second level screenings of relevant full-text articles, (5) data analysis, (6) data extraction to summarize key findings among included articles, and (7) organizing findings for presentation.^{22,26}

2.2.1. Database Search

I chose to consult a medical librarian to assist with the selection of databases and logistics in constructing search terms. I searched three electronic databases, ERIC (EBSCO), CINAHL (EBSCO) and PsychINFO (OVID), with keywords including “teacher education”, “pre-service

educator”, “in-service educator”, “sexuality educator”, “professional identity”, “person identity”, “personal identity”, and “training” (see Appendix A for an example algorithm employed). It is important to note that because of the lack of literature specific to sexuality educators’ professional identity, I had to expand the search to school teachers/educators, broadly. I performed this search from February 2020 to May 2020.

2.2.2. Inclusion/Exclusion Criteria

For inclusion in this review, articles had to meet the following criteria: (1) be written in English and published in a peer-reviewed journal, (2) be an empirical study, a theoretical paper, a meta-analysis, or a systematic literature review, (3) be a study conducted in the field of education, (4) focus on professional identity development/formation of educators, and (5) have been published between 1999 and 2020. The year 1999 represents a change in emphasis in sexuality education within U.S. public schools.²⁷ The shift in emphasis, as explained by Darroch, included moving away from abstinence-only education towards comprehensive sexuality education in schools.²⁷ I chose the 1999 shift as the boundary for this review because it was most appropriate for the purpose of exploring identity within the more comprehensive context of sexuality education content being implemented today.

Articles not meeting the above inclusion criteria were excluded from the review. Specifically, exclusion criteria included: (1) articles that were non-peer reviewed, not written in English, or published before 1999, (2) opinion papers or conference presentations, (3) health care focused (i.e., examining professionals in fields such as occupational therapy, physical therapy, physician’s assistant, nursing, social work), and (4) higher education focused (i.e., tenure and nontenure track faculty development).

2.2.3. Data Extraction and Synthesis

The PRISMA flow diagram in Figure 2.1 depicts the selection process of the articles included in this study.²⁸ I identified a total of 266 articles as relevant, from searches conducted in the three electronic databases. Of the original 266, I removed 29 because they were duplicates, and determined 193 irrelevant based on title. I removed thirty-six articles after abstract examination because (1) the focus was on higher education outcomes relating to faculty development, (2) the study was not centered on the educator, but rather on outcomes of students/participants, or (3) the focus was on healthcare professionals.

Overall, 8 articles were reviewed in full. After full text review, I excluded 2 studies because professional identity of the educator was not the focal point of the paper, resulting in 6 full text articles included in the final sample. Subsequent to reviewing the references in all the included studies, 2 articles were determined pertinent to this study's purpose and therefore added to the sample. The final sample, therefore, comprised 8 studies ($n=8$).

I developed the protocol for abstracting data using the Scoping Review methodological framework proposed by Arksey and O'Malley and further refined by the PRISMA-ScR checklist.^{21, 22} I reviewed and coded all articles, extracting and organizing the information using Garrard's Matrix Method.²⁹ (see Appendix B for the entire matrix).

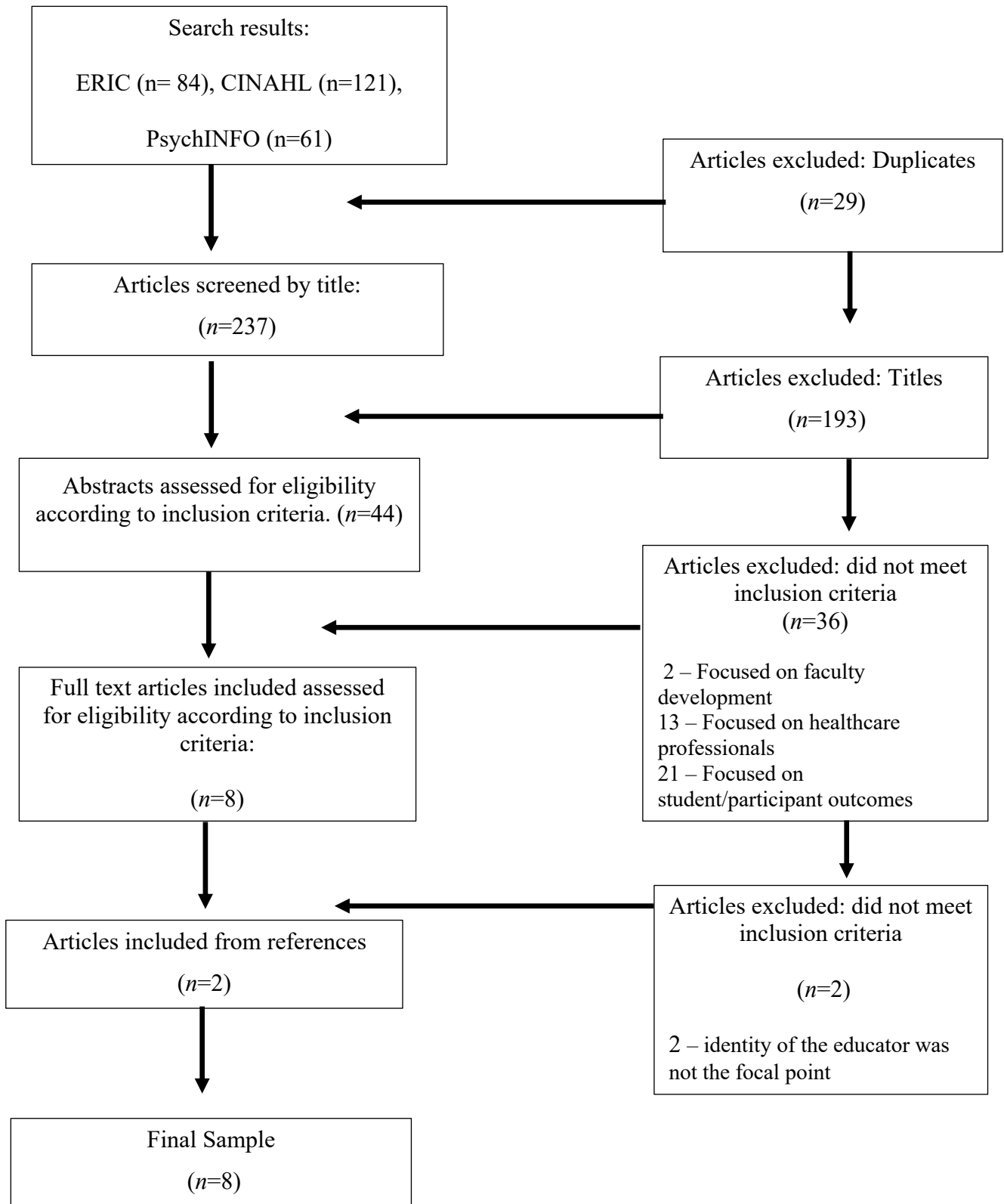


Figure 2.1. PRISMA Flow Diagram of Articles' Retrieval and Selection Process.

2.3. Findings

The articles included in this Scoping Review provide an overview of the factors associated with educators' professional identity and professional identity's conceptual and operational definitions. Additionally, this review identifies gaps and patterns within the literature. Appendix B summarizes the study design, population, field, factor(s) being addressed, and the definition or measure used to assess/examine "professional identity" in each included study.

Below I present the studies' characteristics (field of knowledge, publication venue, geographical location, research design, analytic technique, reliability/validity testing) and foci/outcome variable(s). Further details on sample and setting will be discussed further in the findings.

Of the eight articles included in this Scoping Review, there is an absence of studies with sexuality educators as the main focus. Only one study specifically examines sexuality educators.¹⁷ The other seven articles focused on health educators ($n=1$)³⁰ and general pre-and in- service school teachers ($n=6$).^{5,31,32,33,34,35}

2.3.1. Studies' Characteristics

Regarding focus, five studies centered on the role *identity* plays in teacher training (without mention of self-efficacy)^{5,17,30-32} and three focused on *self-efficacy* without explicitly mentioning the role of professional identity in teacher training.³³⁻³⁵ In addition to study focus, the field of knowledge in which the articles are rooted varied: five were conducted in general education,^{5,31,32,33,34} one in agricultural education,³⁵ one in health education³⁰, and one in sexuality education.¹⁷

Similar to field of study, geographic origin varied greatly among the studies: 6 were conducted outside the United States^{5,31,32,30,33,34} and two, in the US.^{17,35} The six international

studies were conducted in Australia ($n=1$),³¹ Croatia ($n=1$),³² France ($n=1$),³⁰ The Netherlands ($n=1$),⁵ and Turkey ($n=2$).^{33,34}

Studies were published in a variety of journals including *International Education Studies*,³³ the *Journal of Agricultural Education*,³⁵ the *Journal of Education and Training Studies*,³⁴ the *Center for Educational Policy Studies Journal*,³² *Qualitative Health Research* (Special Issue: HIV and Sexual Health),¹⁷ the *European Journal of Teacher Education*,⁵ *Health Education*,³⁰ and the *Australian Journal of Teacher Education*.³¹

Furthermore, the research designs differ among the studies and include qualitative ($n=5$),^{5,31,30,32,34} quantitative ($n=1$),³³ and mixed methods ($n=2$).^{32,35} Qualitative studies included both structured and semi-structured interviews with individuals.^{5,32,34} The single quantitative design encompassed a relational study looking at whether and how pre-service teachers' preparedness to teach and their self-efficacy beliefs related to each other.³³ Lastly, the mixed methods approaches utilized different data collection strategies: In one study, researchers distributed a quantitative research instrument as a pre-and post-test to measure the effects of a school-based agriculture education (SBAE) teaching methods course where student engagement and contextual learning were emphasized. That study also employed open-ended surveys to capture student narratives of their perceptions and experience related to teacher self-efficacy.³⁵ In the second mixed methods study, researchers collected data in two waves within a five year interval: the quantitative instrument measured motivational and personality variables related to teaching students' early professional socialization, while student teachers' beliefs were examined qualitatively using a metaphor analysis.³²

Analytic techniques among the qualitative studies included content analysis, more specifically extracting "themes" or "categories" from the data.^{5,30,32,34} The quantitative analyses

included a Pearson product-moment correlation and the use of Structural Equation Modeling.³³ The mixed methods studies utilized a deductive thematic analysis combined with frequency counts to produce the mixed methods findings.³⁶ Only the single quantitative³³ and one of the mixed methods studies³⁵ reported reliability/validity testing of their own data.

Lastly, the outcome variables in each study included: teacher self-efficacy ($n=3$),³³⁻³⁵ preparedness to teach ($n=1$),³³ teacher well-being/happiness ($n=2$),^{5,34} teacher professional identity development ($n=4$),^{5,17,31,32} teacher personal identity development ($n=3$),^{5,31} and conflict identification ($n=4$).^{9,17,32,33}

2.3.2. Professional Identity Definition and Measures

Before discussing the factors found to be associated with *professional identity*, it is important to examine how each study defines and operationalizes *the term*. Details and context regarding each study (purpose, sample, location) will be presented in the following section, alongside the factors found to be associated with professional identity. The presentation of how each study defines and operationalizes professional identity is more of an overview as opposed to a detailed recount of the individual studies. All eight of the included reports address professional identity and provide a corresponding conceptual definition; however, only one of them provides an operational definition for professional identity.

2.3.2.1. Conceptual/Construct Definition. All authors included in this review provide a conceptual definition for *professional identity*. Some authors provide more elaborate definitions and explain the construct as well as its corresponding dimensions, but all have a definition of sorts. Additionally, the definitions provided by the authors are all similar. Jourdan et al. cite Lasky, Ball and Goodson, Huberman, Sikes, as well as Sachs, to support their definition, therefore defining professional identity as: “How teachers define themselves to themselves and

to others and can be understood as a construct of professional self that evolves over career stages. Teacher professional identity can be understood as providing the basis by which teachers frame “how to be”, “how to act”, and “how to understand their role.”^{30(p108),37–39}

Pillen et al. employed a conceptual definition for professional identity based on MacLure’s definition: “...for teachers to make sense of themselves in relation to others and the world around them.”^{5(p1),40}

Morrison defines professional identity by adapting Maclean and White’s definition, as: “... how we represent ourselves through our professional roles, both to ourselves and others, and we do this through the beliefs, values, language and resources that are embedded in [our] professions.”^{15(p94),41}

Vidovic & Domovic claim the construct *teacher professional identity* has three influences: 1) a personal sphere, 2) an institutional sphere, and 3) a contextual sphere. The personal sphere encompasses one’s previous education and social experience; the institutional sphere refers to the influence of institutional factors (e.g., curricula, methods courses, and school based practice), and the contextual sphere includes factors in the wider educational and social environments.³² As such, the definition the authors provide captures this multi-dimensional complexity in their conceptualizing of professional identity as: “...the way teachers perceive themselves professionally including their sense of their goals, responsibilities, style, effectiveness, level of satisfaction, and career trajectory. Additionally teachers’ identity is one’s image of oneself as a teacher, depending upon the interplay of personal and professional factors.”^{32(p121-122)}

Williams and Jensen provide a brief definition of the term as the way “individuals display themselves through their relationship with various social collectives, including organizations and professions.”^{17(p1584)} Sheehan and Moore define professional identity as, “one’s own perception of

the influences, motivation, and behavior in their role.”^{35(p220)} Erozkán and Adiguzel define it as the “perceptions and expectations about their roles.”³⁴⁽⁷²⁾ And in Aybek and Aslan’s study, the authors refer to professional identity as, “how teachers perceive themselves in their professional roles and competences.”^{33(p28)}

2.3.2.2. Operational Definitions/Measures. All of the studies reviewed discussed professional identity, but not all of them measured the construct. Seven of the included studies, Jourdan et al., Pillen et al., Sheehan and Moore, Morrison, Williams & Jensen, Erozkán & Adiguzel, as well as Aybek & Aslan describe the construct, professional identity, but do not operationalize the term (i.e., how the researcher measured the construct).^{5,15,17,30,33–35} Only one of the included studies (Vidovic & Domovic) provides an operational definition for professional identity.³²

Although Vidovic & Domovic claim teacher professional identity has three dimensions (a personal, an institutional, and a contextual sphere), the authors did not specify how they measured these dimensions, nor did they provide example items for any of them.³²

2.3.3. Factors Associated with Professional Identity

In this review, the factors found to be associated with professional identity included: a) self-efficacy for teaching ($n=3$),^{33–35} b) person or personal identity ($n=8$),^{5,17,30–32} c) training ($n=2$),^{5,31} and d) identity conflict ($n=4$).^{9,17,32,33} I counted a factor as associated with professional identity if the study statistically tested the factor in its analyses.

2.3.3.1. a) Self-Efficacy for Teaching

Three of the eight articles reported self-efficacy as associated with educators’ professional identity. Specifically, authors described self-efficacy and professional identity as

“interconnected.”³³⁻³⁵ Two studies^{33,34} that addressed self-efficacy for teaching were conducted internationally and one³⁶ was conducted in the United States.

2.3.3.1.1. *Conceptual/Construct Definition.* Aybek and Aslan surveyed 407 pre-service teachers studying to be grade school teachers (not sexuality educators) at a state university in Turkey.³³ The authors tested whether these pre-service educators’ self-efficacy beliefs predicted preparedness to teach.³³ The authors distinguished “preparedness to teach” from self-efficacy by defining it (preparedness to teach) as the physical preparedness to complete a given teaching task, and self-efficacy as the internal belief in one’s ability to complete that physical task.³³ The authors utilized the following four dimensions of self-efficacy as outlined by Çolak, Yorulmaz, and Altinkurt: 1) Academic, 2) Professional, 3) Social, and 4) Intellectual Self-Efficacy.^{33,42} Academic self-efficacy refers to “teachers’ self-efficacy regarding content knowledge”; Professional self-efficacy: is “teachers’ self-efficacy regarding their pedagogical skills (organize the teaching environment, use time effectively, and manage the classroom)”; Social self-efficacy was defined as “teachers’ ability to establish positive social relations and express themselves”, and Intellectual self-efficacy, as confidence teachers have based on “their cognitive abilities such as, making sense of, evaluating, and interpreting information/events (evaluating the education system).”^{33,42}

Erozkan and Adiguzel surveyed 556 teacher candidates (not sexuality educators) studying at a pedagogical formation program at Mugla Sıtkı Kocman University, also in Turkey.³⁴ In this study, Erozkán and Adiguzel cite Bandura’s definition of self-efficacy to describe to the reader the relationships between self-efficacy, self-esteem, and subjective happiness among teacher candidates.³⁴ According to the authors, self-efficacy is, “people’s belief in their capacity to complete a desired task.”³⁴ Erozkán and Adiguzel allude to the following three dimensions of self-efficacy as described by Sherer and Adams: 1) initiation, 2) effort, and 3) persistence.^{34,43} Neither

Erozkan and Adiguzel nor Sherer and Adams explicitly described these three dimensions; they only provided the items used to measure each dimension (see example items under operational definition, below).^{34,43}

Lastly, Sheehan and Moore's study utilized a mixed-methods convergent nested study design to analyze teacher self-efficacy among 21 teacher candidates (not sexuality educators) enrolled in a School-Based Agriculture Education methods course at Texas A&M University in the US.³⁵ Sheehan and Moore examined the use of teaching experiences embedded within a methods course and its impact on pre-service teachers' self-efficacy.³⁵ The authors refer to self-efficacy as an individual's "belief in his or her capacity to execute behaviors needed to produce a specific outcome."^{34,35,44-46} While defining self-efficacy using Bandura's framework, Sheehan and Moore incorporated the dimension of teacher self-efficacy, more specifically, defined as: "... the teacher's perception of their own ability to produce educational outcomes in student engagement, instructional strategies, and classroom management."^{35,44}

Sheehan and Moore addressed self-efficacy using the three dimensions of teachers' self-efficacy as defined by Tschannen-Moran and Woolfolk Hoy: 1) engagement, the "*teacher's ability to reach students with content and instruction*", 2) instruction, the "*teacher's pedagogy skill and methodological strategies*", and 3) management, the "*teacher's ability to maintain a structured learning environment*."^{15,35}

2.3.3.1.2. Operational Definitions/Measures. Although studies shared a consensus regarding the conceptual definition of self-efficacy, authors employed quite distinct operational definitions of the construct.

Aybek and Aslan employed the Self-Efficacy Belief Scale developed specifically for teachers by Çolak, Yorulmaz, and Altnkurt.⁴² The scale consists of 27 items with a 5-point Likert

scale response option for each item, assessing four dimensions: 1) Academic, 2) Professional, 3) Social, and 4) Intellectual Self-Efficacy.^{33,42} Example items for each dimension include: 1) Academic Self-efficacy: *When asked a question about my field, I can easily answer*; 2) Professional Self-Efficacy: *I can use time effectively in my lessons*; 3) Social Self-Efficacy: *I can easily explain my thoughts in a group*; and 4) Intellectual Self-Efficacy: *I can develop solutions to social problems*.^{33,42(p32)}

Erozkan and Adiguzel used the Turkish adaptation of the General Self-Efficacy Scale originally developed by Sherer and Adams, which consists of 17 items on a 5-point Likert response scale, measuring the three dimensions of self-efficacy defined by the instruments developers as: 1) initiation, 2) effort, and 3) persistence.^{34,43} Example items for each dimension included: 1) initiation: *I avoid facing difficulties*; 2) effort: *when I have something unpleasant to do I stick to it until it is finished*; and 3) persistence: *if I can't do a job the first time, I keep trying until I can*.^{34,43(p4)}

Sheehan and Moore utilized the Teacher Sense of Self-Efficacy Scale (TSES) developed by Tschannen-Moran and Woolfolk Hoy to assess teachers' self-efficacy.^{15,35} The TSES comprises 24 items using a 9-point Likert response scale, addressing three dimensions: 1) engagement, 2) instruction, and 3) management.¹⁵ Example items for each dimension include: 1) engagement: *How much can you do to help your students value learning?*; 2) instruction: *To what extent can you use a variety of assessment strategies?*; and 3) management: *How much can you do to control disruptive behavior in the classroom?*^{15(p800)}

The three reviewed studies that assessed self-efficacy, alongside utilizing Bandura's definition of the construct, argued, as well, that self-efficacy is most impressionable early in a teacher's career.³³⁻³⁵ The qualifier "early in one's teaching career" is defined as pre-service methods courses, clinical teaching, as well as the first years of teaching.³⁵ Additionally, all three

studies discussed teacher self-efficacy as an element that can be *cultivated*³³⁻³⁵: “Fortunately, a teacher’s efficacy is a skill that can be developed and fostered.”^{35(p221)}

2.3.3.2. b) Person or Personal Identity

Of the eight reviewed studies, all refer to *person* or *personal identity* as a factor associated with educators’ professional identity, but none provide an explicit, formal, conceptual, or operational definition of the terms.

2.3.3.2.1. Conceptual/Construct Definition. Morrison, alongside Pillen et al., describe personal identity as histories, experiences, and motivations.^{5,31} Morrison, discusses personal identity as “the existing beliefs teachers come into the profession with”^{31(p93)}, while Pillen et al., describe it as “the teachers’ understandings and ideals based on their history of belief systems, social expectations, and motivations.”^{5(p2)}

Additionally, Vidovic and Domovic, Pillen et al., Williams and Jenson, and Jourdan et al. often discuss *personal identity* in the context of tension with *professional identity* but do not define the former.^{17,30} Vidovic and Domovic, elaborate on the tensions experienced as well as the potential impact on educators by stating:

The teacher educator should be especially aware of the potential risk of the appearance of tensions in students when their personal or professional beliefs are being challenged. Student teachers who experienced significant tensions between their professional and personal beliefs felt insecure, had low self-confidence in their teaching, felt isolated, lacked adequate professional support, and were at a high risk of leaving the profession.^{32(p123)}

Morrison, as well as Vidovic & Domovic describe the challenge that arises with these tensions by stating: “... professional identity formation reveals that its development can be hindered by the conflict between personal and professional beliefs.”^{31,32}

2.3.3.2.2. Operational Definitions/Measures. All of the included studies discussed person or personal identity as a factor associated with educators' professional identity but none of the authors operationalized the term.^{5,17,30,33-35}

2.3.3.3. c) Training

Two of the eight reviewed studies addressed the *training* teachers receive as a factor associated with their professional identity. Both studies were conducted outside the United States.

2.3.3.3.1. Conceptual/Construct Definition. The studies by Vidovic & Domovic, and Morrison assess training as a factor associated with professional identity among pre-service teachers.³² Training is, indeed, presented as the process through which teacher identity develops and is central to both studies, specifically, identity formation and its role in pre-service educator training.^{5,31}

Vidovic & Domovic's study utilizes a mixed-methods approach examining 150 pre-service teachers' (not sexuality educators) professional identity before and after the completion of their five-year teacher training program in Croatia.³² In this study, Vidovic & Domovic describe training as the "institutional preparation of curricula, teaching methods, school-based practice."^{32(p124)}

Morrison, on the other hand, describes the significant findings of his study regarding teacher trajectories and the factors that influence them.³¹ The author explored teacher identity formation by interviewing 14 early career teachers (not sexuality educators) in Australia and discussed the intricate nature of professional identity.³¹ Specifically, Morrison claims the lack of consistency in the literature and in research projects has made it difficult to agree upon a shared framework for researching and articulating *identity formation* in education.³¹ He fails to provide an explicit definition of training, but does describe training as "teachers' preparation in the form

of a four year undergraduate degree or a graduate qualification following undergraduate studies in other fields or time spent in other professional spheres.”^{31(p94)}

2.3.3.3.2. Operational Definitions/Measures. The variability among definitions of training or attempts to develop teacher’s professional identity reflects itself in the differing measures used to assess the constructs. Of the two reviewed studies that examine the training/development of teachers’ professional identity, one utilized qualitative methods, and one utilized mixed-methods. None of the eight reviewed studies employed quantitative methods, exclusively, to assess the development of teachers’ professional identity.

Morrison conducted semi-structured interviews with a cohort of 14 early career teachers in Australia, employed in the Department of Education and Child Development and the Catholic Education South Australia.³¹ The interview questions focused on the sample’s previous education as well as experiences within the training program.³¹ Morrison measured previous education by asking participants their *entry point into the profession*. Responses included four year education undergraduate degree, or an education graduate degree following an undergraduate degree in an unrelated field (not education).³¹ Morrison measured previous experiences by asking participants *when they started teaching*, with responses ranging from weeks prior to the interview up to two years.³¹ An additional example question assessing “previous experiences” included the *types of teaching contracts they have held*, with responses ranging from short-term, long-term, and permanent.³¹

Lastly, in the study completed by Vidovic and Domovic the authors acknowledge that both quantitative and qualitative measures for assessing training/formation or attempts to develop teacher’s professional identity are relatively scarce.³² Vidovic and Domovic used a mixed methods approach by conducting a longitudinal study of a teacher cohort, over five years.³² The researchers

assessed the sample at the beginning and end of the teachers' five year training in Croatia.³² Training was measured by qualitative items that encouraged participants to reflect on their previous educational experiences and institutional influences such as curriculum development and teaching methodologies.³² The authors provided neither the interview protocol nor example questions/items in their report.

2.3.3.4. d) Identity Conflict

Four of the eight reviewed studies address *identity conflict* or *tensions* between teachers' professional and personal identities as a factor associated with their professional identity.^{9,17,32,33} These tensions or conflicts between identities are described as an "unavoidable interrelationship" because teaching requires a significant personal investment.^{32,55(p15)} Of the studies that addressed identity conflict, three were conducted internationally and one in the United States.^{9,17,32,33}

2.3.3.4.1. Conceptual/Construct Definition. First, Williams and Jensen interviewed 50 sex educators employed at public schools throughout a Midwestern, U.S. state — 27 teaching junior high students, 22 teaching high school, and 1 teaching a joint junior/senior high school sex education program/curriculum — about their experiences in a sex education classroom.¹⁷ The authors provide a conceptual definition of identity conflict but do not provide measures for the term. Williams and Jensen describe identity conflict as "fundamental differences in sex educators' values and their sense of professional identification."¹⁷

Second, Morrison does not provide an explicit definition or set of measures for identity conflict, but describes the conflict between identities citing Mohr & Erik Erikson, in this manner: "Conflict and identity crises incorporate subtle representations and concealed understandings of ourselves that cannot and are not conveyed to others. The pre-existing perceptions and

understandings of teaching combined with complex personal, social, and work expectations lead to difficulties in identity formation.”^{31(p94),47}

Additionally, Morrison provides a description of how professional and personal identities are interconnected, as well as the toll this “connectedness” can have on teachers’ understanding of their professional role.³¹ Morrison states:

The transition into teaching is therefore simultaneously a professional and personal endeavor where the stakes are high. The process reflects an important mix of emotional struggle alongside professional competence. Consequently, challenging experiences and insecurities are interpreted at an individual level where some of this is seen but much of this struggle is concealed.^{31(p95)}

Third, Pillen et al. surveyed 182 novice teachers in the Netherlands (not sexuality educators) — 90 primary educators, 66 secondary educators, and 26 vocational educators—to start mapping professional identity tensions.⁵ According to these authors, professional identity tension refers to the phenomenon when the personal and professional side of (becoming) a teacher are not in balance. Identity conflict/tension manifests itself the moment “teachers’ personal desires or beliefs do not align with what they are expected to become, professionally, as a teacher.”^{5(p2)}

Lastly, Jourdan et al. provide a definition of identity conflict, but do not include a set of measures or an operational definition for the construct. The researchers interviewed 49 in-service teachers (not sexuality educators) within the Auvergne region of France.³⁰ In that study, the authors examined professional identity characteristics to determine if in-service teachers would implement a school health initiative.³⁰ Specifically, this study analyzed characteristics of in-service teachers’ professional identity and the likelihood that their characteristics would be suitable for the health

initiative.³⁰ In the study, Jourdan et al. described identity conflict as, “the discrepancy between teachers’ personal experiences/beliefs and the construction of their professional identity.”^{30(p108)}

2.3.3.4.2. Operational Definitions/Measures. Pillen et al. utilized a mixed-methods approach with a two-step process to map professional identity tensions among their sample of novice teachers in the Netherlands, alongside teachers’ feelings and coping strategies.⁵ The first step included interviewing the teachers about the professional identity tensions they experienced. The interviews consisted of background information and open-ended questions about a tension that the interviewee had experienced.⁵ In the second step, authors used the interview data to develop a questionnaire containing items about background variables including gender, age, teaching experience, teacher education, and items addressing professional identity tensions.⁵ Pillen et al. used statements to which the respondents were asked to react, regarding the extent to which they recognized their own experiences using a four-point Likert response scale.⁵ An example statement was, “Mara wants to perform well in her teaching job but she also wants to be there for her family/roommates. She does not know how to divide her time properly.”⁵ Below is a description of Pillen et al.’s. strategy:

If they did not recognize themselves in a tension, they were asked to continue on to the next one. If they did recognize themselves in a tension, they were asked to report the feelings that they associated with it. The feelings teachers had to choose from were based on the interviews and included: helplessness, an awareness of shortcomings, anger, insecurity/doubt, not being taken seriously, lacking motivation, frustration, discomfort, resignation, being fed up or being pushed. The opportunity was given for the teachers to indicate more than one feeling.^{5(p8)}

2.4. Discussion

Due to the vital role sexuality education plays in people's lives, it is imperative to have confident educators delivering sexuality content.^{1-4,8} According to available research evidence, developing sexuality educators' professional identity is important because a highly salient¹ professional identity contributes to increased self-esteem, role commitment and, more specifically, to role self-efficacy.⁶ To better understand sexuality educators' professional identity, this Scoping Review explored how a) professional identity and b) the factors associated with the professional identity of (sexuality) educators are conceptually defined and operationalized in the professional/research literature.

Regarding this review's findings, several elements are worthy of notice. First and foremost, of the eight articles included in this Scoping Review, only one study specifically focused on sexuality educators.¹⁷ Originally, I intended to examine sexuality educators, exclusively, but due to the absence of literature for this specific teacher group, I was forced to broaden my search to general educators. Broadening the search revealed a small but intriguing body of evidence pointing to the importance of examining professional identity formation in teacher preparation programs. The value of studying, understanding, and testing strategies to develop salient professional identities appears, in this body of literature, to extend to all types of teaching professionals.^{5,31} I argue therefore, that the findings from this review, even when not elicited directly from sexuality educators, can safely be extrapolated to them, given the main difference between sexuality educators and general educators is the content delivered; all else is similar. According to the U.S. Department of Education, the label "educator" applies to "all education professionals and paraprofessionals working in schools who are responsible for instruction, curriculum

¹ Identity salience is the "likelihood that a given identity will be active across situations."⁶

implementation, or curriculum development.”⁴⁹ The factors, then, associated with general educators’ professional identity are relevant and applicable to sexuality educators’ professional identity, as well.

Additionally, the studies reviewed herein also highlight the inherent complexity in exploring general educators’ identity. According to Edwards and Edwards, who studied identity among general educators, the “cultural and historical experiences valued by educators were seen to open and constrain how they navigated everyday teaching practices, and therefore how their identity developed.”^{50(p198)} This interweaving of cultural and historical experiences can be particularly complex among sexuality educators, given the challenge of finding a “*middle ground*” between the personal identities/beliefs teacher-trainees bring with them to training, and the professional identity they are expected to adopt.^{6,17} Williams and Jensen, who specifically studied sexuality educators, acknowledged the not-so-positive effects of this complex interaction: “... often sexuality educators feel conflicted identification affected their ability to do their job and students’ ability to learn.”^{17(p1584)}

The second element worthy of notice among this review’s findings is how the factors empirically identified in the reviewed studies (as associated with educators’ professional identity) and those proposed by Identity Theory are not fully aligned. According to Identity Theory, professional (role) identity is impacted by cultural (i.e., nationality) and social (i.e., socioeconomic status) influences as well as by one’s idiosyncratic perception of a given role.⁶ However, in this review the following factors were the only ones researchers empirically tested for their association with educators’ professional identity: a) self-efficacy for teaching,^{33–35,47} b) person *or* personal identity,^{5,17,30–32} c) training,^{5,31} and d) identity conflict.^{5,31,32} None of the reviewed studies addressed cultural or social issues (aside from those indirectly fomenting any identity conflicts).

The absence of cultural elements, in particular, is intriguing, given that the reviewed studies come from various countries, world-wide and could, therefore, represent an important source for observations, comparisons, and cross-cultural learning.

This mis-alignment could potentially be explained by the studies' absence of a theoretical framework, or to the studies being based on other theories (not Identity Theory). The studies included in this Scoping Review used Social Cognitive Theory³³⁻³⁵ and Social Identity Theory.^{5,17,30-32} It is important to note, therefore, that the misalignment I allude to, above, only applies when using Identity Theory (as proposed by Burke and Stets⁶) as the reference point.

In tandem, the studies reviewed herein highlight three features of the empirical research on educators' professional identity: 1) there are limited U.S. based studies that address educators' professional identity – the topic appears to be of interest, mainly, to international researchers; 2) the vague definitions/operationalizing of constructs/factors (for example, of “person identity” and “training”) within the literature, makes research and theorizing challenging, and 3) the significance of *identity formation* within teacher preparation programs, as well as the need to consider a shift in the training of educators, are practically absent from this literature (only two of the eight reviewed studies dealt with the topic in any depth). Below I address each of these features.

Of the studies that had professional identity as their focal variable, the majority (n = 6) were conducted outside the US. Among the US-based studies, self-efficacy appears to trump identity-specific constructs, and to supersede it both theoretically and empirically (i.e., self-efficacy is often measured, while identity is, comparatively, explored less frequently).

Despite the limited US based studies that address educators' professional identity, it might be beneficial for preparatory programs to include an emphasis on the development of educators' professional identity and its relationship with self-efficacy. More so, specifically within the field

of sexuality education, in which trainees experience conflicting beliefs and opinions on topics and methods for teaching.⁵⁵ Developing educators' professional identity could be helpful for improving teachers' overall attitude and confidence for teaching, as well as students' learning outcomes.⁶⁰⁻⁶²

European identity researcher Christopher Day discusses this relationship between a positive sense of identity leading to increased self-efficacy, claiming: "a positive sense of identity with subject, relationships, and roles is important to maintaining self-esteem or self-efficacy, commitment to, and a passion for teaching."^{60-62(p604)} Further, Day proposes investigation into the factors associated with educators' professional identity is sorely needed, specifically mentioning identity as a "key factor associated with teachers' sense of purpose, self-efficacy, motivation, commitment, job satisfaction, and effectiveness."^{62(p601)} The findings in this review support both Identity Theory scholars Thoits' and Day's recommendations regarding the need for further research on (and attention to) professional identity of educators, given its impact on role self-efficacy. The recommendation is particularly relevant for the US context, as the topic appears grossly neglected among both general educators and sexuality educators.

Similarly, Morrison concluded the trajectory of early career teachers was most influenced by the identity formation to which they were subjected in their training programs (or by its absence).³¹ Moreover, Morrison describes the critical role identity formation plays in defining one's identity as an educator, strengthening confidence in one's role, as well as the impact identity formation has on teachers' ability to cope during stressful times.³¹ This ability to cope during difficult times in one's teaching career is what Morrison describes as the "turning point" for many educators and their attrition/retention in the field.³¹

Sexuality education in the United States is unique, as it has long been a topic of heated debate among stakeholders with varied salient influences including religious/cultural, familial, and political, to name a few.^{1-48,58,59} In *The Courage to Teach*, Parker Palmer recounts his decades of work in education, exploring “the inner landscape of a teacher’s life.”⁶³ Palmer states: “In the midst of a complex field [education], identity is a moving intersection of the inner and outer forces that make teachers who they are, converging in the irreducible mystery of being human.”^{63(p13)}

Along with the interconnectedness of identities, Burke and Stets explain these intersections can become a source of dissonance among sexuality educators; they can lead to negative tensions between personal beliefs and professional responsibilities, elicit feelings of discomfort during delivery of sexuality education content, and more seriously, prevent people from engaging with the field, due to fear.^{5,8} Thus, designing training for sexuality educators that emphasizes (or at minimum addresses) identity development could lead to increased awareness of — and solutions for — potential psychological dissonance, as well as to increased confidence in dealing with identity conflict.⁶⁴

The second characteristic among the included studies, which this review highlights, is the vague definitions/operationalizing of constructs/factors, among which “person identity” and “training” stood out as examples. Such imprecision in definition and measurement raises important challenges for current and future research and theorizing.⁶⁵ Specifically, the vague definitions of these terms can lead to their ambiguous understanding.⁶⁵ There is a level of “uncertainty” when discussing ambiguous terms.⁶⁵ Such ambiguity and uncertainty in research and professional literature could be harmful when stating implications for future research/practice as well as pose obstacles in subsequent research projects. According to the National Institute of Standards and

Technology, ambiguous or inconsistent terminology can lead to miscommunication between disciplines and the misapplication of terms.⁶⁶

The last feature of this body of knowledge, highlighted by this review, is the fact that only two of eight studies explicitly acknowledged the need for a *paradigm shift* within preparation programs, to include identity formation as a crucial component in training.^{5,32} The studies by Vidovic & Domovic, and by Pillen et al., were the only ones addressing the significance of including identity formation within educator training programs.^{5,32} The paradigm shift they propose consists of moving from training that merely emphasizes skills-building, to a more holistic effort comprising both *skills development* and *professional identity formation*. The benefits from such a shift include increased confidence in one's ability to teach, improved coping strategies, and strengthened resilience, according to those authors.^{5,32}

In the United States, most training programs prepare health/sexuality educators by developing their skills, in order to build their self-efficacy.^{1,20,8,21,16,18} Yet, a significant challenge arises when sexuality educators who have the skills needed to implement sexuality education do not have confidence in their professional role. Often compounding this lack of confidence is the experience of “identity conflict” when delivering sexuality education content — a phenomenon observed quite often.^{67,68,69,70} These phenomena confirm the notion that the effectiveness of sexuality education programs depends on many factors, including teachers' attitudes and comfort with sexuality content.^{67,70,71} Sexuality education researchers Paulussen et al. add: “The effectiveness of school-based sexuality education depends on, among other factors, the effectiveness of teachers who implement it. Furthermore, it has been argued that the extent to which teachers implement the school-based sexuality education curriculum is largely dependent upon and influenced by their attitudes towards it.”^{67(p149)}

To improve self-efficacy among sexuality educators and, ultimately, the quality of sexuality education and its outcomes, preparation programs should consider the unique identities pre-service educators carry as well as these identities' association with self-efficacy.⁷² In this regard education psychologist Mkumbo states: "It is in this context that several authors have recommended that teachers' attitudes and confidence about teaching sexuality education be assessed prior to engaging them in the delivery of sexuality education programs."^{67,68,69,70(p150)}

2.4.1. Recommendations for Practice and Research

The findings from this review help identify areas of improvement within the field of sexuality education; specifically, the *focus* that training programs for future sexuality educators should consider adopting. Perhaps most importantly, the findings from this review highlight the urgent and critical need for initiating conversations within the field of sexuality education regarding programmatic/training efforts. While the current training efforts are embedded in a framework of skills-to-increase-self-efficacy,^{1,16,18,20,21} the findings from this review support moving *beyond* skills-training to including identity formation and factors associated with professional identity into existing programs, to better prepare the educators as well as further sustain their future in the field.^{5,31}

Additionally, this review's findings reveal a stark gap in research examining factors associated with professional identity among educators, particularly in the United States. More specifically, this review uncovered a nearly complete absence of research on professional identity and its determinants, within sexuality educator preparation programs. Recommendations for future research include conducting studies that focus on sexuality educators' professional identity and identity formation. More identity research specific to sexuality educators can reveal if, in fact, incorporating identity formation within preparation programs is beneficial. Such research also can

reveal how sexuality educators' training needs might differ from those of their general educator peers. The lack of identity research in the field of sexuality education begs the question, "Why isn't there any/more research regarding professional identity and identity formation among sexuality educators?" – a question worth asking and answering.

Although there is little research available within sexuality education specific to identity development and professional identity, there is literature to support the need for further exploration, alongside support for its role in the education of non-sexuality educators/teachers.^{5,31} Perhaps the field of sexuality education could take a cue from the broader education field and its explorations.

2.4.2. Limitations

Despite its contributions, this review includes important limitations. First, because of the lack of professional identity literature specific to sexuality educators, I had to broaden the search to general educators. Although most of the findings from this review (if not all) can be extrapolated to sexuality educators, these teachers' experiences could be unique in many ways, given the sensitivity of the topic they deliver. Forming one's professional identity as a sexuality educator may, therefore, require strategies and features that other educators may not need. In particular, programs that are sensitive to the potential conflict between personal and professional beliefs and that provide safe environments for exploring and handling these conflicts, may require special design and implementation.

Second, my personal biases regarding interpretation of findings, recommendations for future research, as well as for programmatic efforts should not be dismissed. Some of the biases I bring to this review include my role and my own salient professional identity as a sexuality educator. I am in favor of adding professional identity formation to health/sexuality educators'

training, because I have strong beliefs in the value of sexuality education and in the importance of avoiding personal-professional identity conflict, which can undermine instructors' confidence and detract from high quality sexuality instruction. To minimize these potential biases, however, I followed guidelines for conducting and reporting this Scoping Review and submitted my analyses to peer reviewers.

Despite these limitations, this review makes an important contribution to the sexuality education literature by initiating the conversation surrounding professional identity development in the field of sexuality education. This study identifies gaps in the professional literature, specific to sexuality education and professional identity development and can represent a starting point for many studies to follow.

2.5. References

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3. RETHINKING THE FOCUS OF SEXUALITY EDUCATOR TRAINING: FROM BUILDING SKILLS TO FORMING PROFESSIONAL IDENTITY

3.1. Introduction

What gives educators in the United States confidence to teach sexuality education? Does the skills-based training they receive strengthen their self-efficacy for teaching, or is their confidence shaped by their professional and person identities? According to available research evidence, developing sexuality educators' professional identity is important because a highly salient identity contributes to increased role self-efficacy.^{1,2}

However, in the United States, there is a strong emphasis on *skills-based* training for enhancing self-efficacy to deliver sexuality education content.³⁻⁸ This emphasis appears misaligned with evidence from studies conducted over the last 20 years, which demonstrate low self-efficacy rates among sexuality educators, despite skills-based development efforts.³⁻⁶

Given this mis-match between weak self-confidence levels and strong skills-building training foci, the purpose of this study is to examine the adequacy of a conceptual model proposed to capture the relationships among person identity, professional identity, training, identity salience, and self-efficacy for teaching sexuality education using data from a sample of sexuality educators (who underwent different types of professional training²) in the US. Ultimately, the goal of this study is to explore whether skills-building should remain the primary focus of professional training programs for sexuality educators in the US, or whether identity formation should gain more prominence in professional training guidelines.

3.1.1. Background

² The different types of training are described on page 5, under "Background"

In the United States, teachers/educators play a vital role in providing young people with the information they need to protect their health and futures.⁹ Whether the educator's primary role is as a sexuality educator, or as an educator who might be faced with sexuality education questions/content, adequate professional preparation and confidence are paramount.^{1-4,9}

Sexuality educators can serve in a variety of capacities/professions, for example, school health educators, community-based educators, clinicians, as well as mental health professionals.¹⁰ According to the National Association of School Nurses, regardless of educators' direct or indirect role in sexuality education, they (educators and sexuality educators) can strive to “dismantle barriers and support access to evidence-based sexual health education that allows individuals to make informed, responsible, and healthy decisions.”^{10(p2)} Sexuality education, when delivered effectively by confident and qualified professionals can “improve academic success, prevent dating violence, help develop healthier relationships, reduce unplanned pregnancy, HIV, and other STIs, as well as reduce health disparities among LGBTQ+ individuals.”^{10,11(p1)}

Much of the sexuality education research conducted over the last 20 years in the United States has focused either on the ways in which sexuality educators are prepared to teach, on skills to improve self-efficacy, or on student outcomes.^{3-6,12} Despite these research efforts, evidence shows that many US teachers, regardless of specialization/training, lack the confidence to address issues of sexuality both inside and outside the classroom.^{1-4,13,14}

Data from a 2016 study conducted in Rhode Island, for instance, documented only 30% of sexuality educators reported feeling “very confident” teaching sexuality education.⁵ Additionally, according to data from a 2010 study conducted in Illinois, 69% of health teachers felt unprepared to provide sexuality education.¹⁻⁴ Furthermore, in Fields' 2008 book, *Risky Lessons: Sex Education and Social Inequality*, teachers/educators in schools and communities reported feeling

“discomfort about the subject of sexuality, and resist[ed] formal policies and agendas based on their personal beliefs.”¹³ Lastly, a study conducted by Walters and Hayes in 2007 found that sexuality education teachers often “feel caught between the needs of their students and the regulations that restrict how and what they can say in response to student questions.”¹⁴

Research evidence also supports the notion that among the factors that may lead to this lack of confidence are absence of training, tensions between content to be taught and personal beliefs, as well as policy restrictions. Lack of training, specifically in the US public school setting, is easily demonstrated with only 61% of colleges and universities requiring sexuality education courses for health education certification.⁹ Additionally, 30% of US teachers responsible for providing sexuality education in schools report receiving no pre- or in-service training specific to sexuality education.⁹ Personal beliefs, or the histories, experiences, and motivations one has to become a sexuality education are portrayed in the research, often, as sources of conflict vis-à-vis one’s professional role.^{15,16} The dynamic relationships between professional and personal identities can become a source of dissonance for sexuality educators in training, and can lead to feelings of discomfort when delivering sexuality education content.¹⁷ Policy restrictions – another factor that may influence educators’ level of confidence – may, oftentimes, force sexuality educators to continually need to defend their positions and roles within their given setting (e.g., school, community, healthcare¹⁸), a task that demands significant amounts of emotional energy and resources. These restrictions and challenges can lead to sexuality educators questioning their role and experiencing low self-efficacy in teaching specific sexuality education information.¹⁸

The factors that may lead to sexuality educators’ lack of confidence impact all types of sexuality educators. The different *types* of sexuality educators in the US include public school (K-12) teachers, community health educators, school nurses, college/university professors, and

clinician/healthcare-centered educators such as therapists, psychologists, counselors, and social workers, to name a few. The training, guidelines, and professional bodies that oversee the credentialing of these different types of educators differ significantly, as I briefly outline below.

First, to teach sexuality education in American public schools (K-12), teachers must complete a four year Bachelor's degree in an education-related field and pass the corresponding State Board examinations to become certified.⁹ It is important to note, each state has its own agency/State Board responsible for certifying teachers within the policies and procedures of their given state.¹⁹ A Bachelor's degree and State Board exams are the only accepted option across the United States.

To obtain a Bachelor's degree in an education-related field, most college or university training programs have similar requirements, emphasizing the following components: observation of more experienced teachers, demonstration of teaching skills, and facilitation of content delivery, in order to meet a predetermined hour requirement (60-1,000 hours of training).^{3,20,21} Additionally, most states will include sexuality education content within a middle or high school health education course.⁹ Thus, pre-service educators in those states have to complete and pass a Health Content exam taken prior to certification.⁹

In addition to certain states' Health Content exam, national standards are in place to better inform preparation programs and establish professional guidelines for sexuality educators.⁹ One of the United States' leading sexual health education initiatives, the Future of Sex Education (FoSE³) developed the *National Teacher Preparation Standards for Sexuality Education*. The seven standards include: 1) professional disposition (the comfort with, commitment to and self-

³ FoSE. is a collaboration of leading sexuality education organizations/initiatives including Advocates for Youth, Answer, and SIECUS: Sex Ed for Social Change “who seeks to create a national dialogue about the future of sex education and to promote the institutionalization of comprehensive sex education in public schools.”⁹

efficacy in teaching sexuality education),⁹ 2) diversity and equity, 3) content knowledge, 4) legal and professional ethics, 5) planning, 6) implementation, and 7) assessment. All seven standards focus on the following components: demonstration, planning, implementation, or modeling a desired skill.⁹ Current organizations and professional bodies that oversee and provide training for those teaching sexuality education in US public schools (K-12) require both the corresponding state's board/agency certification as well as evidence of achievement of FoSE standards.⁹

The second type of sexuality educators are community health educators. Many sexuality educators, in fact, *begin* their careers as community health educators. In the US, these health educators have diverse career opportunities, and they are often referred to as “Health Education Specialists” or “Community Health Workers” (CHW).²² The bulk of a Community Health Educators' work is carried out in nonprofit organizations or governmental agencies, developing programs to teach about conditions affecting people's health and well-being.²² To become a Community Health Educator one must obtain at least a Bachelor's degree, and certification may be preferred based on the State's requirements. One certification that is often mandated for Community Health Educators is the Certified Health Education Specialist (CHES), developed and provided by the National Commission for Health Education Credentialing (NCHEC).²³ The CHES exam is a “competency-based tool used to measure possession, application and interpretation of knowledge in the Eight Areas of Responsibility (AoR) for Health Education Specialists.”²³ The eight AoR include:

- Area I: Assessment of Needs and Capacity
- Area II: Planning
- Area III: Implementation
- Area IV: Evaluation Research

- Area V: Advocacy
- Area VI: Communication
- Area VII: Leadership and Management, and
- Area VIII: Ethics and Professionalism

The main foci all AoR have in common are: facilitation of content delivery and demonstration of a desired skill.²³

Similar to Community Health Educators, Community Health Workers (CHW) are typically trusted members of a community who promote wellness by connecting their members to health care and social service providers.^{22,24} A CHW title requires a high school diploma, brief on the job training, and some form of certification (depending on the state).^{22,24} For instance, in Texas, CHWs must complete the CHW program developed by the Texas State Department of Health Services (DSHS) which includes: 1) the completion of an approved DSHS certified 160-hour competency-based Community Health Worker training program covering the eight core competencies or 2) experience of at least 1,000 cumulative hours of CHW services within the most recent three years.²⁴ In addition to training or experience, CHWs must demonstrate the eight core competencies which include:

- 1) Communication Skills
- 2) Interpersonal Skills
- 3) Service Coordination Skills
- 4) Capacity-building Skills
- 5) Advocacy Skills
- 6) Teaching Skills
- 7) Organizational Skills, and

8) Knowledge-of specific health issues.²⁴

All eight core competencies focus on demonstrating skills to prove mastery of content, or knowledge.²⁴ Currently, each State Department of Health Services or local health department develops and provides training for CHW's.²²

Lastly, a third type of sexuality educator includes clinician/healthcare-based sexuality educators. This category can include, but is not limited to, therapists, psychologists, counselors, and social workers. All of these roles require a four year Bachelor's degree in humanities, a Master's degree in a related field (e.g., psychology, counseling, social work), completion of supervision hours in therapy related settings (hour requirements vary for specific careers), passing of the corresponding state licensure exam, and obtaining specialty certifications, if needed.²⁰ A Bachelor's degree in a humanities-related field in most college and university training programs will be content-focused, while the Master's degree portion will emphasize observation of more experienced clinician/healthcare-based educators, demonstration of relevant skills, in order to meet a predetermined hour requirement (1,000-3,000 hours of training/supervision).^{3,20,21}

One certification that is often preferred/required for clinician/healthcare-based sexuality educators is the Sex Therapy or Sex Counselor Certification developed and provided by the American Association of Sexuality Educators, Counselors, and Therapists, or AASECT.²⁰ Both the Sex Therapy and Sex Counselor certifications require: 1) core content knowledge, 2) sexuality counseling/therapy training, and 3) attitudes and values training experience.^{19,20} The first two components of this certification emphasize the observation and demonstration of skills.²⁰ However, AASECT differs from other certification and training programs because they include "Attitudes and Values Training Experience", which entails 10 hours of "structured group experience which focuses on the person's own feelings, attitudes, values and beliefs regarding

human sexuality and sexual behavior.”²⁰ AASECT is an “interdisciplinary professional organization with a history of impeccable standards for training, experience, and ethical behavior.”²⁰ AASECT views itself as the “guardian of professional standards in sexual health, in the US.”²⁰

Alongside AASECT, three other professional organizations provide continuing education and professional development opportunities that appeal to all types of educators discussed above. First, the Society for the Scientific Study of Sexuality or SSSS (commonly referred to as “quad-S”, by its members) is “dedicated to advancing knowledge of sexuality and communicating scientifically based sexuality research and scholarship to professionals, policy makers, and the general public.”²⁵

Second, the American School Health Association, or ASHA, is another professional group to which many professional sexuality educators belong. ASHA is a multidisciplinary organization of health professionals comprised of “administrators, counselors, dietitians, nutritionists, health educators, physical educators, psychologists, school health coordinators, school nurses, school physicians, and social workers.”²⁶ Third, the Society for Public Health Education, or SOPHE, is another professional organization that represents a diverse membership of health education professionals and students who are committed to supporting “leaders in health education and promotion to advance healthy and equitable communities.”²⁷

3.1.2. Theoretical Foundation & Proposed Conceptual Framework

3.1.2.1. Identity Theory

In this study, I employ Identity Theory as a framework to understand the factors/variables that influence sexuality educators’ identity, identity salience, and role self-efficacy. Identity Theory strives to explain the meaning people attribute 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.^{28(p3)} Identity theory investigates the structure and function of an individual's identity as related to the behavioral roles he/she plays in society.^{29(p266)}

To better comprehend Identity Theory and its application to the proposed conceptual framework/model, the following terms need to be defined first:

- a) **IDENTITY** – the construct refers to “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”^{1,28};
- b) **ROLE** – constitutes “a set of expectations prescribing behavior that is considered appropriate by others”^{1,28};
- c) **IDENTITY SALIENCE** – defined as “the likelihood that a given identity will be active across situations”^{1,28}; and
- d) **SELF-EFFICACY** – described as “one's belief about his/her capability to perform a designated task”³⁰.

Identity salience is a key concept in the theory.^{1,2,28} Identities are held in a salience hierarchy in which each identity is ranked according to its propensity of being activated.² In other words, a highly salient identity is an identity that manifests itself through different scenarios, and “dominates”, or is more prominent than other identities.

Identity theorists have described causal relationships between increased self-efficacy and identity salience.^{2,31} Specifically, 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.³² As Brenner and colleagues claim, there is not only a causal association, but a feedback-loop (or reciprocal determinism, according to Bandura⁴)³⁰ between the two factors: “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.”^{2(p73)}

According to Identity Theory and research evidence, the following three factors shape identity salience: 1) Person Identity, 2) Professional (role) Identity, and 3) Training.²⁸ For identity theorists Burke and Stets, Person Identity refers to a person’s qualities and characteristics (e.g., gender, religion); Professional (role) Identity constitutes one’s social position such as that of a spouse, worker, or members of specific social groups; and Training refers to the types of education as well as the exposure to skills-based education.²⁸

The relationships among constructs in Identity Theory are based on how identities operate within the self, on a person’s identity salience, and also on how these identities motivate behavior.² Specifically, identities are understood to be held in a certain level of salience/importance and, when invoked in interactions, the most salient identity prompts behavior.² The higher an identity is in the salience hierarchy, the more likely that identity will be activated.² Additionally, the higher the salience a person lends to an identity, the greater self-efficacy they report.^{2,31} Simply stated: an identity with high salience will positively affect self-efficacy in that given role and an identity with low salience will negatively affect self-efficacy in that same role.^{2,31}

3.1.2.2. Proposed Conceptual Framework

⁴ Albert Bandura, a social cognitive psychologist developed Social Learning Theory also known as Social Cognitive Theory and the construct of Self-Efficacy.³⁰

Currently, according to available literature, the United States seems to focus on skills-based training in order to foster increased self-efficacy among educators, for delivering sexuality education content.³⁻⁸ As stated above, any of these training programs emphasizes the following components: observation of more experienced teachers, demonstration of teaching skills, and facilitation of content delivery, in order to meet a pre-determined hour requirement.^{15,22} While there might be a reciprocal/feedback-loop relationship between skills and identity, none of these components focus exclusively or primarily on developing and shaping sexuality educators' professional identity or identity salience.^{3,20,21}

This study proposes, therefore, to test a conceptual framework for strengthening sexuality educators' teaching self-efficacy. The framework includes identity and identity salience variables, in addition to skills-based training, as factors that can enhance educators' confidence and, thus, may represent a useful perspective for developing guidelines and training programs, in the future.

As stated previously, according to Identity Theory and available evidence, the following three factors shape identity salience: 1) *person identity*, 2) *professional (role) identity*, and 3) *training*.^{28,33}

Burke and Stets – the main theorists who formulated Identity Theory -- describe *person or personal identity* as the “set of meanings that define the person as a unique individual rather than as a role-holder.”²⁸ Furthermore, state those authors, *person identity* is based on “culturally recognized characteristics that individuals internalize as their own and that serve to define and characterize them as unique individuals.”²⁸ Burke and Stets emphasize the persistent nature of *person identity*, stating that people don't “put-on” and “take-off” these personal identities; these “meanings form essential ingredients as to who they are.”^{28(p125)} According to these identity theorists, any “learned behavior and/or norms” (i.e., religiosity/culture, political influences,

familial background) we apply to the situations with which we are presented, are the most influential in shaping *person identity*.^{28(p127)}

For the purposes of this study, *personal identity* was segmented into 1) *person identity – religiosity* and 2) *person identity – political influence*. This separation was based on the complex characteristics that make up Personal Identity (i.e., *religiosity/culture and political influences*) and attempted to ensure they were “meaningfully measured”.³⁴ For example, identity scholars discuss the measures needed to assess the sensitive differences in the importance that people ascribe to their personal identities.³⁴

In this study, “*person identity – religiosity*” captures the religious or spiritual beliefs a person has influencing his/her role specific tasks/behavior; “*person identity – political influence*” is the construct assessing the political views one has influencing his/her role specific tasks/behavior.^{28,33} This separation between religious and political beliefs is particularly important when dealing with the topic of sexuality education. Some educators may hold to “conservative” religious beliefs, but display “progressive” political behaviors and voting.³⁵

Burke and Stets explain *professional (role) identity* as one’s “imaginative view of himself as he [*sic.*] likes to think of himself [*sic.*] being and acting as an occupant of a particular position.”^{28(p37)} Moreover, Burke and Stets state that *professional (role) identities* have a “conventional dimension, which includes the expectations associated with that particular role.”²⁸

Lastly, according to Identity Theory and the professional literature, the construct *training* refers to one’s exposure to skills-based education, its “type, and its quality”.^{28,33} Types of skills-based education can include formal and informal certification programs, professional development session(s), continuing education credits, as well as pre-service educator course content.^{28,33} The

training construct, however, is not fully developed in the theory, and lacks the depth and thorough descriptions offered for the other two constructs, *person* and *professional (role) identities*.^{28,33}

The conceptual framework for preparing sexuality educators proposed herein also includes the constructs of *identity salience* and *self-efficacy for teaching*. *Identity salience* as described above, is the "likelihood that a given identity will be active across situations."^{1,28} *Identity salience* is key to this model, because *identity salience* has been linked to self-esteem, role commitment and, more specifically, to role self-efficacy.^{1,2} *Self-efficacy* is "one's belief about his/her capability to perform a designated task"³⁰ according to Bandura.³⁰

3.1.3. Purpose of the Study

The purpose of this study is to examine the adequacy of a conceptual model (see Figure 3.1) proposed to depict the relationships among *person identity*, *professional identity*, *training*, *identity salience*, and *self-efficacy for teaching sexuality education* using data from a sample of sexuality educators (who underwent different types of professional training⁵) in the US. This study seeks to initiate critical conversations regarding professional training for sexuality educators and contribute to creating improved, more effective programs and training guidelines. Ultimately, I argue that the inclusion of identity formation and identity salience elements in training programs will aid in better equipping confident sexuality educators. Confident sexuality educators will, in turn, lead to more pronounced educational outcomes for students and to enhanced sexual health behaviors/practices among youth in the US.

⁵ The different types of training are described on page 5, under "Background"

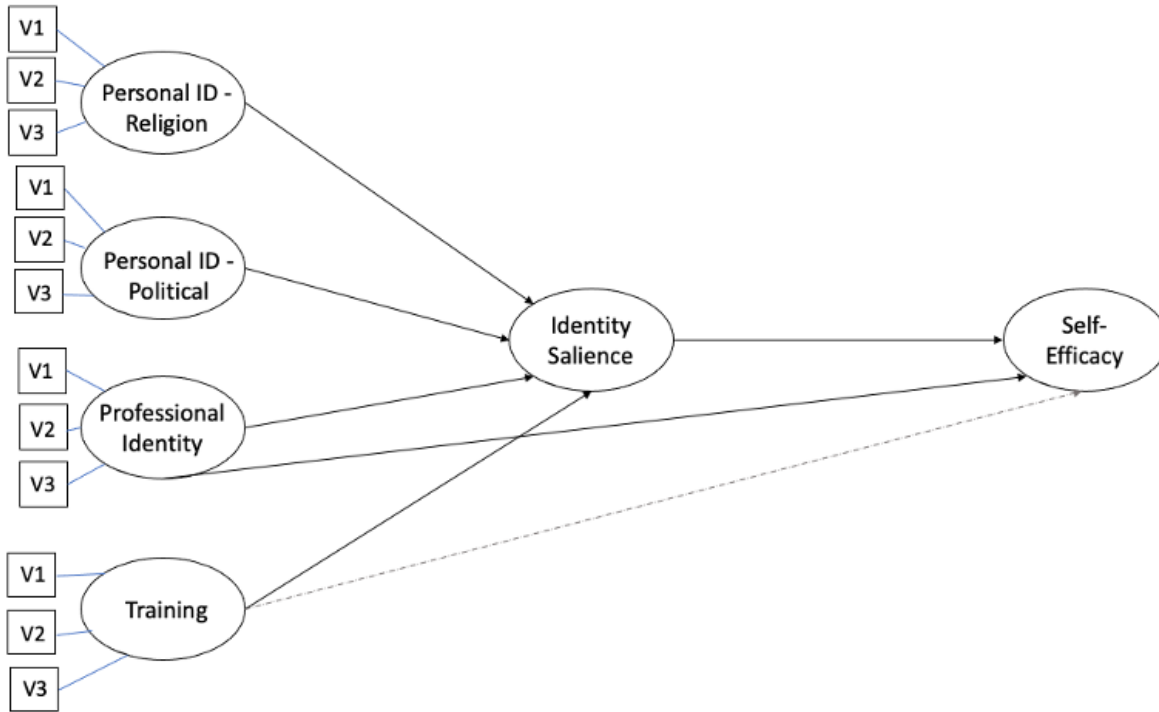


Figure 3.1. Conceptual Framework of the factors shaping sexuality educators' identity salience and self-efficacy for teaching.

3.2. Methods

In this study, I employed a quantitative approach utilizing an online survey. I chose a quantitative strategy because the research design relies on data that are observed or measured, to assess the relationships among factors shaping sexuality educators' identity salience and self-efficacy for teaching. Simply put, a quantitative design was more appropriate for this study because of its purpose, which is to examine relationships among factors as well as analyze the adequacy of fit of the proposed model, to the data sampled.

3.2.1. Sample

The survey was sent to all members of the four professional organizations described in the Background section above: AASECT, ASHA, SOPHE, as well as SSSS. A total of 1,980 email invitations were sent. I chose these professional groups to sample, because of the diverse

professionals that make up their membership: health educators, school teachers, school nurses, curriculum developers, school health researchers, policy makers, sex therapists, psychologists, clinicians, social workers, book authors, and college/university professors. Additionally, these organizations allow for a sample consisting of varying demographic, professional, and training backgrounds. The inclusion of various “types” of sexuality educators in this exploration, might better capture the gamut of experiences from those whose primary role is that of sexuality educator, alongside the experiences of those who have sexuality education as a secondary role (e.g., a sex therapist or counselor).

Specifically, this non-random sample ($n = 303$) comprised members of AASECT, ASHA, SOPHE, and SSSS who are directly and indirectly involved with sexuality education.^{20,25–27} As of 2020, AASECT had 586 members, SSSS had 401 members, ASHA had 400 members, and SOPHE had 593 members on their corresponding listservs. AASECT was included in this study’s sample because its members are directly involved with sexuality education; in addition to sexuality educators, counselors, and sex therapists, AASECT members include “physicians, nurses, social workers, psychologists, allied health professionals, clergy members, lawyers, sociologists, marriage and family counselors and therapists, family planning specialists, and researchers.”²⁰ These AASECT members share an “interest in promoting understanding of human sexuality and healthy sexual behavior.”²⁰ SSSS was chosen because of the wide range of disciplines among its members, who are directly involved in sexuality education in some capacity, including “anthropologists, biologists, educators, historians, nurses, physicians, psychologists, sociologists, theologians, therapists, and many other disciplines.”²⁵ ASHA and SOPHE were selected also due to their varied memberships.^{26,27} Each organization has sexuality education professionals as well as health educators who are tasked with delivering sexuality education content. It is reasonable to

expect that such differences in professional roles might translate into variability in professional identities.

3.2.2. Data collection

After obtaining Institutional Review Board (IRB) approval – and approval from each organization’s leadership -- I emailed each membership listserv biweekly over a 6-week period. Each group was emailed separately, within the 6-week period, with 2-week interval reminders. The emails consisted of an invitation to participate in the study, alongside study details, the link to the Qualtrics® online survey, and IRB-approved informed consent document.

Once participants clicked on the Qualtrics® online survey link, they were taken to the Informed Consent page. If they agreed to participate in the study, they were prompted to the next screen, which presented the beginning of the survey. If they did not consent, they were prevented from continuing.

Overall, invitations to take part in the study were sent to 1,980 email addresses, between October and December 2020, and 363 responses were collected. Of these, 60 were deleted because the survey was never started, resulting in a final sample size of 303. The response rate for each professional group cannot be determined because I did not send separate links to the different organizations’ membership listservs. However, the overall response rate (for all organizations combined) was 15.3%, well within the 10-20% range deemed acceptable for online surveys.³⁶

Once data were collected, I uploaded them into Excel before exporting to SPSS® and STATA® for analyses.^{37,38} Data were managed and cleaned in SPSS®. Data cleaning consisted of removing the 60 blank responses from the dataset, because the respondents did not start the survey. Additionally, I examined the missing data and determined that the largest amount of missing data was 7.3%, well below the 10%-15% mark deemed acceptable³⁹ (see Appendix C for missing data

percentages by individual items in the survey). Given the amount of missing data was below acceptable thresholds, I used the imputation method and assigned the mean value of the scaled variable, to the missing scores in the dataset.^{39,40}

3.2.3. Instrument & Measures

This study's questionnaire was designed to measure: (1) demographic characteristics of respondents; (2) *person identity – religiosity*; (3) *person identity – political influence*; (4) *professional identity*; (5) *training*; (6) *sexuality educator identity salience*, and (7) *self-efficacy for teaching*. These measures and individual items are presented in Appendix C. All items for *person identity – religiosity*, *person identity – political influence*, *professional identity*, *sexuality educator identity salience*, and *self-efficacy for teaching* were adapted from existing scales (detailed below); responses were captured on a 4-point Likert scale in which 1 represented “strongly disagree” and 4, “strongly agree”. The *training* measure consisted of one item and was informed by the literature review completed in Chapter 2; responses ranged from 1-6 and captured participants' sexuality education preparation: 1 represented “Certificate Program”; 2, “Higher education course(s)”; 3, “Professional Development”; 4, “Teaching license conferred by a state agency”; 5, “none”; and 6, “other”.

When constructing the survey instrument, I employed cognitive interviewing with 6 individuals who were graduate students in the field of Health Education ($n=5$) (not included in the final sample) and an expert in Identity Theory ($n=1$) (not included in the final sample). Cognitive interviewing can help survey developers collect validity evidence based on survey content and the thought processes that participants engage in while completing survey questions.⁴¹ The cognitive interviews allowed for the refinement of questions to ensure respondents understood what each question was asking. The feedback on the instrument was positive and those who provided the

feedback completed the survey without hesitation or misunderstanding. The only comments provided related to expanding the options under “race/ethnicity” and “religious/spiritual identity” and including “community health worker” as an option under “professional role”.

3.2.3.1. Person Identity - Religiosity

To measure *person identity* specific to *religiosity* or the “religious or spiritual beliefs a person has influencing his/her role specific tasks/behavior,”²⁸ I adopted the 10-item Religious or Spiritual Identity Salience scale, proposed by Case and Chavez.⁴² The Religious or Spiritual Identity Salience scale “measures the importance one places on his/her religious and spiritual beliefs.”⁴² Case and Chavez claim they assessed the scale’s construct validity and reliability, but did not report scores or details.⁴² A sample item from this scale is, “My religion or spiritual beliefs help me make decisions about what is right and wrong.”⁴² With this study’s sample, scores reflected strong internal consistency ($\alpha = .96$).

3.2.3.2. Person Identity - Political Influence

To measure *person identity* specific to *political influence* or the “political views one has influencing his/her role specific tasks/behavior,”^{28,33} I adapted the 10-item scale proposed by Case and Chavez.⁴² I adapted the items from the Religious or Spiritual Identity Salience scale to capture political views, specifically, in an attempt to distinguish clearly between religious beliefs and political beliefs. As previously stated, Case and Chavez reported assessing the instrument’s construct validity and reliability but did not report details of their assessment.⁴² A sample of an adapted item from this scale is, “My political beliefs influence my sense of duty and responsibility.” Similar to the Religious or Spiritual Identity Salience scale, with this study’s sample the scores reflected strong internal consistency ($\alpha = .97$).

3.2.3.3. Professional Identity

To measure *professional identity*, one's "imaginative view of himself as he [*sic.*] likes to think of himself [*sic.*] being and acting as an occupant of a particular position,"^{28(p37)} I adopted the Professional Identity and Values scale developed by Healey.⁴³ The Professional Identity and Values scale (PIVS) was developed for the field of counseling and contains two subscales: 1) Professional Orientation and Values and 2) Professional Development.⁴³ The Professional Orientation and Values subscale has been employed in previous studies.^{43,44}

The items I adopted in this study stem from the Professional Orientation and Values subscale, specifically, because this subscale corresponds to the stages of professional advancement through which a counselor progresses during identity development and was most appropriate for the purpose of the proposed conceptual framework.⁴³ According to Healy and Hays, the Professional Orientation and Values subscale demonstrated face and content validity as well as acceptable internal consistency in their assessment ($\alpha = .80$).⁴³ Items were adapted to reflect the current study's context; for example, one item was "I have developed a clear role for myself within the sexuality education profession."⁴³ This scale's internal consistency/reliability was also high for this study's sample ($\alpha = .83$).

3.2.3.4. Training

To assess respondents' exposure to *training*, or the "type of education and/or preparation"^{28,33} they received, I asked participants "Which of the following best describes your sexuality education preparation?" with the following response options: certificate program, higher education course(s), professional development, teaching license conferred by a state agency, none, or other. The *training* item was informed by the scoping review in Chapter 2. Among the studies in the Scoping Review, Vidovic & Domovic describe training as the "institutional preparation of curricula, teaching methods, school-based practice."^{45(p124)} In the study completed by Vidovic and

Domovic the authors acknowledge that both quantitative and qualitative measures for assessing training/formation or attempts to develop teacher's professional identity are relatively scarce.⁴⁵

3.2.3.5. Sexuality Educator Identity Salience

Given there are no scales/items designed specifically for measuring sexuality educators' *identity salience* — defined as the "likelihood that a given identity will be active across situations"^{1,28}— I adopted Callero's 5-item Blood Donor Identity Salience Scale.⁴⁶ Since Callero developed this scale to measure identity salience of blood donors, many service management, as well as one athletic training study, have adapted this scale to their purposes and contexts.^{46,47,48} The Blood Donor Identity Salience Scale demonstrated acceptable reliability in previous studies, ranging from $\alpha = .81$ to $.91$.^{46,47,48} A sample of an adapted item from this scale is, "Being a sexuality educator is important to who I am."³¹ The scores generated by the scale demonstrated strong internal consistency/reliability in the current study ($\alpha = .90$).³¹

3.2.3.6. Self-Efficacy for Teaching Sexuality Education

Finally, to measure *self-efficacy for teaching*, or "one's belief about his/her capability to perform a designated task,"³⁰ I adopted Schwarzer, Schmitz, and Daytner's 10-item Teacher Self-Efficacy scale.⁴⁹ The Teacher Self-Efficacy scale was created to assess perceived self-efficacy with various professional responsibilities within the teaching profession.⁴⁹ According to Schwarzer, Schmitz, and Daytner, the Teacher Self-Efficacy scale demonstrated acceptable reliability ($\alpha = .82$).³⁰ A sample item from this scale, adapted for this study is, "I feel confident in my role as a sexuality educator." The scores generated by this scale also demonstrated acceptable reliability in this study ($\alpha = .93$).

3.2.4. Data Analysis

I employed Structural Equation Modeling (SEM), using Stata® version 17,³⁸ to explore relationships among *person identity*, *professional identity*, *training*, *identity salience*, and *self-efficacy for teaching* among sexuality educators. SEM was the most appropriate analysis for this study's data because, according to Beran and Violato, it “provides a flexible framework for developing and analyzing complex relationships among multiple variables that allow researchers to test the validity of theory using empirical models.”⁵⁰ Additionally, one advantage to using SEM is its ability to manage measurement error, the absence of which is a limitation in most other analytical techniques.⁵⁰

For the SEM analysis, I eliminated option 6, “other” from the *training* variable which measured participants' sexuality education preparation. I attempted to recategorize the “other” responses into existing options (e.g., certificate program, higher education course(s), professional development, teaching license conferred by a state agency, and none) but those that selected “other” provided responses like “using the Bible as a guide”, “self-taught”, and “clinical guidance from medical professionals”. Based on these specified responses I chose to eliminate option 6, “other” from the response scale.

Using SPSS® version 27,³⁷ I first inspected the data for non-normality and collinearity. Analysis of descriptive statistics included data missingness (see Appendix C), frequencies, mean scores, standard deviations, skewness, kurtosis, and Pearson's correlation coefficients.

Next, I conducted a Confirmatory Factor Analysis (CFA) using SPSS® version 27,³⁷ to assess the relationship between observed variables and their underlying latent constructs.

3.3. Results

3.3.1. Sample Characteristics

The sample ($N = 303$) consisted of 78% *women*, 16% *men*, and 6% *non-binary individuals*. The participants predominately identified themselves as *White/Caucasian* ($n = 235, 77.6\%$), followed by *Black or African American* ($n = 31, 10.2\%$), and *Hispanic or Latinx* ($n = 13, 4.3\%$). Participants' ages ranged from 35-44 ($n = 86, 28.4\%$), followed by 25-34 ($n = 9, 22.8\%$), and lastly, 45-54 ($n = 55, 18.2\%$).

The sample comprised various religious and spiritual designations, the most frequent options include *Christian* ($n = 85, 28.1\%$), *Other* ($n = 72, 23.8\%$), *No Religious or Spiritual Identity* ($n = 61, 20.1\%$), *Catholic* ($n = 33, 10.9\%$), and *Spiritual but Not Religious* ($n = 30, 9.9\%$). The sample also was diverse with respect to education, with almost half (43.9%) of participants having earned a *Master's degree*, 32.7%, a *doctoral degree*, and 17.5% of respondents reporting a *Bachelor's degree*.

Likewise, the type of sexuality education participants received varied: nearly one third of the sample received *no sexuality education* ($n = 90, 29.7\%$), 25.7% were exposed to *abstinence only* ($n = 78$), 23.1%, to *abstinence plus* ($n = 70$), and 21.5% said they had received *comprehensive sex education* ($n = 65$). Various professional roles were represented in the sample: *community educators* ($n = 62, 20.4\%$), *social workers* ($n = 56, 18.8\%$), *clinicians* ($n = 53, 17.4\%$), and *counselors/therapist* ($n = 45, 14.8\%$).

The *type of training* participants acknowledged receiving was *professional development* ($n = 100, 33\%$), followed by *higher education courses* ($n = 95, 31.4\%$), *certificate programs* ($n = 20, 6.6\%$), and *teaching licenses* ($n = 18, 5.9\%$). Moreover, 12.5% ($n = 38$) said they received “*none*”, and 9.6% ($n = 29$) said they received *other* types of training. Participants' experience working as a sexuality educator (time in the profession) varied, but the most commonly chosen category was *0-2 years* ($n = 98, 32.9\%$), followed by *15+ years* ($n = 86, 28.4\%$), and *6-10 years*

($n= 54$, 17.8%). Finally, the majority of the sample had *no professional certifications* specific to their role as a sexuality educator ($n= 158$, 52.1%), while one-third alluded to having *one relevant certificate* ($n= 104$, 34.3%). Table 3.1 displays the full sample's demographic characteristics.

Table 3.1. Demographic characteristic of a sample of sexuality educators (N=303) from four professional groups in the US (AASECT, SSSS, SOPHE, and ASHA).

	<i>N</i>	<i>Percent</i>		<i>N</i>	<i>Percent</i>
<i>Gender</i>			<i>Professional Role</i>		
Man	47	15.50%	Clinician	53	17.40%
Woman	237	78.20%	Community Health Worker	25	8.20%
Non-binary	19	6.30%	Counselor/Therapist	45	14.80%
<i>Age</i>			Educator (Community)	62	20.40%
18-24	11	3.80%	Educator (Higher Education)	30	9.90%
25-34	69	22.80%	Educator (K-12)	2	0.70%
35-44	86	28.40%	Psychologist	21	6.80%
45-54	55	18.20%	Researcher	9	3.00%
55-64	44	14.50%	Social Worker	56	18.80%
65+	38	12.50%	<i>How long have you been a sexuality educator</i>		
<i>Race/Ethnicity</i>			0-2 years	98	32.90%
American Indian or Alaska Native	6	2%	3-5 years	38	12.50%
Asian	7	2.30%	6-10 years	54	17.80%
Black or African American	31	10.20%	11-15 years	27	8.90%
Caucasian	235	77.60%	15+ years	86	28.40%
Hispanic/Latinx	13	4.30%	<i>Type of sexuality education received</i>		
Native Hawaiian or Pacific Islander	3	1%	Abstinence only	78	25.70%
Biracial or Multiracial	7	2.30%	Abstinence + (plus)	70	23.10%
<i>Level of Education Completed</i>			Comprehensive	65	21.50%
High School Diploma or Equivalent	2	0.70%	None	90	29.70%
Associate's Degree	7	2.30%	<i>Type of sexuality education preparation</i>		
Bachelor's Degree	53	17.50%	Certificate Program	20	6.60%
Master's Degree	133	43.90%	Higher Education Course(s)	95	31.40%
Professional Degree	8	2.60%	Professional Development	100	33.00%
Doctorate	99	32.70%	Teaching License (by state agency)	18	5.90%
<i>Number of Professional Certifications</i>			None	38	12.50%
0 certificates	82	27.10%	Other	29	9.60%
1 certificate	89	29.40%	<i>Religious or Spiritual Identity</i>		
2 certificates	63	20.80%	Buddhist	3	1.00%
3 certificates	37	12.20%	Catholic	33	10.90%
4+ certificates	32	10.50%	Christian	85	28.10%
<i>Number of professional certifications directly related to role as sexuality educator?</i>			Hindu	1	0.30%
0 certificates	158	52.10%	Jewish	15	5.00%
1 certificate	104	34.30%	Muslim	2	0.70%
2 certificates	21	6.90%	Spiritual but not religious	30	9.90%
3 certificates	6	2.10%	No religious or spiritual identity	61	20.10%
4+ certificates	2	0.70%	Other	72	23.80%

Table 3.2. provides the descriptive statistics for each of the latent variables in the model; specifically, the means, mode, median, midpoint of the range, and what percentage of the sample scored below/above the midpoint. Table 3.2 reveals participants had moderately high *religious or spiritual identities* with a mean score of 3.03 (SD: 0.74; range: 1 – 4) and nearly 80% scoring above the midpoint of the scale. However, participants had moderate *political influence* scores with a mean of 2.37 (SD: 0.85; range: 1 – 4), and 56% of participants scoring below the scale’s midpoint.

Participants had moderately high levels of sexuality educator *professional identity* with a mean of 2.85 (SD: 0.61; range: 1 – 4), and 76% scoring above the midpoint. Additionally, participants exhibited strong sexuality educator *identity salience*, with a mean score of 3.07 (SD: 0.65; range: 1 – 4), and 80% scoring above the scale’s midpoint. Lastly, almost all participants had a high *self-efficacy* score with a mean of 3.21 (SD: 0.49; range: 1 – 4), and 93% scoring above the midpoint.

Table 3.2. Descriptive statistics: means, mode, median, and midpoints for the factors shaping sexuality educators’ identity salience and self-efficacy for teaching.

Name	No. of items	Range of Responses	<i>M</i>	Mo	Md	Midpoint of the Range	% Below midpoint	% Above midpoint
1. Person ID - Religion	10	1-4	3.03	3.03	3.00	2.5	20.1%	79.9%
2. Person ID - Political	10	1-4	2.37	1.00	2.38	2.5	56.4%	43.6%
3. Professional ID	3	1-4	2.85	2.67	2.85	2.5	23.8%	76.2%
4. Training	1	1-5	-	3.00	-	-	-	-
5. Identity Salience	5	1-4	3.07	3.00	3.06	2.5	19.5%	80.5%
6. Self-Efficacy	9	1-4	3.21	3.00	3.14	2.5	6.6%	93.4%

Table 3.3. provides the descriptive statistics and bivariate (Pearson’s) correlations of the factors shaping sexuality educators’ *identity salience* and *self-efficacy for teaching*. None of the variables correlated strongly with others, nor was there any problem with the data’s distribution (i.e., the data met the assumptions for normality). Bivariate correlations ranged from -0.203 to 0.548, falling below a multicollinearity cutoff of 0.80.⁵¹ In this study, skewness ranged from -.93 to .01 and kurtosis ranged from -0.73 to 0.85, values that fall within the acceptable range for conducting SEM.⁵² According to Brown, “when utilizing SEM, acceptable values of skewness and kurtosis [fall] between - 3 and + 3.”⁵²

Table 3.3. Descriptive statistics and bivariate correlations of the factors shaping sexuality educators’ identity salience and self-efficacy for teaching.

Name	Range of Responses	M	SD	SK	CU	α	Pearson’s <i>r</i>						
							1	2	3	4	5	6	
1. Person ID - Religion	1-4	3.03	0.74	-.93	.75	.96	--						
2. Person ID - Political	1-4	2.37	0.85	-.05	-.73	.97	-.03 ^{NS}	--					
3. Professional ID	1-4	2.85	0.61	-.34	.79	.83	.235**	.281*	--				
4. Training	1-5	-	-	-	-	-	-	-	-	--			
5. Identity Salience	1-4	3.07	0.65	-.56	.13	.90	-.107 ^{NS}	.287**	.548**	-.203**	--		
6. Self-Efficacy	1-4	3.21	0.49	-.23	.85	.93	.024 ^{NS}	.227 ^{NS}	.536**	-.016 ^{NS}	.376**	--	

Note: ** $p < .01$; * $p < .05$; ^{NS} Not Statistically Significant

3.3.2. Measurement Model

This study’s sample data demonstrated acceptable fit to the model. Information about the goodness-of-fit indices is shown in Table 3.4 and discussed further below. I provide detailed CFA results in Appendix C, listing each item with its corresponding factor loadings. All factor loadings exceeded the 0.7 cutoff demonstrating convergent validity.⁵³ [See Appendix C for individual item/factor details]

Finally, a maximum likelihood estimation was used and resulting goodness-of-fit measures were assessed for the measurement model. The full mediation model outlined in Figure 3.2 did show acceptable fit to the data ($\chi^2 = 1526.09, p < .001$; RMSEA = .06, 95% CI: [.06, .07]; CFI = .92; TLI = .91).⁵⁴ Therefore, this structure was accepted and used for further analyses.

3.3.3. Structural Model

Global fit indices for the data demonstrated strong fit to the structural model ($\chi^2 = 1431.96, p < .001$; RMSEA = .06, 95% CI: [.07, .08]; CFI = .91; TLI = .90).⁵⁴ Therefore, the data represented an adequate fit to the full-mediation structure proposed.

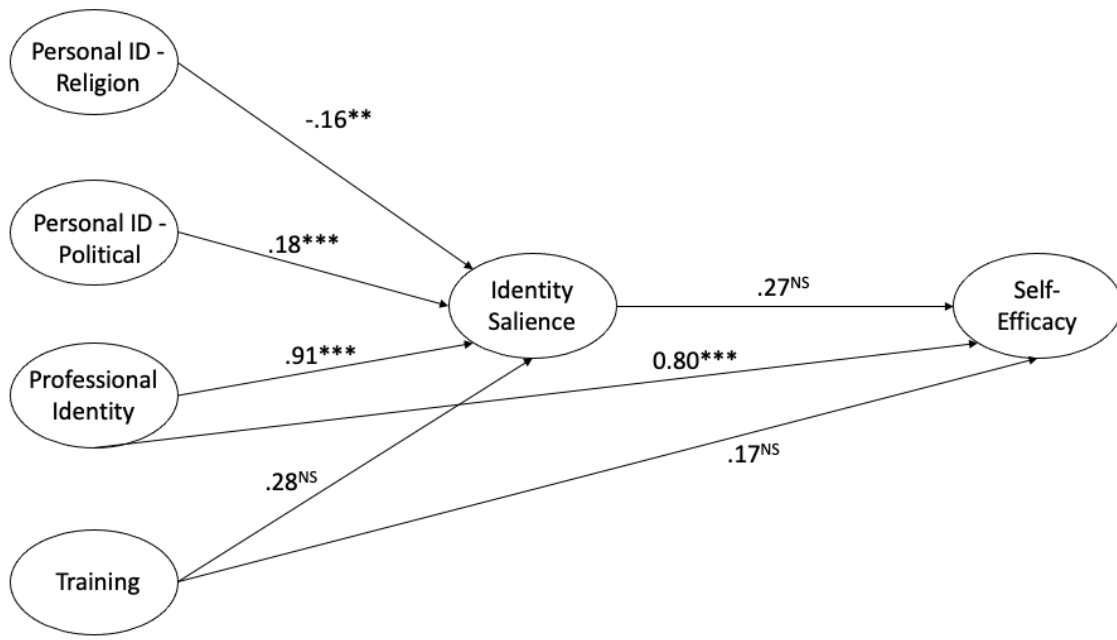
Table 3.4. Goodness-of-fit statistics for CFA analyses of the proposed conceptual framework of the factors shaping sexuality educators’ identity salience and self-efficacy for teaching.

Fit Measures	χ^2	χ^2 / df	RMSEA	CFI	TLI
Values	1431.96***	2.24	.06	.91	.90
Recommended Values	$p < .05$	1- 4	<.06	>.90	>.90

Note: *** $p < .001$

After accepting the structural model, I evaluated each of the relationships among its variables (Figure 3.2). I first assessed the relationships among the latent variables, *person (religiosity and political influence) identity, professional identity, training, and identity salience*. *Person identity – religiosity* exhibited a negative and statistically significant relationship with *identity salience* ($\beta = -.16^{**}$). *Person identity – political* and *professional identity* both had a positive and statistically significant relationship with *identity salience*: $\beta = .18^{***}$ and $.91^{***}$, respectively. *Training*, however, did not exhibit a statistically significant relationship with *identity salience* ($\beta = .28^{NS}$).

I then examined the relationships among *professional identity*, *training*, *identity salience*, and *self-efficacy for teaching*. *Professional identity* demonstrated a positive and statistically significant relationship with *self-efficacy for teaching* with $\beta = .80^{***}$. *Identity salience* and *training*, however, were not significantly associated with *self-efficacy for teaching*, with $\beta = .27^{NS}$ and $\beta = .17^{NS}$, respectively.



Note: *** $p < .001$; ** $p < .01$; * $p < .05$; ^{NS} Not Statistically Significant

Figure 3.2. Structural model results for the proposed conceptual framework of the factors shaping sexuality educators’ identity salience and self-efficacy for teaching.

I also evaluated the model for any mediating effects⁶ *identity salience* might have had, between *professional identity* and *self-efficacy for teaching*, as well as between *training* and *self-efficacy*. (See Table 3.5)

⁶ A mediating effect corresponds to an “indirect effect of an independent variable on a dependent variable that passes through one or more mediator variables.”⁵⁵

Results indicated that the indirect effect (mediated through *identity salience*) of *professional identity* on *self-efficacy* was nonsignificant $\beta = 0.16^{NS}$. The indirect effect of *training* on *self-efficacy*, also, was nonsignificant $\beta = -0.04^{NS}$. According to these results, *identity salience* had no mediating effect within the model and did not support the proposed mediation hypothesis. Simply put, *identity salience* does nothing to explain the relationship between *professional identity* and *self-efficacy*, i.e., *identity salience* is not a mechanism through which *professional identity* shapes/influences *self-efficacy*.

Table 3.5. Mediation analysis for the proposed conceptual framework of the factors shaping sexuality educators' identity salience and self-efficacy for teaching.

Name	Direct Effect	Indirect Effect	Total Effect	Effect Size f^2
Professional ID → Identity Salience → Self-Efficacy	.80***	.16 ^{NS}	.96***	.76
Training → Identity Salience → Self-Efficacy	.17 ^{NS}	-.04 ^{NS}	.13 ^{NS}	.02

Note: *** $p < .001$; ^{NS} Not Statistically Significant

3.4. Discussion

The purpose of this study is to examine the adequacy of a conceptual model proposed to capture the relationships among person identity, professional identity, training, identity salience, and self-efficacy for teaching human sexuality.

The data fit the proposed model well and revealed interesting relationships among its factors. *Person identity – religiosity* had a negative, statistically significant relationship with identity salience, meaning: participants with higher religiosity scores (or for whom religion was valued/important) exhibited lower identity salience scores. *Person identity – political and professional identity*, both had a positive, statistically significant relationship with *identity salience* meaning: participants exhibiting weaker beliefs regarding how politics influences their behaviors

and higher professional identity scores exhibited higher identity salience. *Training* had no significant relationship with *identity salience*; simply put, the type of sexuality education received had no relationship with participants' identity salience scores. *Professional identity* demonstrated a positive, statistically significant relationship with *self-efficacy for teaching*; in other words, participants with higher professional identity scores (or for whom professional identity was important) also demonstrated higher self-efficacy. *Identity salience* and *training*, both had no significant associations with *self-efficacy for teaching*. Additionally, *identity salience* had no mediating effects within the model and did not support the proposed mediating hypothesis, i.e., *identity salience* did not contribute to explaining the relationship between *professional identity* and *self-efficacy*.

Contrary to expectations, there was no significant direct effect between *training* and *self-efficacy for teaching*, with a beta coefficient of 0.17^{NS} and an effect size (f^2) of 0.02. According to Cohen, an $f^2=0.02$ or less indicates an effect size close to zero, thus, sexuality educators' *training* had practically no association with their *self-efficacy for teaching human sexuality* (93% of participants scored above the scale's midpoint, indicating strong self-efficacy).⁵⁶

Given the emphasis in current training programs in the US on skills-building and teaching methods, it would be reasonable to expect at least a modest association between *training* and *self-efficacy*. The fact there is no association in this sample suggests important questions surrounding current sexuality educator training efforts. Specifically: should sexuality educator training programs continue to place more emphasis on skills and techniques than on the development of professional identity – given that, in this study, professional identity and self-efficacy had a strong association, yet training seemed not to have affected self-efficacy in any way?

When reviewing the professional literature specific to preparing sexuality educators in the US, the inclusion of identity formation and/or identity salience is not evident, and all training guidelines appear to over-emphasize the mastery of skills and methods.³⁻⁸ As described earlier, the guidelines and standards for sexuality educators in schools, communities, and health care settings focus on components such as demonstration, planning, implementation, or modeling to reach a desired skill; few incorporate components related to attitudes, beliefs, and personal values.^{99,22,23} Furthermore, in a scoping review of this literature (see Chapter 2), none of the US-based studies addressed the topic of educators' professional identity, while several international studies examined and reported identity formation and identity salience as affecting role self-efficacy.^{1,2,16}

As stated above, in this study's sample, sexuality educators' *professional identity* had a positive and statistically significant relationship with *self-efficacy for teaching human sexuality* with a beta coefficient of 0.80*** and an effect size (f^2) of 0.76. According to Cohen an $f^2=0.35$ or greater indicates a large effect size, thus, sexuality educators' *professional identity* had a large/strong association with *self-efficacy for teaching human sexuality*.⁵⁶ Based on these findings, it appears that including, or at least further exploring, a professional identity development/formation component into the existing skills-based training programs could be advantageous for increasing sexuality educators' self-efficacy. Identity theorist Day, for one, advocates including and investigating identity formation and its relationship to teacher self-efficacy: "If identity is a key influencing factor on teachers' sense of purpose, self-efficacy, motivation, commitment, job satisfaction and effectiveness, then investigation of those factors which influence positively and negatively, the contexts in which these occur and the consequences for practice, is essential."^{57(p206)}

There is little data on the professional identity formation of sexuality educators, but as Preston states, data on teachers in general show that the development of a professional identity is influenced by many factors, and that a “teacher's identity must be examined as multifaceted, made up of several sub-identities that interact with one another depending on the context, the socio-historical place, and the particulars of a given situation.”^{12,58}

Parker J. Palmer in his book, “The Courage to Teach”, discusses the topic of including identity/identity formation from a “big picture” perspective, while acknowledging the risks inherent in dealing with teachers’ identities.⁵⁹ He claims, nonetheless, that starting the conversation and asking the hard questions within the profession/training efforts (which, in his case are educators in general)⁵⁹ is paramount: “If identity and integrity are more fundamental to good teaching than technique (skills) – and if we want to grow as teachers – we must do something alien to academic culture: we must talk to each other about our inner lives – risky stuff in a profession that fears the personal and seeks safety in the technical, the distant, and the abstract.”^{59(p12)}

Based on the findings from this study, specifically the positive significant relationship among professional identity and self-efficacy for teaching, it seems as though developing or forming educators’ professional identity during the preparatory stages of their careers could be beneficial because professional identity is “fluid”, rather than static.^{15,16,45,60} “Fluid” refers to the notion that one’s professional identity can change over time given a certain situation or environment, therefore this identity, during training, is potentially malleable and susceptible to growth.¹⁵

Some professional training in the US, such as that provided by the American Association of Sexuality Educators, Counselors, and Therapists (AASECT) includes “Attitudes and Values

Training Experience” as a requirement for certification, which focuses on “the person’s own feelings, attitudes, values, and beliefs regarding human sexuality and sexual behavior.”²⁰ Certification developers and supervisors state it is “strongly recommended that this experience occur early in the applicant’s training to be most beneficial.”²⁰ To the best of my knowledge, AASECT is possibly the only sexuality education professional organization that provides a certification with any identity-focused element.²⁰ It is important to note, however, that AASECT’s Attitudes and Values Training Experience accounts only for 10 of the 160 hours required for certification.²⁰

3.4.1. Recommendations for Theory, Practice, and Research

Alongside their contributions, the results from this study suggest several recommendations for improvement within the field of sexuality education. Future theory development will require re-framing the model proposed here, based on the resulting pathways among factors. It may be interesting, for example, given the lack of mediating effect from *identity salience*, to explore whether the factor has a moderating effect on the model’s variables (e.g., whether the model, as a whole, “behaves” differently for participants with stronger, versus weaker, identity salience).

Regarding practice, sexuality educator training programs could begin enhancing (or adding) professional identity formation components into their curricula.³⁻⁶ It is imperative that professionals in the fields of sexuality and health education start questioning current programmatic efforts and initiate a conversation regarding how to best train/develop future sexuality educators.

Future research would do well to carry out more studies that focus on measuring sexuality educators’ *training*. To the best of my knowledge, there are no existing standard measures for the training of sexuality educators (or educators in general, for that matter) (see Chapter 2). Developing multidimensional, sound measures for *training* would be beneficial for future

researchers in operationalizing the training construct, multi-dimensionally and comprehensively. More research specific to measuring sexuality educators' training also can help overcome ambiguous understandings and inconsistencies when using the term. Ultimately, developing standard measures for sexuality educators' training could lead to improved understandings of the term resulting in robust implications for theory and practice.

3.4.2. Study Limitations

Despite its contributions, this study suffers from specific limitations. First, as the data were self-reported by the participants, recall biases might be present. Second, while the sample in this study is adequate in size for conducting a SEM analysis, it constituted a non-randomized sample. Therefore, findings from this study cannot be generalized to the population of sexuality educators in the US, despite qualitative, wide-spread representation from various national professional groups.

The study also suffered from measurement-related limitations: first, this study did not ask participants to identify their professional group affiliation resulting in the inability to capture how many participants were from each organization, and to analyze how each group performed independently in the model (albeit the numbers for each group might have been too small to perform these analyses, even if able). Second, to measure *training*, this study utilized a single item. The choice to use a single item was based on the information gained from the Scoping Review reported in Chapter 2. To the best of my knowledge, there are no other available measures to assess types of *training* of sexuality educators. Despite this limitation, the measurement model resulted in an adequate fit.

Lastly, it is important to keep in mind that conceptual models such as the one tested in this study are based on linearity assumptions, i.e., presuppositions that the factors relate to each other

in a linear fashion (more of one variable is associated with more [or less] of another variable, in a specific sequence and single direction). Given the factors in the proposed model, as well as their interactions are, in fact, dynamic over time, the linear assumptions made here may not be the best representation of *professional identity*, *identity salience*, and other similarly complex factors. Future researchers, therefore, should consider exploring these phenomena using complex dynamic systems modeling and analyses.⁶¹

These limitations notwithstanding, this study makes an important contribution to the sexuality education literature by exploring a neglected dimension of sexuality educators' professional development and by initiating critical conversations regarding their present and future training efforts. Such conversations, ultimately, should lead to the development of improved, more effective preparation programs, more confident educators, and healthier populations.

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4. PRE-SERVICE HEALTH EDUCATORS' PERSPECTIVES OF FACTORS INFLUENCING THEIR PROFESSIONAL IDENTITY DEVELOPMENT AS SEXUALITY EDUCATORS

4.1. Introduction

Does the training sexuality educators receive in the United States shape their *identity* as sexuality educators? Developing sexuality educators' identity is important because a highly salient identity contributes to increased role self-efficacy, according to available evidence.^{1,2}

Identity is 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.”^{1,3} Identities are held in a salience hierarchy in which each identity is ranked according to its propensity of being activated.^{1,3} Identity salience is the likelihood that a given identity will be active across situations.^{1,3} Identity salience has been linked to self-esteem, role commitment, and more specifically, role self-efficacy.^{1,2} 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.⁴

As found in Chapter 2, despite receiving substantial amounts of skills-based training to deliver classroom content, sexuality educators in American schools are experiencing low self-efficacy.⁵⁻⁶ Among various factors that shape and influence an educator's self-efficacy is his/her *professional identity*.³ Understanding the factors influencing sexuality educators' identity, beyond skills based training, can contribute to improving training programs and, subsequently, educators' self-efficacy, performance, and student outcomes.^{1,2,7}

Therefore, the purpose of this manuscript is to describe pre-service health educators' perspectives of how their *professional identity* -- regarding their role as health educators who teach sexuality education in the United States - developed.

4.1.1. Significance

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 decisions about sexual health and relationships.⁵⁻⁶ Among sexuality educators, pre-service educators are uniquely positioned to provide information regarding their perceptions of factors influencing their professional identity.^{1,2} Specifically, pre-service health educators can provide feedback related to the wants and needs of a person amid his/her training. For this reason, this chapter/study centers on pre-service educators' views and experiences.

Currently, the majority of the professional literature focuses on skills-based training and professional development of sexuality educators, emphasizing improved self-efficacy for implementing sexuality education content.^{5,8,9,10,11,12} However, this emphasis appears to contradict the evidence from studies conducted over the last 20 years, which demonstrate low self-efficacy rates among sexuality educators, despite skills-based training efforts.^{5,8,9} One example of low self-efficacy is seen in a 2016 study conducted in Rhode Island in which only 30% of sexuality educators reported feeling “very confident” teaching sexuality education.⁹

4.1.2. Background: History

4.1.2.1. “Sexuality Education” Defined

Over the last 30 years, organizations responsible for training sexuality educators in the United States have made impressive breakthroughs including establishing a comprehensive

definition of sexuality education, developing standards for bridging research and practice, as well as influencing legislation.¹³

Having a comprehensive definition, or a definition that “most professionals agree upon”, for instance, is important for sexuality education guidance across the United States.¹⁴ More specifically a comprehensive definition of sexuality education reaffirms consistency and reflects organizations’ professional commitments in relation to sexual and reproductive health.¹³ For years, sexuality researchers and educators have utilized varying definitions of sexuality education because of its complex history, particularly in the school setting.¹⁵

The definition of sexuality education has varied over the years for several reasons and has corresponded with sexuality education’s historical development¹⁵. Several key historical markers regarding policies, federal funding, organizational developments, and political leadership in sexuality education, especially in schools, can be identified starting in the 1960s.¹⁵ In 1960, American society’s attitudes towards sex education moved beyond disease prevention and encouraged more open communication around sexuality. The support to teach sexuality education in schools, however, was still being debated across the US.¹⁵ In 1964, Dr. Mary Calderone, the medical director for the Planned Parenthood Federation of America, founded the Sexuality Information and Education Council of the United States (SIECUS) due to her concern that young people and adults lacked accurate information about sex, sexuality, and sexual health.¹⁶ Later, in the early 1980s, the debate between a more comprehensive approach to sex education in schools, which included information about sexual health (i.e., contraception, sexually transmitted infections, healthy relationships and safety) — and abstinence-only programs, began to surface.¹⁶ In 1981, Congress passed the Adolescent Family Life Act (AFLA), or the “chastity law”. The

AFLA supported and funded abstinence-only educational programs to “promote self-discipline and other prudent approaches” to adolescent sex education.¹⁶

In 1990, SIECUS convened the National Guidelines Task Force, a panel of experts that developed a framework within which communities could design effective curricula and/or evaluate existing programs.¹⁶ In response to the comprehensive vs. abstinence-only education debate, the Guidelines for Comprehensive Sexuality Education (Kindergarten - 12th grade) emerged in 1991 in full support of comprehensive sexuality education programs.¹⁶ Subsequent editions were published in 1996 and 2004 which provided the basis for most comprehensive sexuality education programs developed today.¹⁶

Although current decisions are made at the state and local levels about which specific sex education programs are offered in US schools, the federal government influences programs in local schools and communities by offering grant support for school-based efforts.^{15,16} Between 2004 and 2008, five reports, including research scientist Douglas Kirby’s and U.S. Representative Henry Waxman’s, documented that abstinence programs are ineffective, do not help young people delay sexual intercourse, do not reduce risk-taking behaviors, and often include inaccurate information.¹⁶ These findings notwithstanding, president George W. Bush's administration (January 2001-January 2009), funded many organizations that supported abstinence-only approaches which, oftentimes, were sub-contracted by schools to teach sexuality education.¹⁶ This funding shifted, under former president Obama’s term, beginning in 2009, when that administration transferred funds from Abstinence Education Programs, and budgeted \$190 million in new funding for two new sex education initiatives: the Teen Pregnancy Prevention Program (TPPP) and the Personal Responsibility Education Program (PREP).¹⁶ These two sex education initiatives (TPPP and PREP) are how the Obama administration and the U.S. Congress encouraged a new era of sex

education in the U.S., moving towards “*evidence-based teen pregnancy prevention programs and more comprehensive and innovative approaches to sex education.*”¹⁶ The Trump administration (January 2017 – January 2021) tried to reverse the initiatives (TPPP and PREP) by cutting funding to these programs and returning to abstinence-only programs, once again but was unsuccessful.^{15,16} In 2022, there has not been, to the best of my knowledge, any public information available on President Biden’s plans for sexual education reform.¹⁶

The brief history outlined above provides a snapshot of the influences impacting the development of the term “sexuality education”. In 1975 the World Health Organization’s (WHO) definition of sexual health education was: “Sexual health is the integration of the somatic, emotional, intellectual, and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication, and love.”¹⁷ After almost 45 years, the term “sexuality education” has evolved into a more comprehensive term and, most recently, in 2018, SIECUS developed an agreed upon definition:

... age, developmentally, and culturally appropriate, science-based, and medically accurate information on a broad set of topics related to sexuality, including human development, relationships, personal skills, sexual behaviors, including abstinence, sexual health, and society and culture. Its various dimensions involve the anatomy, physiology, and biochemistry of the sexual response system; identity, orientation, roles, and personality; and thoughts, feelings, and relationships.¹⁵

4.1.2.2. Professional Training of Sexuality Educators in the US

Currently, the United States has a variety of training programs and certifications designed specifically for preparing sexuality educators to teach in schools or community-based settings.¹⁴ The role of school sexuality educator requires having a Bachelor’s degree in an education-related field as well as passing the corresponding state board exams.¹⁸ A community-based sexuality

educator, often referred to as a “Health Education Specialist”, must obtain at least a Bachelor’s degree; a certification may be preferred, depending on each state’s requirements.¹⁹

One certification often required for community health educators is the Certified Health Education Specialist (CHES) developed and provided by the National Commission for Health Education Credentialing (NCHEC).¹⁹ All of these training and certificate programs emphasize the following components: observation, demonstration, presentation, and facilitation, in order to meet a predetermined hour requirement (60-1,000 hours of training)^{18,19} [See Chapters 2 and 3 for details.]. None of these components account for factors shaping professional identity or identity salience.^{5,12,20}

The American Association of Sexuality Educators, Counselors and Therapists (AASECT) — currently the organization offering the most comprehensive certificate program in terms of time and commitment — requires an “Attitudes and Values” training module for its Sex Therapy and Counselor certification, which focuses on “the person’s own feelings, attitudes, values and beliefs regarding human sexuality and sexual behavior.”¹² To the best of my knowledge, AASECT is one of the only sexuality education professional organizations providing a certification that requires any “identity” focused element.¹² Despite this positive feature, it is important to highlight that this Attitudes and Values Training Experience accounts for only 10 of the 160 required hours for certification.¹² It is also important to note that this certification is for *sex therapist* and *counselors*, not sexuality educators in schools or community-based settings. To the best of my knowledge, sexuality educators in schools and community-based settings do not require an Attitudes or Values element in their respective trainings.

To teach sexuality education in American public schools (K-12), teachers must complete a four year Bachelor’s degree in an education-related field and pass the corresponding State Board

exams to become certified.⁹ To obtain a Bachelor’s degree in an education-related field, most college or university training programs have similar requirements, emphasizing the following components: observation of more experienced teachers, demonstration of teaching skills, and facilitation of content delivery, in order to meet a predetermined hour requirement. A Bachelor’s degree and State Board exams are the only accepted option across the United States. To become a Community Health Educator, one must obtain at least a Bachelor’s degree, and certification may be preferred based on the State’s requirements, focused on facilitation of content delivery and demonstration of a desired skill.¹⁹

In addition to training and certification opportunities, the National Sexuality Education Standards (NSES) were created in 2012 by the Future of Sex Education (FoSE⁷), to help sexuality educators provide clear, consistent, and straightforward guidance on the *core content* for sexuality education for students in grades K–12.²¹ The goal of FoSE was to ignite a national dialogue about “the future of sex education and to promote comprehensive sexuality education in public schools.”²¹ The NSES outline the fundamental knowledge and skills determined essential for students to make healthy decisions regarding their development and adult sexual well-being.²¹ In 2020, the 2nd edition of the NSES was developed to include the advancements in research regarding sexual orientation, gender identity, social, racial, and reproductive justice.²¹

In 2014, FoSE developed the *National Teacher Preparation Standards for Sexuality Education* to better inform preparation programs and establish guidelines for sexuality educators.¹¹ These standards identify seven areas teacher-candidates should demonstrate to effectively teach

⁷ FOSE is a collaboration between three national sexuality education organizations: *Advocates for Youth, Answer,* and *SIECUS*.²¹

sexual health education after graduation: “1) Professional Disposition; 2) Diversity and Equity; 3) and Professional Ethics: 5) Planning: 6) Implementation; and 7) Assessment.”¹¹

4.1.3. Background: Theory

Typically, qualitative research studies do not follow deductive reasoning, beginning with theoretical propositions and hypotheses. This study, however, is part of a larger project designed to assess professional identity among sexuality educators. The project, which utilized a mixed-methods approach, was informed by Identity Theory. It was impossible, therefore, to approach the qualitative portion of this study with a completely blank slate and ignore how Identity Theory informed my (the author’s) perceptions and approach to the data analysis. ^{1,3}

Identity theory strives to explain the meaning people attribute 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.^{3(p3)} Identity theory investigates the structure and function of an individual’s identity as related to the behavioral roles he/she plays in society.^{25(p266)} This project seeks to describe pre-service health educators’ perspectives of how their professional identity developed regarding their role as health educators who teach sexuality education.

Professional (role) identity, a construct in Identity Theory, is defined as one’s “imaginative view of himself [sic.] as he [sic.] likes to think of himself being and acting as an occupant” in a particular role.³⁽³⁹⁾ Professional (role) identities have a *conventional dimension*, which can include cultural and social expectations as well as an *idiosyncratic dimension* which is a person’s own understanding of what the professional (role) means to them.³⁽³⁹⁾ For example, a conventional dimension of a professor identity may include meanings of one as an educator and researcher, whereas an idiosyncratic dimension of a professor identity may include protector of students.³⁽³⁹⁾

According to Identity Theory, professional (role) identity is impacted by cultural (historical, geographical, and familial factors, e.g., nationality) and social expectations (group memberships that shape norms, attitudes, and behaviors, e.g., socioeconomic status) as well as by one's idiosyncratic perception of a given role.³ Some individuals adhere rigidly to the culturally and socially defined behaviors attached to their roles, while others adopt unique behaviors not directly attached to those roles.³ Specifically, individuals learn meanings of a professional role in interaction with others; simply put, professional (role) identities acquire meaning through the reactions of others.³

Available literature (see Chapters 2 & 3) documents an over-emphasis on skills-based programs that equip school and community-based sexuality educators with the knowledge and skills needed to implement sexuality education content.^{5,8-12} These programs, however, have overlooked the identities and values trainees embody while they attempt to master new teaching/professional skills.^{5,8,9,10,11,12}

4.1.4. Purpose

I conducted semi-structured interviews with clinical teachers at Texas A&M University (TAMU) to explore pre-service health educators' perspectives of how their professional identity – regarding their role as health educators who teach sexuality education in the United States – developed. I chose pre-service health educators because they are at the end of their training and can, potentially, identify whether the training addressed (or failed to address) factors related to professional identity development. Furthermore, pre-service health educators can confirm whether there is, indeed, an over-emphasis on skills mastery in their professional preparation. Finally, I can learn to what extent pre-service health educators see the need to have identity factors and/or development addressed in their training.

4.2. Methods

This study's design utilizes interviews and is grounded in qualitative research. I chose a qualitative approach, using semi-structured interviews, because their purpose is to “gather information from key informants who have personal experiences, attitudes, perceptions and beliefs related to the topic of interest”.^{26(1),27} According to Lincoln and Guba (1985), “semi-structured interviews are an effective method for data collection when the researcher wants: 1) to collect qualitative, open-ended data; 2) to explore participant thoughts, feelings and beliefs about a particular topic; and 3) to delve deeply into personal and sometimes sensitive issues”.²⁷

Also, I employed a content analysis to interpret the “text data through the systematic classification process of coding and identifying themes or patterns.”²⁸ This design belongs to a constructivist paradigm, an “approach that asserts that people construct their own understanding and knowledge of the world through experiencing things and reflecting on those experiences.”^{26,27,29, 30(p669)}

4.2.1. Sample

Clinical (also known as student or pre-service) teachers (N=10) at TAMU were chosen as the sample to be interviewed as they are in the midst of their training and have not yet established a career role. Clinical teachers are a sample of convenience, given my role as a graduate teaching assistant as well as my ease in accessing them. The sample consisted of 9 women and 1 man. Seven (n=7) were undergraduate School Health students and 3 were Master's students in Health Education (with emphasis in School Health), enrolled in their clinical (student) teaching semester, which is the final requirement of their degree program. Additionally, the majority of participants were between 20 and 24 years old ($n = 9$) and one student was between 30 and 35,

I chose to sample clinical health educators, because they will most likely implement sexuality education content or be faced with sexuality-education-related questions at some point in their careers. The pre-service health educators who participated in this study are unique in that they receive training in a variety of health topics including, but not limited to, nutrition, physical activity, mental, emotional, social, and environmental health, alongside human sexuality. These pre-service educators receive a K-12 Health Teaching Certificate in addition to the Bachelor's (Or Master's) degree, upon completion of their training.

4.2.2. Data Collection

I sent a recruitment email to Health clinical teachers at TAMU inviting them to participate in the study. I collected data through individual semi-structured interviews with volunteer participants – following an interview guide -- during September and October 2020. All interviewees signed IRB consent forms and agreed to be audiotaped. Interview times ranged from approximately thirty-five minutes to an hour. I completed all interviews using a password-secured computer and Zoom as the video-chat platform. I began each interview obtaining informed consent as approved by the TAMU IRB and signatures were sent by email. Once consent was given, I ensured the participant was comfortable with the interview being recorded. All (N=10) participants gave permission to have their interviews audio recorded. I continued data collection until saturation was met.³¹ Glaser and Strauss describe saturation as “no additional data are being found... the researcher becomes empirically confident that a category is saturated.”^{31(p. 61)}

I asked participants basic demographic questions (e.g., gender, age, year classification) followed by a series of open-ended questions regarding their person identity, professional identity, training exposure, identity salience, self-efficacy for teaching sexuality, and experiences implementing sexuality education content. These questions constituted the Interview Guide and

was informed by the literature review I conducted prior to this study, reported in Chapter Two. The Interview Guide includes specific questions about participants' experience of becoming a health educator, their health/sexuality educator training experience, and their self-efficacy when implementing sexuality education content (see Appendix D for Interview Guide).

I removed all identifiers from transcripts and codes to ensure no linkages between data and participants were available. I developed field notes immediately following each interview and used them when analyzing data to recall participants' attitudes, comfort, and any behaviors observed during the interviews.

4.2.3. Data Analysis

I manually transcribed all interviews and utilized the qualitative data analysis software ATLAS.ti 9.0.7 for attaching codes to specific units of meaning in the transcriptions.³² In Atlas.ti, a code is "a word or short phrase that symbolically assigns a summative meaning to a portion of language-based or visual data".³² In other words, one should think of a code as a label or tag that signifies the text's central meaning.³² After coding, I summarized the prevalent codes and identified specific themes using *a priori codes*. The *a priori codes* came from Identity Theory constructs, specifically the two dimensions of professional identity: conventional and idiosyncratic.³

Additionally, I used Lieblich's holistic content analysis to guide the assessment of interview transcripts.²⁸ I chose this analytical approach because it generates the major themes in texts.²⁸ For conducting this analysis, Lieblich suggests that 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, and (4) keep a record of the themes as they occur in the text."²⁸ I employed Lieblich's holistic content analysis strategy while using Atlas.ti for housing the data securely and

for systematically coding.^{33,34} Subsequently, I summarized codes to form themes, using the *a priori codes* discussed previously.³

To ensure trustworthiness, I followed the Standards for Reporting Qualitative Research (SRQR), ensuring the 21 items required for complete, transparent reporting of qualitative research were addressed.^{27,35,36}

4.2.3.1. Positionality

As the study's main author, I conducted and transcribed all interviews, as well as performed all data analyses. I understand I bring biases to the study, which include my being in favor of adding identity formation to health/sexuality educators' training, as well as my strong beliefs in the value of sexuality education. I am strongly in favor of adding a professional identity development/formation component, because in my undergraduate and graduate training experiences, I have witnessed the benefits to my own identity. My strong support for attending to professional identity development/formation in professional training programs, emerges not from a place of identity *conflict* but from a desire for establishing and exploring what this role (sexuality educator) is and how I can be the best/most effective educator in my role. Furthermore, I was exposed to sexuality education topics throughout my pre-service/graduate training, which may not be the "norm" for other preparation programs across the United States. Given this exposure, I may have developed increased confidence and comfort in discussing more "sensitive" topics. The exposure may have also helped solidify my identity as a sexuality educator and awarded this identity significant salience or importance in my professional life.

4.3. Findings

According to Identity Theory, professional (role) identity consists of two distinct, interacting dimensions: conventional and idiosyncratic.³ The *conventional dimension* comprises the cultural and social expectations of a professional (role) and the *idiosyncratic dimension* consists of a person's own understanding of what the professional (role) means to them.³⁽³⁹⁾ Therefore, when analyzing the data provided by the sample, I summarized their reflections regarding how their professional identity developed (and which factors influenced that development) within these two major categories/themes: Conventional Influences/Factors and Idiosyncratic Influences/Factors.

4.3.1. Theme 1: Conventional Influences/Factors

All ten study participants discussed factors Identity Theory classifies under the *conventional* realm as influencing their perspectives of how their professional identity developed. All participants referred to cultural and social expectations of sexual health as conventional elements shaping their professional identity.

4.3.1.1. Family Values

All ten study participants recall the impact of family values on how they viewed health topics, more specifically sexual health.

Eight participants discussed how their rigid religious/cultural upbringing led them to believe that discussing sexual health and sexuality education was shameful. One participant described how her rigid upbringing led her to develop a stronger sense of professional identity — particularly related to helping others feel safe asking questions and sharing information:

Then, my parents being traditional and religious, it [sexual health] was even more taboo and perceived as bad to talk about. Then when talking about it [sexual health] at church, I always felt awkward and wrong for asking questions. So now being the health educator and sexuality

educator, I want to help other people not feel the awkwardness about it [sexuality education] and to feel comfortable to ask the questions, because then they can make better choices and are more informed. I do not want others to feel the discomfort and shame I felt when I had questions regarding sexuality education topics in my home and at church. [Participant #1, Female, 22 years old]

Two participants, however, explained their family values and upbringing as drastically different. They described themselves as not coming from a rigid set of ideals and not having to “become comfortable” in their role. More specifically, one participant described this absence of religious/cultural influence this way:

I definitely think that I'm more comfortable in my role talking about sexual health and sexuality education as well as some of the more controversial topics because I myself have been very separated from having a black and white personal belief system. Really strictly, one way or the other, because I didn't really grow up with a specific religious background or an extreme cultural influence... that's something that I've come to learn more about with peers who have drastically different beliefs about it [sexuality education]; they sometimes have to get comfortable with the topics where I don't ever really feel uncomfortable. [Participant #9, Female, 23 years old]

4.3.1.2. Parental/Guardian “Openness” to talk about sexual health

Nine of the ten participants discussed their parents’/guardians’ willingness (or lack thereof) to talk about sexuality as a factor influencing their identity as a sexuality educator. More specifically, seven participants described their experience of little to no conversations about sexual health in the home or with their parents/guardians, as impacting their perspective of sexuality education/health. The seven participants reported feelings of discomfort and described viewing sexuality education/sexual health, while growing up, as taboo. One participant summarized their experience as:

... we knew growing up it was just kind of like a conversation we had with mom and then that was the end of it. We weren't allowed to ask questions or talk about sex anymore and then it [sexuality education] was taboo. It was very taboo. It took me longer to become okay talking about it in a teaching environment because of the taboo nature I associated with it [sexuality education].
[Participant #7, Female, 22 years old]

Two participants, however, described their parents/guardians openly talking about sexual health, and such openness affecting how they perceived sexual health and how they approached their role as sexuality educators. Those that had unrestricted conversations about sexual health and sexuality education at home reported feelings of “comfort surrounding the topic [sexual health]” [Participant #9, Female, 23 years old]. One participant recounts their upbringing regarding conversations about sexual health and sexuality education:

I've gone through my training, but I also came from a background where it [sexuality education] was openly discussed. I mean, my parents didn't hold special conversations about it [sexuality education] ... It was more of, we had these small little, like, brushes of discussion about sexuality. But these made us understand we could talk about it, it was never discouraged or built up to be this big thing, making it not weird to talk about in front of others or in the classroom. [Participant #10, Female, 22 years old]

4.3.1.3. Societal Beliefs/Opinions

All ten participants described societal beliefs/opinions as factors impacting their identity as health/sexuality educators. More specifically, they alluded to how the opinion or beliefs of others regarding sexual health influenced their comfort with their sexuality educator role.

Four participants expanded on how others' views towards sexual health, and how sexuality education was (or was not) taught to them, impacted their professional identity. More specifically, one participant recalls their community and school environments treating sexuality education as

something to be *ignored*. They added that they would have not known about the profession if they had not left their “community/social bubble”. They summarized their experience in this manner:

It became clear how important some topics were. Reflecting on my life and I was, like, well I didn't get any of this knowledge growing up. My parents never talked about it and teachers avoided the subject. I learned that through my peers and health organizations on campus, that many people are ashamed to talk about this [sexual health] and it's not supposed to be like that. Growing up I was taught to never talk about sex and if I did, it was bad. It wasn't until I got out of my hometown and in college that I realized it's okay to talk about it. I would not have known I could do this [become a sexuality educator] if I wouldn't have left my bubble at home.

[Participant #5, Female, 20 years old]

Three participants discussed the controversial nature of sexuality education influencing how they navigated their professional identity as a sexuality educator. One participant described the field of sexuality education and how she tries to navigate her role as,

... it took a lot of learning and unlearning of what sexual health actually was, especially when I started to consider myself a sexuality educator. I remember at the beginning of my methodology courses feeling judged by others for teaching it [sexual health]. My family, friends, and even some peers would have opinions about what content I should or should not include in my lessons or where it should be taught at [setting for the implementation of sexual health content]. Because I had to deal with so many people feeling so strongly one way or the other about sexual health, I had to take a bit to understand sexual health in my own words. Having this understanding made me develop my own sense of myself in a sexuality educator role. [Participant #2, Female, 21 years old]

4.3.1.4. Peers' willingness to have health-related conversations

Three participants talked about their peers influencing their professional identity development, by being “weird” about sexuality education or “not taking it seriously” [Participant

#1, Female, 22 years old]. One participant stated how their peers' attitudes towards sexuality education and sexual health influenced how they felt in their role as a sexuality educator:

I think it's normal to talk about [sexual health], but my friends are weird about it and say we can't talk about it because it's a shameful/bad topic. They would make conversations awkward, and I used to be too embarrassed to continue. My friend's reactions used to make me avoid the topic of sexual health altogether. But after being around them and their response to sexual health topics it made me want to be more confident in my role as someone who teaches sexuality topics. [Participant #10, Female, 22 years old]

Similarly, one participant described how, at one time, his peers acting immaturely when discussing sexual health topics impacted how he felt in his role as a sexuality educator. But now that he identifies as a sexuality educator, he views such immaturity, differently: "... now that I am someone who has taught sex ed, there are some situations with friends, where I'm, like, "How old are you?" I have learned to not be bothered by it, address it, correct that person, and move on". [Participant #3, Male, 24 years old]

Another participant expanded on her peers' immaturity as a factor influencing her identity as a sexuality educator; more specifically, the comfort she developed in her role as a sexuality educator despite immature peers. She explains this experience:

I've advocated for sexuality education and my peers were not taking it seriously. They were trying to make fun of it and even making people [peers] embarrassed or uncomfortable. Thankfully, I know how to handle situations like this now, but before I would have not known what to do and probably shut down, been quick to redirect to a less sensitive topic, or totally not own up to what I was originally discussing. I didn't want the other people who were at our booth to think sexual health is wrong to talk about, so I talked to them afterwards letting them know it is completely normal to have questions and want to talk to someone about sexual health topics. [Participant #1, Female, 22 years old]

4.3.1.5. Training

Seven participants emphasized their training experiences as influencing their professional identity development as sexuality educators. They referenced, in particular, those professors in their health educator preparation courses who allowed trainees to explore who they were as both individuals and educators, regardless of past belief systems.

Participants also alluded to the value of the time spent in their preparation program. Specifically, they referred to that time as providing the opportunity to talk freely about sexual health topics, without undue pressure regarding how they should or should not think. One participant described her preparation program experience:

My time in health education has exposed me to a way around it [family and cultural influences] and I even have taught my parents, like it's okay to talk about health and sex... you [parents] don't have to be so close minded. Sexuality education has given me a different perspective, as I get older and am thinking about children in the future. I want to talk openly about this with my children, like, I don't want it to be something that's so taboo and shameful. The last 2-3 years have been eye-opening and given me the time to understand who I am as an individual without my family's influence. I have been given the space to talk about health and sexuality education freely and become comfortable in discussing sensitive topics. [Participant #1, Female, 22 years old]

Additionally, one participant recalled the significance of the time given in her course work, dedicated to creating a safe environment, not only for the students, but for the teacher as well. She referred to that time as a way to overcome personal conflict that arises, as well as to feel more at ease in her role as a sexuality educator. She describes the experience this way: "I think what has helped me overcome this discomfort and conflict is the time given in each course making sure that we were creating a safe environment for not only students to feel comfortable but also me as the sexuality educator". [Participant #4, Female, 34 years old]

Lastly, one participant discussed the skills portion of their training as receiving sexuality education content, methodology strategies, and classroom management approaches but not as key to developing professional identity. In fact, she outlined the need to address professional identity issues (without explicitly saying it) by summing up the dissonance between professional responsibilities and personal beliefs. She stated: “I also think we have been taught how to deliver sexuality content and manage the classroom but not how to handle the personal conflict that arises within us while we are delivering the content. Knowing what to do when I feel uncomfortable or having a moment of conflict could be helpful when teaching sexuality content or any other sensitive topics”. [Participant #4, Female, 34 years old]

4.3.2. Theme 2: Idiosyncratic Influences/Factors

Lastly, all ten of the study participants discussed *idiosyncratic factors* impacting the development of their professional identity regarding their role as health educators who teach sexuality education. Idiosyncratic factors are a persons’ own understanding of what the professional (role) means to them.⁽³⁹⁾ The most commonly described factors were “Realizing the impact of their role as a sexuality educator”, “Defining their role”, and “Identity Conflict”.

4.3.2.1. Realizing the impact of their role as a sexuality educator

Three participants described having a realization, during their training, about the impact their role as sexuality educators had on others; this realization influenced how participants valued their role. The three participants describe this realization similarly, and how it helped develop their professional identity by adding meaning to their role. Participants described their role as a sexuality educator as that of being able to “change someone’s life” and being able to “invest in others and

impact someone for a lifetime”. Participants described the meaning of their role as: “someone they can look back and think about... and hopefully I will be able to make a lasting impact on their life”. [Participant #2, Female, 21 years old & Participant #5, Female, 20 years old] A third participant similarly describes this value of her role as a sexuality educator as:

I value my role as a sexuality educator, because there is a lot of things that are too taboo, too weird, and too awkward to talk about. So, people don't do it. That's why we see some of the trends that we see, like, in my school that I'm [student teaching] at I see a lot of pregnant girls in junior high. I think it's an important role to be able to answer those questions factually with correct information. Because if they're getting information, and from their friends, so it's probably not true. So, I now see my role as very valuable and I want to do more as a sexuality educator. [Participant #8, Female, 21 years old]

4.3.2.2. Defining their role

Seven participants explained how conceptualizing what their role as a sexuality educator was, aided in their professional identity development. Particularly important was establishing what being a sexuality educator is, exactly, to them — not what others (e.g., cultural and social influences) say their role should or should not be. One participant reported this understanding helped her dismantle the stigma and taboo attached to sexual health on her own. This “dismantling” of the stigma attached to sexual health helped her begin to construct who she was as a professional without cultural and social influences. She states that defining her role helped develop her professional identity on her “own terms and through this process established her understanding of her role as a sexuality educator”. [Participant #4, Female 34 years old]

A second participant discussed sexuality educator responsibilities and how understanding of these responsibilities influenced her professional identity and comfort. The participant detailed

this perspective of her responsibility to disseminate information, even when she may be judged negatively for doing, so this way:

[Being a sexuality educator] is about being someone who's willing to disseminate information, even when you may be judged for it. I mentioned earlier as a sexuality educator you're in a battlefield trying to navigate what's best for everyone. I have now witnessed the responsibilities of a health/sexuality educator and know I am accountable to myself and students, these responsibilities are more important than any conflict or opposing opinion I might face.

[Participant #10, Female, 22 years old]

4.3.2.3. Identity Conflict

Four study participants discussed how experiencing a conflict between their personal beliefs and their professional responsibilities influenced their professional identity development. One participant described trying to find the balance between professional and personal beliefs this way:

I have some hesitations being in the public school sector about it [sexuality education]. This is the part where my personal identity comes into play because I feel certain ways and I have been raised with specific beliefs. Finding the balance to where I'm not telling students something that I believe isn't true, versus not pushing anything on to them. I feel comfortable talking about the subjects, as a whole. However, I would like to feel more comfortable finding the balance of doing good, both professionally but also not compromising who I am. [Participant #2, Female, 21 years old]

Additionally, one participant explained that conflict between new knowledge and personal beliefs concerning sexual health motivated her to be a better sexuality educator because she serves as a role model for others. Because of this identity conflict, she was motivated to be a better sexuality educator and developed a stronger sense of professional identity. That participant described her struggle as:

It [delivering sexuality education content] was kind of hard because some of the content was uncomfortable and teachers, like me, might be hesitant to talk about sexuality education with students. I struggled with past beliefs about sexual health being bad and something that's not to be talked about and now I am responsible for educating students about sexual health. That's when I realized, teachers need to be comfortable and confident when delivering sexuality education content. The discomfort and lack of confidence I felt made me more motivated to be a role model for my family and peers around me to be open to teaching hard topics. [Participant #4, Female, 34 years old]

Lastly, one participant describes identity conflict using the metaphor of war. In the metaphor, her role as a peace-maker and mediator is well-defined: "... it is highly intimate and personal; everyone has an opinion about it so sometimes it feels like you are at war with your own personal beliefs as well as others' beliefs. As a sexuality educator you're in a battlefield trying to navigate what's best for everyone'. [Participant #10, Female, 22 years old]

4.3.2.3.1. Handling Identity Conflict

Two study participants discussed how they handled identity conflict. Both participants described the impact of the "space" given in their course work to "overcome personal conflict that arises" as being beneficial to recognizing and handling identity conflict. [Participants 4, Female 34 years old & 10, Female, 22 years old] However, both participants mentioned needing *more* of these opportunities, where they are provided a space to manage potential conflict as it arises, not merely at the end of the course work for their degrees. One participant suggests having this "space earlier in course work", so she has time to understand and manage this conflict over time versus in a single semester. She states:

I think it was very helpful that we got to explore how we felt about certain topics like sexual health and how it impacted our teaching... but I wish we could have done it sooner and not before the

semester we clinical teach. Understanding these conflicts and hesitations with sensitive topics takes time to manage and get comfortable with. I feel like if this [space] were introduced earlier on in our teacher prep [teacher preparation/training] I could have learned more about myself and my role as someone who teaches sexuality education, sooner. I feel like, even though this space to recognize and understand any conflicts I was experiencing was a great thing, it felt very rushed. [Participant 4, Female, 34 years old]

Next, one participant discussed the benefits of the space provided in her training for overcoming personal conflict., Similar to Participant 4, however, she added a different perspective on how to approach the “space given to explore potential conflicts”. More specifically, she made a recommendation to improve this “space” by adding:

I liked that we were given the space to acknowledge conflict as we experienced it, but I think that is really just the starting point. My peers and I are so different, so I know we all felt a wide range of conflict while some might have had none. I think to make this experience better, we should be given information or guidance on what these conflicts can do short/long term, as well as strategies to cope with this conflict. [Participant #10, Female, 22 years old]

4.4. Discussion

This study aimed to explore, among a sample of 10 pre-service health educators in the US, the perspectives of how their professional identity developed regarding their role as health educators who teach sexuality education in the United States.

The most salient findings in this study include: 1) the significant impact of cultural and social influences and 2) the need for training that addresses the development of professional identity or, as participants described, the time and space to grow into who they will become as professionals.

Participants in this study detailed the significant impact cultural and social influences had on how their professional identity as health educators who teach human sexuality developed. Many of the differences among participants' views towards sexual health and how they once perceived sexuality education stems from their religious/cultural influences. Those that experienced strict and rigid religious/cultural influences, for instance, were more likely to report feelings of shame, discomfort, and wrong-doing for wanting to ask questions or talk about sexual health. In contrast, those who had less strict religious/cultural influences were more likely to feel comfortable talking about sexual health and sexuality education.

The influence of cultural and social norms/perspectives regarding sexuality education are congruent with findings from identity formation/development studies as well as with constructs within Identity Theory. The studies that explore identity formation among educators⁸ describe *person* or *personal identity* as the histories, experiences, and motivations an individual encounters.^{7,37} Pillen et al. (2013), Vidovic and Domovic (2019), Williams and Jenson (2015), and Jourdan et al. (2016) studied teachers' (pre- and in-service) professional identities and discussed *person identity* in the context of tension with *professional identity*.^{7,38-40} Pillen et al. (2013) surveyed novice teachers in the Netherlands, to map professional identity tensions.⁷ Professional identity tension refers to the phenomenon when the personal and professional side of (becoming) a teacher are not harmonized or integrated. Identity conflict/tension manifests itself the moment teachers' personal desires or beliefs do not align with what they are expected to become, professionally, as a teacher.⁷ For example, Morrison (2013), as well as Vidovic & Domovic (2019),

⁸ To the best of my knowledge, only studies conducted outside the US have assessed or examined "identities" among educators.

state: "... professional identity formation reveals that its development can be hindered by the conflict between personal and professional beliefs."^{37,40} This tension and/or conflict between identities (person and professional) was also present in the study reported herein.

Such conflict can become a source of dissonance for sexuality educators: it can lead to negative tensions between personal beliefs and professional responsibilities, can elicit feelings of discomfort during delivery of sexuality education content, and more seriously, can prevent people from engaging with the field, due to fear.^{7,9} Thus, designing training for sexuality educators that address identity development could lead to increased awareness of -- and solutions for -- potential psychological dissonance, as well as to increased confidence in dealing with identity conflict.⁴¹

The linkages among cultural and social influences on participants' professional identity is also addressed by Identity Theory. According to Identity Theory, "identities are used to define ourselves as unique individuals (person identities), role occupants (profession/role identities), or group members (social identities)."^{35(p203)} Identity theorists Burke & Stets describe the innate relationships between these influences and professional identity.³⁵

For example, in this study's sample, the social norms influencing professional identity development are invariably associated with the complex and contentious debates surrounding sexuality education in United States.⁴³ Some of these complexities, as outlined by sociologist Jane Irvine, are the "entangled political forces" and "cultural wars" complicating sexuality education in this country.⁴⁴ For this study's sample, these complexities can be impinging upon participants' professional identity development as sexuality educators by creating "turmoil" among cultural and social norms, resulting in difficulties in aligning personal and professional identities, low self-efficacy when teaching, reduced teacher retention, and overall teacher career dissatisfaction.^{4,45,46}

Participants in this study also emphasized the need for training, but not in its traditional sense. Participants did not discuss skills or skills-based training as essential to their professional development. This gap in participants' narratives is surprising, given the foci of the majority of training programs in the US^{5,8-10,12,21} In fact, participants described the training needed as the time and space to grow into who they (pre-service health educators who teach sexuality education) will become as a professional and a person. One participant, as mentioned in the findings, alluded to how her training has given her "the space to talk about health and sexuality education freely and become comfortable in discussing sensitive topics". [Participant #1, Female, 22 years old]

Although there is little research available within sexuality education, specific to identity development and professional identity, there is literature to support the need for further exploration, alongside support for the role of identity development in the education of non-sexuality educators/teachers.^{7,37} Perhaps the field of sexuality education could take a cue from the broader education field and its explorations.

Albeit rather absent from the US literature, over the last decade, professional identity in the field of education (general, not health/sexuality specifically) has gained the attention of many international researchers.^{37,47,48} The international studies that have explored professional identity emphasize the significance of addressing identity formation among pre-professionals, in particular, as they are in the midst of their training.^{7,37,38,40}

Furthermore, these international researchers mentioned above, who emphasize the significance of identity formation, discuss professional identity as "fluid", rather than "static".^{7,37,38,40} "Fluid", from their perspective, means one's identity can change over time given a certain situation or environment, in contrast to a static professional identity, which undergoes little to no change or growth over time.³⁷ One finding in the study presented here was the need for

time and space within participants' training program to *grow and develop* their professional identity. For example, one participant described her training experience as “eye-opening” and allowed her “the time to understand who I am as an individual without my family’s influence”. [Participant #1, Female, 22 years old] This finding aligns with Morrison (2013), who states professional or teaching identities *evolve*: “... the experiences of and responses to early career teaching created innumerable circumstances for the participants to develop their understandings of themselves and this information was continually used to structure their evolving teacher identities in dynamic and fluid ways.”³⁷⁽⁹⁾

As found in “*Training Matters: A framework for core competencies of sexuality educators*” published by the European World Health Organization (WHO), the three components listed as core competencies for sexuality educators are: “1) *Attitudes*, 2) *Skills*, and 3) *Knowledge*.”⁴⁹ The knowledge and skills components are not new responsibilities for sexuality educator preparation programs.¹¹ In fact, the knowledge and skills competencies are parallel to the United States National Teacher Preparation Standards for Sexuality Education.¹¹ Compared to no “formal” core competencies provided by the United States WHO, The European WHO Training Matters introduced an “attitude” training component, which was specifically included due to educators’ feedback on personal challenges faced when delivering sexuality education content.⁴⁹

The European WHO provides a summary of these challenges:

Educators refer to concerns about personal anxiety and resistance, which could be addressed in professional training. Sexuality educators are afraid, for instance, that they will violate social and cultural taboos when educating learners about sexual and reproductive health and rights, sexuality, and relationships, that they will offend parents, or that they will be accused of encouraging promiscuity and “loose” moral behavior in learners. The resistance concerns that educators mention, on the other hand, refer to the educators themselves and the question whether sexuality education is

part of their work at all, since they may originally have been trained in other areas. They report feeling uncomfortable and insecure and avoiding sensitive issues related to sexual and reproductive health and rights, sexuality and relationships.⁴⁹⁽¹⁸⁾

Although there are no core competencies for sexuality educators explicitly provided by the United States WHO, the Centers for Disease Control and Prevention has authored a “What Works: Sexual Health Education” information guide that outlines the “Keys to Success” for implementing sexuality education in the United States. The “Keys to Success” include “enough time during professional development and training for teachers to practice and reflect on what they learned (essential knowledge and skills) to support their sexual health education instruction.”^{50(p1)} Also, as mentioned in the background section of this chapter, one of the United States’ leading sexual health education initiatives, the Future of Sex Education (FoSE)⁹ developed the *National Teacher Preparation Standards for Sexuality Education*, which includes 7 standards focusing on the following components: demonstration, planning, implementation, or modeling a desired skill.²¹ This focus on knowledge and skills to create a desired outcome (i.e., increased self-efficacy when delivering sexuality education content) as addressed in the trainings and standards mentioned above, was not key to professional identity development according to the findings in this study and the sparse literature/research available (most of which comprises international studies^{32,40}).

Both the findings in this study as well as supporting international studies/resources highlight the need for including an identity development component within sexuality educator training programs.^{7,40} The juxtaposing of both skills and identity components, and its benefits, is best stated by European researcher, Christopher Day (2006): “... teacher identities are not only

⁹ FoSE. is a collaboration of leading sexuality education organizations/initiatives including Advocates for Youth, Answer, and SIECUS: Sex Ed for Social Change *who seeks to create a national dialogue about the future of sex education and to promote the institutionalization of comprehensive sex education in public schools.*¹¹

constructed from technical and emotional aspects of teaching (i.e., classroom management, subject knowledge, and test results) and their personal lives, but also as the result of an interaction between the personal experiences of teachers and the social, cultural, and institutional environment in which they function on a daily basis’.”^{51(p603)}

Findings from this study support the need for an identity formation/development component within health and sexuality educator preparation programs because it can lead to better outcomes including improved educator self-efficacy, educator retention and, lastly, job satisfaction.^{4,45,46} Findings in this study support the notion that time and space provided in health and sexuality educator preparation programs can support/encourage pre-service educators to explore their identities, manage potential identity conflict, and establish an improved sense of comfort and confidence in their role as sexuality educators.

4.4.1. Recommendations for Future Research

As few studies that focus on professional identity development among sexuality educators in the United States^{7,40} are available, the findings reported in this chapter represent an important contribution to the professional literature. They provide perspectives on how professional identities are developed among a sample of health educators being trained to teach health and sexuality education in the US.^{5,8–10,52}

Alongside their contributions, the findings from this study also raise an intriguing question for the field of health and sexuality education, namely, “How can we develop better training programs and include an identity formation dimension to them – and how can this be done in the context of such diversity of views, and polarization of opinions, regarding the topic of sexuality education?”

To begin addressing low self-efficacy experienced by sexuality educators, going beyond skills to increase self-efficacy and incorporating an identity development or identity formation component could be advantageous for preparation programs.^{7,40} Shifting the focal point of training programs and brainstorming how the inclusion of an identity formation component looks and/or fits into existing preparatory programs does not occur over night, however. I believe it would be important to start the critical conversation in the field of health and sexuality education regarding programmatic efforts to better train/form professional sexuality educators. One suggestion for starting this conversation would be to begin *learning* about best practices for helping trainees becoming *aware* of potential identity conflicts and *how* to foster safe environments for them (educators) to understand and process this conflict.

Also, more research regarding educators' professional identity, itself, is sorely needed. It also may be beneficial for research efforts to employ a variety of analysis techniques including quantitative studies, to capture the views from larger samples, as well as qualitative studies similar to the one reported here, conducted with sexuality educators, specifically.

In conclusion, perhaps the most sustaining undertaking we can engage in as a field is to take the time to understand *who* sexuality educators are, beyond what we expect them to be, professionally.

4.4.2. Study Limitations

Despite its potential to trigger important conversations in the field and development of new training curricula, this study is not without limitations. Primarily, findings from this qualitative study are not generalizable, given that qualitative research is not concerned with statistical inference to specific populations. The study's sample was one of convenience and, given its geographical location, was potentially biased by many factors. Additionally, participants in this

study were not sexuality educators, *per se*; they were clinical (i.e., pre-service) health educators, and were not enrolled in a typical “sexuality education” training program.

Lastly, because the analysis was limited by the boundaries of a content-analysis and detection of salient themes, the findings were bound by the themes that emerged from the interviews, and were tied to Identity Theory constructs that informed the study from its inception. If other analytical approaches, such as phenomenology or a narrative analysis had been employed, different insights into the sample’s professional identity development might have emerged and provided useful perspectives into the phenomenon. Future research might, therefore, consider studying similar samples as the one examined in this study (pre-service health educators), but use alternative analytical strategies.

Despite these limitations, however, the experiences shared by this study’s pre-service health educators may be extrapolated to different populations (pre-professionals) in other locations, and may be useful to guide reflection and design of future studies and training programs.

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5. CONCLUSIONS

The overall purpose of this study was to understand identity and its relationship with sexuality educators' self-efficacy. The specific aims were to: 1) Identify through a scoping review how the professional literature conceptually defines and operationalizes a) professional identity and b) the factors associated with the professional identity of sexuality educators; 2) examine the adequacy of the proposed conceptual model to capture the relationships among person identity, professional identity, training, identity salience, and self-efficacy for teaching. and 3) explore pre-service health educators' perspectives of how their professional identity — regarding their role as health educators who teach sexuality education in the United States — developed.

The scoping literature review (Chapter II) identified gaps and patterns within the literature, especially the stark gap in research examining factors associated with professional identity among educators, particularly in the United States. The findings from this scoping review contribute a broad understanding of how factors associated with professional identity of educators are being conceptually defined and operationalized in the research/social sciences literature. Findings also can be used to inform research and programmatic efforts regarding sexuality educator preparation.

The quantitative study in Chapter III provides empirical evidence supporting the contribution professional identity makes to educators' self-efficacy for teaching. In that study, I sought to test the adequacy of a proposed conceptual model, designed to capture the relationships among person identity, professional identity, training, identity salience, and self-efficacy for teaching. The data support a significant relationship between educators' professional identity and self-efficacy for teaching sexuality education, showing that those with a stronger sense of professional identity were more likely to have increased confidence in their teaching abilities.

Furthermore, the model revealed that *training* no association with or effect upon educators' self-efficacy for teaching sexuality education. While these findings cannot be generalized, given the non-random selection of the sample, they do support the inclusion of professional identity development, alongside skills-based training to strengthen educators' self-efficacy for teaching sexuality education.

The qualitative study's findings (Chapter IV) present novel perspectives of pre-service health educators regarding how their professional identity — as health educators who teach sexuality education — developed. Also, the qualitative findings support and add depth to the proposed conceptual framework, which includes an identity (personal and professional) component in addition to skills-based training (see Chapter 3). Finally, the findings from this qualitative study raise intriguing questions for the field of health and sexuality education, such as “How can we develop better training programs and add an identity formation dimension to them — and how can this be done in the context of such diversity of views and polarization of opinions regarding sexuality education?”

Ultimately, this study seeks to initiate a critical conversation regarding sexuality educator training efforts and the need to create improved, more effective training programs. The findings from each individual study, as well as the dissertation as a whole, highlight the need for researchers and program designers to pay careful attention to the construct of *identity* and its role in the professional formation of educators (sexuality educators, in particular).

Findings from this dissertation also can be used to better inform research regarding sexuality educator preparation and professional identity development. Recommendations for future research include conducting more research/studies that focus on sexuality educators' professional identity and identity formation. Further research of this kind can reveal if, in fact,

incorporating identity formation within preparation programs is beneficial and, if so, under which circumstances/settings. Such research also can reveal how sexuality educators' training needs might differ from those of their "general" educator peers. Along with conducting more studies, employing a variety of analysis techniques to capture the views from larger samples as well as assessing a more diverse sample of sexuality educators, specifically, represent worthwhile endeavors.

As stated in Chapter 4, perhaps the most sustaining undertaking we can engage in, as a field, is to take the time to understand who sexuality educators are, and what shapes and forms their sense of selves-as-educators, beyond what we expect them to be, professionally. As stated by Parker J. Palmer in his book, "The Courage to Teach", "Good teaching cannot be reduced to technique. Good teaching comes from the identity and integrity of the teacher."⁴

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APPENDIX A

EXAMPLE DATABASE SEARCH ALGORITHM

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(DE "Teacher Education" OR DE "Competency Based Teacher Education" OR DE "English Teacher Education" OR DE "Inservice Teacher Education" OR DE "Preservice Teacher Education" OR DE "Teacher Educator Education") OR (TI "teacher education" or AB "teacher education")

AND

DE "Professional Identity" or TI "professional identity" or AB "professional identity"

APPENDIX B SCOPING LITERATURE REVIEW MATRIX

Study	Publication Year	Population (Type of teacher) & Sample Size:	Field:	Grade level:	Setting where study took place:	Geography where study took place:	Training Focus:	Training Included (select all that apply)	Type of Articles	Methods	Focus on outcome variables of study (select all that apply)	Measures of outcomes variable
The Predictive Power of the Pre-Service Teachers' Self-Efficacy Beliefs upon Their Preparedness to Teach	2019	Pre-service grade school teachers (not sexuality educators) N=407	all core subjects	Elementary (K-4)	Higher education	International - Turkey	Identity/teacher formation	High impact practices	Empirical	Survey (online)	Teacher self-efficacy, Preparedness to teach	None
Self-Efficacy, Self-Esteem, and Subjective Happiness of Teacher Candidates at the Pedagogical Formation Certificate Program	2016	Grade school teacher candidates (not sexuality educators) N=556	English (oral languages, humanities, literature and composition), Social Science (history, geography and economics), Math (statistics, algebra, geometry and calculus), Foreign Languages	Not described	Higher education	International - Turkey	Identity/teacher formation	Identity formation	Empirical	Survey (online)	Teacher self-efficacy, Teacher Wellbeing, Teacher happiness	None
School health promotion and teacher professional identity	2016	In-service grade school teachers (health educators) N=49	Citizenship education	Elementary (K-4)	Not described	International - France	Identity/teacher formation	Identity formation	Empirical	Interview (face to face)	Teacher Professional identity development	Professional identity: constitutes one's social position such as spouse, worker or members of specific social groups
Teacher Self-Efficacy in SBAE Methods Coursework: A Mixed Methods Study	2019	Grade school teacher candidates (not sexuality educators) N=21	Agriculture	Not described	Higher education	Texas	Skill Building	High impact practices, Pedagogy	Empirical	Survey (online)	Teacher self-efficacy	Training (Skills based, content): refers to the types of skills-based education, exposure, and quality

Development of Teachers' Beliefs as a Core Component of Their Professional Identity in Initial Teacher Education: A Longitudinal Perspective	2019	Pre-service grade school teachers (not sexuality educators) N=150	Core curriculum	Elementary (K-4)	Higher education	International - Croatia	Identity/teacher formation	Identity formation	Empirical	Survey (in person)	Teacher Professional identity development	Professional identity: constitutes one's social position such as spouse, worker or members of specific social groups
Conflicted Identification in the Sex Education Classroom	2015	In service sex educators N=50	Sex Education	Middle School (5-8), High School (9-12)	Not described	Midwest (Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, Ohio, Wisconsin)	Conflicted Identification	Identity formation	Empirical	Interview (telephone)	Teacher Personal identity development, Teacher Professional identity development, conflict identification	Professional identity: constitutes one's social position such as spouse, worker or members of specific social groups, conflict identification
Tensions in beginning teachers' professional identity development, accompanying feelings and coping strategies	2012	Novice grade school teachers (not sexuality educators) N=182	Variety of subjects	Elementary (K-4), Middle School (5-8), High School (9-12)	Higher education	International - Netherlands	Identity/teacher formation	Identity formation	Empirical	Interview (face to face)	Teacher Wellbeing, Teacher Professional identity development	Person identity: refers to the person's qualities and characteristics (e.g. gender, religion), Professional identity: constitutes one's social position such as spouse, worker or members of specific social groups
Teacher Identity in the Early Career Phase: Trajectories that Explain and Influence Development	2013	Early career teachers (not sexuality educators) N=14	Variety of subjects	Elementary (K-4), Middle School (5-8), High School (9-12)	Not described	International - Australia	Identity/teacher formation	Identity formation	Empirical	Interview (face to face)	Teacher Professional identity development	Professional identity: constitutes one's social position such as spouse, worker or members of specific social groups

APPENDIX C CFA ANALYSES BY ITEM: PROPOSED CONCEPTUAL FRAMEWORK OF THE FACTORS SHAPING
SEXUALITY EDUCATORS' IDENTITY SALIENCE AND SELF-EFFICACY FOR TEACHING

Items	<i>M</i>	Data Missingness	SD	SK	CU	Factor Loading	<i>R</i> ²	<i>α</i>
<i>Person ID - Religion</i>								
My religious identity or spiritual beliefs influence my decisions in life.	2.89	-	0.87	-0.65	-0.09	0.76	0.46	0.96
My religious identity or spiritual beliefs influence how I treat other people	3	-	0.9	-0.81	0.06	0.76	0.64	
My religion or spiritual beliefs help me make decisions about what is right and wrong	2.94	-	0.88	-0.67	-0.07	0.8	0.45	
My religion or spiritual beliefs influence me to stand up against injustice.	3.08	-	0.86	-0.67	-0.21	0.73	0.75	
My religion or spiritual beliefs influence me to respect all people no matter their background.	3.27	-	0.83	-1.06	0.6	0.68	0.75	
My religion or spiritual beliefs influence my contributions toward the common good or community.	3.17	-	0.84	-0.88	0.25	0.7	0.86	
My religion or spiritual beliefs influence the responsibility I take to sustain our environment.	2.94	-	0.9	-0.51	-0.51	0.8	0.69	
My religion or spiritual beliefs influence my sense of duty and responsibility.	3.04	-	0.85	-0.74	0.11	0.71	0.83	
My religion or spiritual beliefs influence the degree to which I try to bring honesty and transparency to my interactions with others.	3.13	-	0.85	-0.8	0.09	0.72	0.8	
My religious and spiritual beliefs help define the goals I set for myself.	2.83	-	0.91	-0.51	-0.46	0.82	0.65	
<i>Person ID - Political</i>								
My political affiliation influences my decisions in life.	2.44	4.60%	0.96	0.02	-0.92	0.92	0.64	0.97
My political affiliation influences how I treat other people	2.2	4.60%	0.93	0.34	-0.71	0.85	0.58	
My political beliefs help me make decisions about what is right and wrong.	2.19	4.60%	0.9	0.31	-0.68	0.81	0.68	
My political beliefs influence me to stand up against injustice.	2.6	4.60%	1.03	-0.17	-1.07	0.99	0.84	
My political beliefs influence me to respect all people no matter their background.	2.54	5%	1.01	-0.02	-1.07	0.98	0.83	
My political beliefs influence my contributions toward the common good or community.	2.47	5.30%	0.97	0.01	-0.95	0.94	0.91	
My political beliefs influence the responsibility I take to sustain our environment.	2.46	5.60%	0.96	0.036	-0.9	0.92	0.87	
My political beliefs influence my sense of duty and responsibility.	2.42	5.30%	0.96	0.05	-0.92	0.92	0.83	
My political beliefs influence the degree to which I try to bring honesty and transparency to my interactions with others.	2.32	5%	0.91	0.26	-0.66	0.82	0.84	
My political beliefs help define the goals I set for myself.	2.09	5.30%	0.85	0.35	-0.55	0.72	0.6	

Professional (Role) ID								
My work as a sexuality educator is fundamentally connected to my personal spirituality.	2.34	3%	0.89	0.31	-0.61	0.8	0.87	0.83
I am sure about who I am as a sexuality educator.	3.16	3.60%	0.73	-0.75	0.73	0.72	0.75	
I have developed a clear role for myself with the sexuality education profession that I think is my individuality.	3.03	3.60%	0.77	-0.54	0.05	0.79	0.71	
Training								
Which of the following best describes your sexuality education preparation.	3.14	3%	1.42	0.01	0.3	-	-	-
ID. Salience								
Being a sexuality educator is something I often think about.	2.82	6.30%	0.82	-0.13	-0.66	0.81	0.62	0.9
I would feel a loss if I were forced to give up being a sexuality educator.	2.85	6.60%	0.88	-0.3	-0.7	0.71	0.65	
I have clear feelings about being a sexuality educator.	3.15	6.60%	0.76	-0.64	0.1	0.76	0.56	
For me, being a sexuality educator means more than just teaching facts about human sexuality.	3.53	4.60%	0.69	-1.53	1.27	0.74	0.48	
Being a sexuality educator is important to who I am.	2.99	4.60%	0.84	-0.51	-0.32	0.86	0.75	
Self- Efficacy for Teaching								
I feel confident in my role as a sexuality educator	3.16	5.30%	0.62	-0.41	0.59	0.79	0.66	0.93
I feel confident with my level of professional experience.	3.13	4.60%	0.69	-0.38	-0.24	0.71	0.5	
As a sexuality educator, I am confident that I could deal effectively with unexpected events.	3.13	5.90%	0.6	-0.27	0.56	0.87	0.79	
As a sexuality educator, I am confident in my resourcefulness, I know how to handle unforeseen situations.	3.18	5.60%	0.59	-0.4	1.14	0.82	0.69	
As a sexuality educator, I am confident I can remain calm when facing difficulties because I can rely on my coping abilities.	3.29	5.60%	0.58	-0.42	0.67	0.77	0.54	
As a sexuality educator, I am confident when I am confronted with a problem, I can usually find several solutions.	3.23	5.60%	0.56	-0.17	0.38	0.76	0.55	
As a sexuality educator, I am confident in my knowledge of sexuality education content.	3.2	6.30%	0.61	-0.35	0.43	0.76	0.51	
I am confident in my pedagogy skills when delivering sexuality education content.	3.18	5.60%	0.62	-0.43	0.7	0.75	0.5	
As a sexuality educator, I am confident teaching sexuality education content.	3.3	6.30%	0.6	-0.49	0.52	0.82	0.6	

APPENDIX D

INTERVIEW PROTOCOL

1. Tell me the story about how you made the choice to become a health educator
 - *If they do not recall a specific time/choice:*
 - Open up and ask → tell me about how you ended up here
 - Tell me how your background influenced your path to becoming a health educator

2. Health educators are responsible for teaching a variety of health topics, which ones do you feel comfortable and not comfortable with?
 - If you were tasked with teaching sexuality education, what would that be like?
 - 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

 - What does being a sexuality educator mean to you?