



EXPANDING THE SCOPE OF SCHOOL NURSING FOR COMPREHENSIVE CHILD AND ADOLESCENT HEALTH

Laila Ghalib Yehya Oraybi, Nabilah Ahmad Mohammed Asheri, Salha Ghaleb Oribi, Fatimah Omar Shame Al Semiry, Amal Mohammed Yahya Tumayhi, Munirah Aedh Al Huzari, Hamzah Abdulrahman Alkhalifah, Afaf Mohammed Hendi Hendi, Raghad Ali Alshammari, Fawaz Abdullah Al Osaimy, Reem Ageel Bashakur, Sahar Mardha Aldawsari, Hajar Mudaysh Ali Alsahabi

Abstract:

The possible involvement of nurses in health-promoting schools (HPS) initiatives is examined in this research. It makes the case that although school nurses are present all over the world, their contribution to the advancement of HPS has been minimal. This paper looks at the causes of this and suggests ways to fix it, such as using action research and working with other medical experts.

Key words: Public health, action research, school nursing, health promotion in schools, and partnership

Introduction:

A number of "settings-based" health promotion strategies were developed in the mid-1980s as a result of the World Health Organization's (WHO) Ottawa Charter for Health Promotion, which gave particular health-related settings extra emphasis (WHO 1986). These environments were first referred to as workplaces, schools, communities (villages), and homes and families in the WHO-European framework. The health-promoting university (HPU) (Dooris 2001, Beattie 2002) and the health-promoting prison (Watson et al. 2004) are among the additional settings that have since been added to the list. The health-promoting schools (HPS) movement is one of the oldest and most well-known settings; it has been called one of the most effective settings-based arenas (St. Leger 2004). The lessons and tactics that were learned and implemented from the HPS initiative have been particularly beneficial for other settings, particularly the HPU movement.

Regardless of the discipline or setting, I have maintained in recent years that all nurses have a duty to integrate comprehensive, wide-ranging, and socially-oriented health promotion and



health education reform into their practice (Whitehead 2003a,b,c, Whitehead & Russell 2004). Additionally, I have attempted to make sense of the conceptual and semantic traditions that have plagued the practice of health promotion and health education, making it challenging for nurses to define the scope of their work and the purposes of their health-related practices (Whitehead 2001a, 2003d, 2004a). Building on this, and keeping with the theme of encouraging the wider movement for settings-based health promotion in nursing, I have also identified a variety of other contexts that promote health (Whitehead 2004b,c,d). It is now suggested that the HPS should be subjected to a comparable examination. The purpose of this research is to examine and elucidate the current and potential future roles of nurses in connection to school-based health promotion initiatives. Specifically, the position of the "school nurse" is compared to other nursing-related and non-nursing affiliated disciplines. Using the 1995–2004 year ranges for each database, the bibliographical services of the Ovid, Web of Science, PubMed, and EBSCO Megafire databases were used to compile the reviewed literature. The terms "health-promoting schools" and "health-education" were employed in each instance. settings-based health promotion, health promotion in schools, health education in schools, school nurses, and school nurses.

What is the purpose of the HPS?

The Ottawa Charter for Health Promotion, which named schools as one of the settings crucial to population and public health, gave rise to the ideas that gave rise to the HPS movement (WHO 1986). Following this, a panel of experts commissioned by the WHO produced a set of guidelines relating to HPS in 1995, outlining six component areas. They were:

- the actual physical setting of the school;
 - The school's health policy;
 - The school's social atmosphere;
- Community ties (including ties to families, parents, and other organizations);
 - Self-care abilities;
- The connection to medical services (WHO, 1995).

Based on these criteria, the HPS is expected to show how it develops supportive health promotion structures to produce a healthy environment for its entire population. According to Scriven and Stiddard (2003), traditional school systems maintain a culture of limited autonomy for all students, a hierarchy, and a dominant academic role. To counter this, a deliberate attempt has been made to shift from unsuitable, customized, classroom-based approaches to disease prevention health education toward far more comprehensive structures and procedures (Rowling & Jeffreys 2000, Deschesnes et al. 2003). There hasn't been much of an influence on school population health attitudes and behaviors when HPS-related initiatives have attempted to take a standard health education approach (Schofield et al. 2003). It would be better for the HPS if it

made a determined effort to become an educational environment that supports healthy learning, living, and working through the curriculum as taught (WHO 1993). Thus, by utilizing frameworks and ideas like eco-holistic models and conceptual well-being modes, it should be able to clearly illustrate processes that promote health (Stears 1998, Konu & Rimpela 2002).

Z Several writers highlight the fact that the tenets of empowerment, democracy, cooperation, and equity serve as the foundation for significant and long-lasting HPS-related development. Sustainability, action competency, and social capital (WHO 1997, Jensen 2000, Rowling & Jeffreys 2000, Rasmussen & Rivett 2000, Morrow 2004, Turunen et al. 2004, Noble & Robson 2005). Alongside this, a health-promoting policy process that promotes involvement, self-determination, citizenship, and agency is what drives students, teachers, parents, and health agencies.

Although there has been a push to introduce comprehensive health promotion reform in the school setting, it is acknowledged that there are challenges associated with implementing HPS strategies, and as a result, they are rarely carried out as intended (Deschesnes et al. 2003, Scriven & Stiddard 2003, Smith et al. 2004, Noble & Robson 2005). To claim that all nurses and allied health professionals would have access to the facilities and resources needed to execute widespread HPS-related transformation would be naive and impractical. Numerous analyses of HPS research evaluations have come to the conclusion that, even in cases where it was intended, focused "whole-school" implementation of health promotion techniques has not always been successful (Curless & Burns 2003, Estabrooks et al. 2003). Barnes et al. (2004) provide the closest illustration of a collaborative whole-school and surrounding community health promotion capacity and process; yet, they still highlight process limits and developmental role demands in the environment. Even though the results are not as broad-ranging as expected, moving away from traditional approaches and toward more comprehensive social and legislative transformation in health promotion is still preferable.

Numerous issues that the HPS movement encounters are related to directly to its target audience, which is health promotion focused on children and adolescents. I have specifically addressed the problem of school-age individuals' experiences with their "health journey" as a prerequisite for adulthood in the literature (Whitehead 2005). In my opinion, negative health factors—like abusing illegal drugs—are often necessary for teenagers in particular to go through as a means of inquiry and experimentation. This will enable them to consider and define their place as they work toward becoming adults. The factors discussed have to do with how people might pursue the "pleasure principle," which holds that young people should evaluate health risks rationally for whatever behaviors they choose to engage in while also resisting and responding negatively to health professionals' paternalistic interventions. For example, according to Crossley (2001a,b, 2002), a combination of health education interventions that employ "overkill" (too many healthy practice messages over too long a period of time), a general mistrust of health professionals and their scientific findings, and the trait-like differences among people.

Similar to this, Rofes (2002) contends that recurrent health education tactics, which reinforce the virtues of moral behavior and subsequently better health, frequently work to aggravate the target and drive them away from the medical professional. School-age people, in particular, are among the most likely to initiate a reactance—an unwanted and uncomfortable motivational reaction to the threat or removal of an individual's freedom to determine their own health status—in response to given health interventions. They also do not respond well to paternalistic and patriarchal health interventions (Whitehead & Russell 2004, Whitehead 2005). Accordingly, Coveney and Bunton (2003, p. 166) relate the enjoyment principle that was previously mentioned by saying that:

Therefore, pleasure can serve as a focal point or "clarion call" against the forces of uninvited "authoritarian" control over personal decision-making and the intrusion of expert reason into the real world.

However, the likelihood that a health intervention will be rejected by its target population decreases with the degree of health promotion and education it provides. For example, Turunen et al. (2004) describe how to support children's reflective skills to transform crucial health-related events from negative to positive health outcomes. The WHO (2004) states that schools are a "very effective environment in which to enhance people's health," but social workers and health experts should be acutely aware that schools are also among the most challenging settings for health promotion initiatives.

The function and status of school nurses, as well as how they affect the HPS movement

Nursing inferences suggest that school-related health care is primarily the responsibility of community-based specialized nurses, such as school nurses, school health nurses, and school-based youth health nurses (various names for equivalent positions in different nations). The school nurse movement is global, with chapters from the UK, New Zealand, Australia, USA, Canada, South Africa, Sweden, Denmark, Norway, Finland, Poland, Ireland, Lithuania, Portugal, Romania, Macedonia, China, Singapore, Korea, and Taiwan. This is demonstrated by a review of the literature. It's possible that additional nations are participating that aren't covered in the literature. Nonetheless, there is a comparatively modest corpus of literature discussing the function and making the case for nurses working in educational settings. When there is literature, it is mostly published in two specialized journals: the *Journal of School Health* and the *Journal of School Nursing*. This is not in line with the idea that health promotion policies should be an essential and integrated part of the national curriculum, and that schools should be viewed as one of the most significant places for health-related growth and front-line defense for health promotion and health education intervention (Tossavainen et al. 2004).

Rather than the reactive and preventative later-life tactics that now dominated much of the previously stated literature, early positive health treatments now equate to the proactive "refocusing upstream" efforts that have become the vogue in health promotion. It is important to

note that there is a body of helpful empirical material notwithstanding the relative paucity of school nursing-related writing in the general nursing-related literature. Price et al. (1999, Guilday 2000, Borup 2002, Clausson et al. 2003, Petch-Levine et al. 2003, Selekman & Guilday 2003, Barnes et al. 2004, Bartley 2004, Croghan et al. 2004, Guttu et al. 2004, Sunar 2004, Tossavainen et al. 2004, Yoo et al. 2004) or describe nurse-implemented health-related programs in the school setting (e.g. DeLago et al. 2001, Larsson & Zaluha 2003, Berg et al. 2004, Eliason & True 2004, Turunen et al. 2004). The research has been done recently and aims to explore the role, effectiveness, and expectations of this discipline. The overarching theme of the literature typically reflects findings that the school nurse's role in promoting health has been and continues to be relatively restricted, but that there is hope for the role to grow. It's interesting to note that, of the studies that were directly mentioned above, a much greater number of them used "navel-gazing" exercises to try and define what school nursing does or ought to do, rather than doing actual health promotion/health promotion program interventions and evaluations. This may be a representation of how things are in school nursing right now. The effectiveness of school nurses as health promoters has already been questioned by Wainwright et al. (2000), Edwards (2002), Natvig et al. (2003), and Tossavainen et al. (2004), who noted that school nurses tend to concentrate on traditional activities like screening, immunization, and health problem referral, but that their actual role in promoting health is still "unclear and undefined" in ecological and environmental terms. Maughan (2003) has since called for much more research that directly links school nursing research to specific health promotional and educational outcomes. The Department of Health in the United Kingdom has created materials with the intention of directly influencing the formulation of tactics that would enable school nurses to become a significant player in child-centered public health (Department of Health 2001). According to the evidence available, this reform has not yet taken place. This study suggests that the HPS movement's guiding principles and practices should serve as the foundation for any research-related reform in school nursing. Paradoxically, the HPS is hardly acknowledged in nursing at all, let alone in school nursing. The first person to discuss the consequences of the HPS movement for nursing was Thyer (1996).

The only nursing literature that emphasizes the framework for health-promoting schools is that of Turunen et al. (2002), Chang et al. (2003), Natvig et al. (2003), Tossavainen et al. (2004), and Barnes et al. (2004). Examples of Scandinavian studies carried out under the auspices of the WHO-sponsored European Network of Health Promoting Schools are presented in the first three articles. These articles do say something, but it's not necessarily positive: Participants concentrated on their work with young people through individual consultations and health education when it came to primary health care and health promotion education. Within the framework of health-promoting schools, there seems to be less focus on methods for establishing a nurturing, healthful school atmosphere. (Barnes and colleagues, 2004, p. 322) Many of the aforementioned papers (DeBell & Everett 1998, Larsson & Zaluha 2003, Selekman & Guilday 2003, Barnes et al. 2004, Croghan et al. 2004, Yoo et al. 2004) provide evidence of inadequate training and preparation, a lack of research evidence and evaluated health programs,

role confusion, and the discipline not being appropriately recognized, valued, or resourced by managers and other health professional colleagues. The school nursing department's reputation, confidence, or morale have all suffered as a result. According to Croghan et al. (2004), these elements have contributed to a high employee turnover rate in school nursing as well as a perception of an unclear career path, particularly when compared to other community-based nursing specialties.

This section presents a rather contradictory view of school nursing. It seems to be striving for consensus over its identity and functions, but there are some obstacles in the way of comparing its achievements to successful program outcomes. Bagnall (1997) proposed nearly ten years ago that school nursing was stuck in a rut, unable to integrate with the main healthcare team and caught between the health and education services divisions. According to more recent research, the field has become neglected, confused, and plagued by inconsistency as a result of the shift towards developing the specialized function of school nurse as a subset of the community or family nurse role (McKenna et al. 2003). DeBell and Everett (1998, p. 114) have issued a warning regarding the potential repercussions of this kind of marginalization. Although the school nursing service is a valuable resource that shouldn't be lost, it is very conceivable that it will be if there is confusion about how to incorporate it into a national and local child health strategy.

Expanding the role of school nurses?

There are certain challenges in growing and improving the job of school nurses. How much money should we put into improving a service that might not be performing as well as planned? A body of high-quality outcome-based research evidence to gauge this activity must be developed alongside a cohesive and collaborative health strategy by school nurses in order to advance their position in health promotion and public health, according to recent studies (Price et al. 1999, Wainwright et al. 2000, Bartley 2004). Action research is one of the best ways to demonstrate settings-based health promotion program modification, and that is what I and a few of my colleagues have tried to promote (Whitehead et al. 2003, 2004a,b). It is recommended that school nurses give action research careful thought as a suitable cooperative, participatory, and change-focused approach to program implementation and assessment. Turunen et al. (2002) would probably agree, since they provide information on a successful action research-focused and nurse-directed HPS program in Finland. Additionally, Newell et al. (2003) made the suggestion that in order for school nursing to advance, its school nurses must assume important positions as managers and senior administrators in order to oversee and significantly impact coordinated school health programs. Libbus et al. (2003) contend that in order for this to occur, school nurses must first empower themselves to go considerably beyond the status quo. If these suggestions are followed, they will all be expensive and time-consuming to execute and none of them will be simple or quick.

What part do other nursing specialties and medical professionals play?

Here, two options are put out. Disbanding the school nurse services would be the first and, by far, the most contentious. After that, school nurses might reposition themselves inside a more comprehensive role in community and public health and, hopefully, continue to include a school health component in their overall family health role. Likewise, a proposal may be made to all community nurses to assume responsibility for the health function of a school and divide the workload. I would support a systems theory approach, such as the one put forth by Anderson et al. (2002) in their helpful community health nursing organizational model, which views the school as a component of larger community systems. Jensen (2000) also points out that in a number of Danish HPS programs, school nurses have been coerced into using their purported action-oriented knowledge paradigm. The second, and maybe more practical, strategy is for school nursing to position itself as a cooperating partner in a comprehensive program for collaborative health schools. However, it has historically been difficult to get nurses to work with other health professionals in their health promotion initiatives (Whitehead 2001b). According to DeBell and Everett (1998), "The Healthy Schools Award Scheme" is the first instance where school nurses have been specifically included in an effort to integrate a multi-agency resource. Having stated that, McGhan et al. (2002) highlight their effective school asthma policy program, which involves community nurses collaborating with important parties like students, parents, teachers, health educators, pediatricians, and environmental health specialists. Tossavainen et al. (2004), on the other hand, point out that Finnish school nurses frequently collaborated with parents, teachers, and—most intriguingly—social and local agencies, including youth workers. According to this study, school nursing must also consider broader agency collaborations that encompass social, business, voluntary, and philanthropic services in addition to the "traditional" multi-disciplinary collaborations with other medically associated professions.

This confirms the claims made by a number of authors (Rissel & Rowling 2000, Lee et al. 2001, Deschesnes et al. 2003, Sunar 2004) that effective HPS programs require partnership amongst all education, health, and social service agencies in order to reflect true multi-sectorial cooperation. Plews et al. (2000) observations that nurses and other health professionals were creating connections between school-related health activities and their work in Acute Hospital Trusts are also quite interesting. This lends credence to any argument that hospital-based nurses are equally qualified and situated to create school-based interventions as community-based nurses. If nurses were observed to be coordinating Health Promoting Hospitals' operations with the HPS framework, it has already been proposed that this would be a significant turning point in the march toward health-promoting environments (Whitehead 2004c).

conclusion:

The literature to date has been critical of nurses' general role in the HPS movement. The nursing contribution should be made much more visible than it is now, given that, in the UK alone, 14,000 state schools are either designated as "healthy schools" or are working toward obtaining this status (the UK government wants all schools to have this designation by 2009) (Noble & Robson 2005). This need to apply to other health-related fields and organizations as well. This essay advocates for a fundamental overhaul of the ways in which social, medical, and educational experts approach the problem of school-related health promotion reform. The entire school community must make a deliberate, ongoing, and cooperative commitment to active health promotion methods; this includes all nursing disciplines. Increasing the ability of a group through social interaction, cohesiveness, engagement, and political activity can only be advantageous to the community as a whole and highlight the importance of the social and health sciences. Since the HPS movement is genuinely global in scope, nurses should be actively involved and allocated resources considerably above what they are already providing. Focusing the attention of its health professionals on the current school generation seems sensible if overstretched reactive and curative health services seek to avoid being further extended in the future and earn future health rewards.

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