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School Health Nursing

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Abstract

School nurses interact with students, parents and school personnel for health education, physical activity, physical education, nutrition and health services, psychological services, counseling, social services, physical environment, social climate, emotional climate and family engagement aspects. Effective communication, teamwork and interprofessional collaboration improve this interaction. Overweight of children and adolescents, alienation, sexual health and pregnancy, sleep pattern and mental health are some actual subjects in international articles published in the last decade related to school health nursing, which are summarised below.

Keywords: School health, children, adolescent, nursing, nurse

INTRODUCTION

Schools influence both health and education of students. They substantially determine the well-being and economic productivity of populations in future. Healthier children learn better and more educated adults are generally healthier. School health subject is a cross-disciplinary field to study. School health programs are common to include 10 interactive components: health education, physical activity, physical education, nutrition environment, nutrition services, health services, psychological services, counseling, social services, physical environment, social climate, emotional climate, family engagement, community involvement and employee wellness (Kolbe et al., 2019). School nurses interact with students, parents and school personnel to progress the health and academic success of students (Best et al., 2018). Roles of the school nurses are complex and highly diverse (Hoekstra et al., 2016) and varies across countries (Doi et al., 2018). Pediatrics underline the significant role of school nurses in promoting the optimal biopsychosocial health and well-being of children in schools. School nurse concept has existed more than a century. Understanding benefits, responsibilities and roles of school nurses working in a team with physician, children, pediatricians may promote communities, improve health, safety and wellness of children and adolescents (Holmes et al., 2016). As an example, 10 million children in the United States have asthma, children stay in school 6 hr/day and school nurses are positioned to intervene and influence asthma outcomes. Studies determined that higher levels of asthma self-efficacy is associated with performance of asthma management behaviors and

strengthening school nurses asthma self-efficacy in asthma management in schools (Quaranta & Spencer, 2015). School nursing is grounded in population health, role of school nurses is viewed as episodic care to individual children, and skilled care to ill children. But, the true value of school nursing is in promotion of health and prevention of illness. School nurses support health screening, prevention of diseases by hygiene, prevention of injuries, and giving health education (Bergren, 2017). School nurses use public health nursing knowledge and skills to provide nursing services to school populations. Screening, referral and follow-up, case management, and health teaching are the most frequently performed interventions. Intervention use varies by educational level, age of nurse, years of practice, and student population (Schaffer et al., 2016). Effective communication, teamwork, and interprofessional collaboration, or teams of health and non-health professionals working together, are critical to improving the patient experience of care, improving population health and reducing healthcare costs (Fleming & Willgerodt, 2017). School nurses promote health and education. Teachers, secretaries and other school staff are confronted with the health care of school children. Especially in primary schools, where there are generally no local health personnel, increasing social and health challenges are insufficiently regulated. School health nurses are the first point of contact and confidants for health issues in educational institutions. They support children and adolescents, their parents and teachers, and, if necessary, refer them to other professional groups, both inside and outside school (Gundolf, 2019). Health promotion provides a key opportunity to empower young people to

make informed choices regarding key health-related behaviours such as tobacco and alcohol use, sexual practices, dietary choices and physical activity (Banfield et al., 2015).

Overweight in children and adolescents

Skills of health promotion developed by nurses can contribute to the adoption of healthy habits by overweight children and adolescents (Gonzaga et al., 2014). Childhood overweight/obesity is associated with poor physical and psychosocial health in clinical samples. Most parents of overweight and obese children did not report poor health or well-being, and a high proportion did not report concern. This has implications for the early identification of such children and the success of prevention and intervention efforts (Wake et al., 2001). Reducing morbidity and mortality related to overweight and obesity is a public health priority. Various interventions in school and worksite settings aim to maintain or achieve healthy weight (Katz et al., 2005). For more than a decade, researchers, and increasingly the public, have focused on childhood overweight as a personal and public health problem. As the number of children who are overweight has continued to grow, consensus has emerged that schools, as the places where children spend much of their time, have a critical role to play in reversing this trend. But while some promising programs, policies, and practices have been identified, there has been little attention to what front-line, building-based health professionals, specifically school nurses and the staffs of school-based health centers, can contribute to school-based interventions (Robinson et al., 2006). Typical overweight development patterns, along with their associations with family- and school-related factors, should be noticed when

planning individual treatments or health check programs. By doing so, individual treatments could actualise better, and we could benefit more from the limited resources of school health care. Health check programs should be carefully scrutinised, as one of the conclusions of the study points to potential advantages if extensive health checks at 5th grade were actualised earlier or scheduled more flexibly. Working methods, long-term treatment plans, involvement of parents and diagnosis of obesity were found to be areas requiring development and further studies (Häkkinen, 2021). The emergence of diseases such as dyslipidemia, systemic arterial hypertension, insulin resistance and metabolic syndrome in children and adolescents has brought about a change in the epidemiologic profile of the pediatric population. As action to promote health in the school environment is a useful tool for changing the pattern of health/disease in the young population. Schools which have implemented adequate health promotion in their curriculums showed a lower prevalence of overweight, insulin resistance and hypercholesterolemia in adolescents (de Assunção Bezerra et al., 2018). Most identified risk factors for cancer primarily occur in adulthood. As cancers generally have long latency periods, it is possible that risk factors acting earlier in life and accumulation of risks across the life course are important. Thus, focusing only on adult overweight as a modifiable risk factor may overlook childhood as an important aetiologic time window when body size is relevant for future cancer risks. Early life body size and growth are associated with many, but not all adult cancers, suggesting that the aetiology of several cancers may lie earlier in life than previously thought (Aarestrup et al., 2020). Family affluence, breakfast

consumption and moderate to vigorous as well as vigorous physical activity were negatively associated with overweight (Dupuy et al., 2011). Underserved children, particularly girls and those in urban communities, do not meet the recommended physical activity guidelines (>60 min of daily physical activity), and this behavior can lead to obesity. The school years are known to be a critical period in the life course for shaping attitudes and behaviors. Children look to schools for much of their access to physical activity. Thus, through the provision of appropriate physical activity programs, schools have the power to influence apt physical activity choices, especially for underserved children where disparities in obesity-related outcomes exist. For boys decreases in TV viewing; and girls increases in daily physical activity is required (Wright et al., 2013).

Alienation

Early adolescence represents a particularly sensitive period in the life of young learners (Morinaj et al., 2020). Many primary school students encounter the educational system positively from the outset. However, over the school years, students develop negative attitudes towards school, which peaks during secondary education (Hascher & Hadjar, 2018). School alienation is identified as a severe educational problem that hampers students' academic journey. Alienation from learning had a negative impact on positive attitudes to school and enjoyment in school. Alienation from teachers negatively predicted positive attitudes to school and positively predicted worries and social problems in school. Alienation from classmates negatively influenced future positive attitudes to school and contributed to the prevalence of social problems in school (Morinaj & Hascher, 2019). The public school setting is

increasingly becoming an entry point of contact for an array of healthcare services because it is most likely the best positioned institution to improve a community's overall healthcare. By linking behavioral healthcare services with primary healthcare services in the school setting, the psychiatric-mental health clinical nurse specialist is well suited to provide comprehensive behavioral health services (Hales et al., 2003). School alienation is a complex phenomenon that has recently attracted considerable attention from psychologists because of the negative consequences that may result from it, such as poor academic performance, learning difficulties, school disengagement, behavioral problems, and withdrawal from the educational system, which interfere with students' well-being and academic achievement (Buzzai et al., 2021). Many schools across the United States do not have a full-time school nurse, resulting in care being provided by unlicensed school employees when children are sick or injured at school. More students could be kept in school when school nurses provide assessment and interventions aimed at helping students who become ill or injured while at school, thus increasing school attendance and promoting academic success (Pennington & Delaney, 2008). Boys and low achievers are more affected by school alienation. Instructional quality and social integration in the classroom predict school alienation (Hascher & Hagenauer, 2010). Complaints of headache, dizziness or tiredness, and no specific symptoms may be used as markers for exploring possible psychosocial problems underlying a visit to the school nurse. If school nurses are to address psychosocial issues, they will need to look beyond stated reasons to unstated reasons for visits (Schneider et

al., 1995). Early identification of school alienation is of great importance for students' educational outcomes and successful participation in society. School alienation domains were negatively associated with positive attitudes to and enjoyment in school; social problems in school were positively related to alienation from classmates and teachers (Morinaj et al., 2017).

Sexual health and pregnancy

School nurses need a consistent method of population assessment, patient classification systems, as well as evaluation of appropriate use of assistive personnel and school environment factors (Endsley, 2017). School health is a specialty practice of nursing positioned at the intersection of public health and population health (Cogan et al., 2017). School-based sexual health clinics are emerging as one of the key ways to promote sexual health among young people, and school nurses play an important role in developing and delivering these services (Hayter et al., 2012). Adolescent pregnancy is a global concern. Pregnancies and births in adolescents bring them to get pregnancy complications. The interventions for pregnancy prevention in schools is one of the options that can be done (Nisman et al., 2019). School-based sexual health remains challenging but requires a theoretical and conceptual shift (Aranda et al., 2018). Offering preceptorship to new school health nurses can help grow their confidence and improve the quality of school nursing services (Leishenring, 2016). The natural environment is increasingly recognized as an effective counter to urban stress, and “Forest Therapy” has recently attracted attention as a relaxation and stress management activity with demonstrated clinical efficacy (Ochiai et al., 2015). As problems relating to children's health

increase, forest therapy has been proposed as an alternative (Bang et al., 2018).

Sleep pattern and mental health

Electronic media use is becoming increasingly important part of life for school children. At the same time, concern of children's sleep habits has arisen, and cross-sectional studies have shown that electronic media use is associated with short sleep duration and sleep disturbances. Computer use, TV viewing, and the presence of media in children's bedrooms may reduce sleep duration, and delay bedtimes (Nuutinen et al., 2013). School nurses play a critical role in the provision of mental health services in the school environment and are valuable members of the coordinated student mental health team. They possess expertise to navigate in today's complicated educational and health care systems, and it is estimated that school nurses spend 1/3 of their time for student mental health issues. Despite their role and expertise, school nurses are often not recognized as part of the school mental health team (Bohnenkamp et al., 2015).

CONCLUSIONS

School nurses interact with students, parents and school personnel for health education, physical activity, physical education, nutrition and health services, psychological services, counseling, social services, physical environment, social climate, emotional climate and family engagement aspects. Effective communication, teamwork and interprofessional collaboration improve this interaction. Overweight of children and adolescents, alienation, sexual health and pregnancy, sleep pattern and mental health are important actual subjects related to school health nursing. Understanding benefits, responsibilities and roles of school nurses working in a team with physician, children,

pediatricians may promote communities, improve health, safety and wellness of children and adolescents. School nurses support health screening, prevention of diseases by hygiene, prevention of injuries, and giving health education. Health check programs should be carefully applied in schools to prevent future obesity related problems. Follow up of students before developing negative attitudes towards school, which peaks during secondary education is required. School-based sexual health clinics are emerging as one of the key ways to promote sexual health among young people.

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