

SCHOOL HEALTH NURSING

A. Gundolf

University of Klagenfurt

ABSTRACT: School nurses promote health and education. In Austria, 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. In many European countries and internationally, 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.

According to a WHO recommendation of 2014, school health care is to be further expanded in favour of public health.

In the years 2016 to 2017, a qualitative survey of the author with experts of the Carinthian school, education and health system had the purpose of determining the need for the integration of school nurses in the Carinthian primary school system.

Research questions of the Master Thesis were:

(1) "Which qualifications and competences do school nurses have?"

(2) "What is the significance of the integration of school nurses in the Carinthian primary school system? Recent research work by the author led to the development of an implementation concept for a pilot project on school health care in Carinthia. Research questions of the author's project work on the topic "Concept of a pilot project school health care in Carinthia" (2019) were (1) "What are the key aspects of implementing health care in the Carinthian school system" and (2) "How can this question be approached from a professional point of view".

The research results are based on literature research, expert and focus group interviews. Results of the best-practice example of school health care in Brandenburg and Hesse (DE) were included in both research projects of the author.

Keywords: health promotion, school system, (school) health care and nursing, sick children, pilot study

1 INTRODUCTION

The introduction of all-day schools and educational centres in Austria requires additional approaches to health care. Especially with regard to current topics such as migration, inclusion and the increasing number of chronically ill people (diabetes, asthma, cancer, etc.) or diseases of civilisation, additional health care professionals are needed.

Currently, there is a lack of targeted and sustainable approaches to prevention and health promotion in Austrian schools. [1] Furthermore, there is a lack of professional nursing medical care for children and adolescents in Austrian educational institutions. [5]

In some European countries and internationally the potential of school health nurses has been recognised for decades. School Health Nurses have a broad spectrum of competences. They promote a healthy lifestyle and provide support in acute and chronic diseases. School Health Nurses, as the main responsible nursing medical profession in schools, have an important advisory function for the school management and other school staff in order to develop effective strategies for health care. [11]

In Austria the need for school nurses has only been recognised by politicians. This can be found in the legal anchoring of the field of school health care in an amendment to the Austrian Health Care Act of 2016. [3]

The experiences of the best practice example Brandenburg/Hesse were taken into account when developing the concept for a pilot project on school health care in Carinthia (Austria).

2 METHODS

To answer the research questions of both theses, literature research (Pubmed, Cinahl and internet research) as well as 12 expert and 15 focus group interviews were conducted. The selection procedure of the interview partners was based on a snowball system. The interview partners were contacted by telephone or e-mail. In the course of the 12 guideline-based expert interviews, four teachers and four headmasters from various primary schools in Carinthia and four experts from the health and education departments of the province of Carinthia were interviewed. The focus group interview partners included stakeholders from the education and health departments of the Carinthian provincial government, the Youth Welfare Service, the management of the BUILD start-up centre, school directors of two Carinthian education centres and the management of a pedagogical advisory centre. Furthermore, meetings with colleagues from the health education sector took place. The evaluation of the interviews was based on the qualitative content analysis according to Mayring/Fenzl. [6, 7]

School Health Nursing concept for Health promotion

Of a total of 1.2 million schoolchildren in Austria, about 190.000 currently suffer from a chronic disease. These include bronchial asthma, diabetes, epilepsy, adolescent rheumatism, cystic fibrosis, adrenogenital syndrome and cancer. However, instead of receiving support, school children and young people are often neglected and excluded from schools or events. [10]

In Austria, the following provision was made under the Education Reform Act 2017: Since then, carers, teachers and other school staff have been authorised to provide nursing medical support services at schools, e.g. active administration of medication to the child, blood sugar measurement in the child, actions at the insulin pump, measures at the feeding tube. [4]

Experts describe the value of health promotion and prevention in early childhood. Besides the family, school plays an important role in the health education of young people. School is an environment where a major influence on the physical and mental health of the population takes place.

In some European countries (e.g. Great Britain, Finland, Sweden, Poland) and internationally (Australia, USA, China, Korea) school nurses are responsible for preparing school children for a healthier life. School Nurses are active from infancy until the end of compulsory schooling.

School Nurses have a wide range of tasks and some of them are shown below:

- Health care: Treatment of children with acute and chronic diseases, if necessary referral to external medical facilities,
- screening examinations: Annual screening examinations
- Health promotion and prevention: Comprehensive concepts that affect different subject areas, pupils, the school class or the entire school.
- Integration of chronically ill pupils
- Preparation of nutritional plans (e.g. pupils with diabetes), initiation of construction measures, etc.
- Access to vulnerable groups: Identification of maltreated, abused and/or neglected pupils. [9]

Systemic monitoring of children's health at school is crucial for the implementation of effective prevention programmes. This can be achieved by introducing digital technologies such as apps, etc. Children's health-related data are entered into the computer system by School nurses after compliance with the data protection regulation and can be used for strategic, personnel, structural and economic health measures and objectives.

According to a WHO recommendation in 2014, school health care is to be further expanded. It is necessary to strengthen the role of school health nurses and to expand their competences and tasks in order to meet health challenges such as diseases of civilisation. The WHO (2014) therefore developed a framework concept that includes seven standards for the implementation of school health care:

" 1. a cross-sectoral national or regional normative framework, involving the Ministries of Health and Education and based on existing children's rights, to advise on the content and conditions of delivery of school health services (SHS)

(2) SHS shall respect the principles, characteristics and quality of health services for children and adolescents and apply them in a manner appropriate to children and adolescents at all stages of development and in all age groups. The principles of accessibility, equity and acceptance also apply to the way SHS deals with parents.

3. the facilities, equipment, personnel and data management systems of SHS are sufficient to enable SHS to achieve its objectives
4. cooperation between SHS, teachers, school administration, parents and children and local community stakeholders is established and responsibilities are clearly defined.
5. SHS staff have clearly defined job descriptions, appropriate competencies and a commitment to achieving SHS quality standards.
6. a package of SHN services based on the overriding public health concerns is defined and supported by evidence-based protocols and guidelines The package of services will include population-based approaches, including health promotion in schools, and services developed on the basis of an individual needs approach.
7. a data management system is in place that facilitates the secure storage and retrieval of individual health records, the monitoring of health trends, the evaluation of the quality of SHS (structure and activities) and research". [17]

In the years 2016 to 2018, a feasibility study was carried out and a pilot project was launched in Brandenburg, Hesse, in which school health nurses worked in model schools for two years and are now continuing to work in this area. The seven developed standards of school health care as well as further European and international experiences with school health care were integrated into the pilot project in Brandenburg/Hesse and are taken into account in the author's two research papers.

The presence of School Nurses has the following advantages:

- the health literacy and health behaviour of school children and their environment increases sustainably with the presence of School Nurses. Increasing equal opportunities and learning performance [2]
- the integration of school children is made easier with School Nurses. School children are less anxious and more willing to learn
- School Nurses ensure continuous participation in the educational process for children of different origins and impairments
- the spread of disease is reduced due to their expert knowledge of hygiene measures
- Transport costs for external mobile services are eliminated, parents can expand their employment [8]
- Cases of illness and costs are reduced [13]
- only 5% of students are discharged home due to illness or injury when school nurses are present In contrast, 18% of school children are discharged home when school nurses were not present and medical and nursing staff were not trained to do so [14]

- Reduction of absenteeism of learners and teachers in the presence of school nurses, support and relief for children, their parents and teachers, and health care is professionally regulated [12]

From September 2016, school health care will be described as a new field of activity for health and nursing staff (Federal Chancellery 2019). Incidentally, the integration of school nurses was also laid down as a plan of action in the Austrian government programme 2020-2024. [15] For the time being, the implementation should take place in the form of a pilot project in order to be able to justify the efficiency of a general implementation of school health care. There is a best practice example of school health care in Brandenburg/Hessen (DE), which is already in the third and final evaluation phase. [16] In Lucerne (CH) a pilot project has been running since June 2018. [18] The project School Health Care in Carinthia (Austria) is in the planning stage.

3 RESULTS

School nurses are the first point of contact and confidants, they provide first aid, organise health promotion and prevention. Projects are responsible for the nursing medical care of school children, as shown in the diagram below.

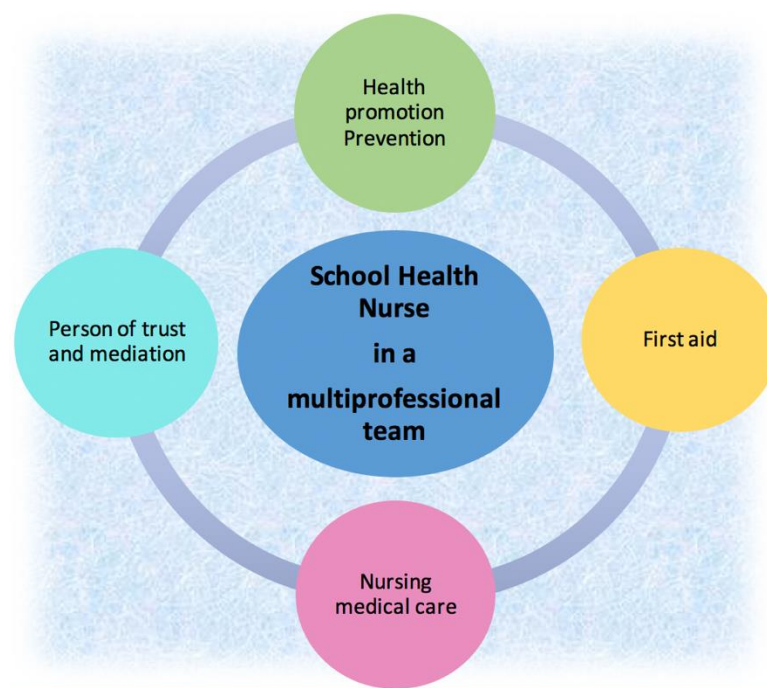


Figure 1: Competencies of School nurses (based on Möller 2016) , own presentation

A School nurse is responsible for one or more schools and usually looks after between 500-700 children. There is a full-time employment or hourly integration of the School nurse. After a basic training as a healthy professional or nurse, there is usually a postgraduate additional training as a school health nurse to meet the complex requirements to be fulfilled. In Sweden, Finland and Great Britain, school nurses have a qualification at master level. In Austria, the

amendment to the Health and Nursing Act for Health and Nursing Nurses created the prerequisites for qualification in school health care. [6]

Implementation steps for a project on school health care in Carinthia (Austria) are Concept development, political mandate, clarification of the project financing, exchange of experience with experts or best practice examples, description of the fields of activity and the competence profile of and possibly a further training programme for school nurses. Assessment of the situation for implementation, consultation with the school management and the school team, marketing and evaluation of the project, further development and implementation in the regular school system. The results of both studies by the author from 2017 and 2019 show that health care in Carinthian schools is currently insufficient. According to the interview partners, stakeholders should be informed about the advantages of the need for school health nurses in Carinthia's primary school system. The conditions for SHN in Carinthia are already in place, except for the open question of financing. [7]

4 CONCLUSION

The research results were based on the statements of three selected expert groups. A larger statement would have been obtained by interviewing parent and student representatives. The interview partners had comparable professional experience. The selected teachers and directors were employed in schools of different sizes. The comments of headmasters and experts from health and education departments were more comprehensive than those of teachers and offered more integration ideas for the use of School nurses. Three out of four headmasters stated their general willingness and also the availability of the capacity conditions, so that the school health project can already be implemented. In the opinion of all respondents, there is a need and a desire for School nurses in Carinthia and stakeholders should be convinced of the need for school health nurses in the Carinthian school system. In addition to support from the provincial government, additional financing and funding opportunities should be obtained. [6] The author's project work from 2019 takes into account not only the results of the master's thesis from 2017, but also the results of the feasibility study and the curriculum School Health Care of Brandenburg/Hesse as well as international and European experiences with School nurses. Points of criticism could be that Carinthia cannot be compared to Brandenburg/Hesse and that there are different legal, financial and structural conditions. These aspects were taken into account as the concept was adapted to the conditions in Carinthia and Austria.

5 SUMMARY

In Carinthia and Austria health and education experts point out the need for additional health experts in the education system. The conditions in Austria's educational institutions are increasingly comparable with other European countries and internationally (migration, all-day schools, education clusters, inclusion and the increase in the number of chronically ill children). For the time being, financial aspects speak against the integration of school health care workers, but if one takes a closer look, investments in child health pay off at the latest in

adulthood. A pilot project School Health Care in Carinthia with an accompanying project evaluation can be implemented throughout Austria after a positive assessment. [7]

6 REFERENCES

- [1] T. Altgeld, „Empowerment und Partizipation als Basis für erfolgreiche Gesundheitsförderung in sozialen Systemen“ in *Dür, Wolfgang/ Felder-Puig, Rosemarie (Hrsg.): Lehrbuch. Schulische Gesundheitsförderung*. Bern (2011)
- [2] I. Borup, B. Holstein, „Self-reported symptoms and outcome of health promotion at school: crosssectional study of 11 to 15-year-olds“ in <http://journals.sagepub.com/doi/abs/10.1177/010740830802800208>. Vard I Norden (2008) 17.8.2019
- [3] Bundeskanzleramt/ Rechtsinformationssystem (RIS), „ Bundesrecht konsolidiert: Gesamte Rechtsvorschrift für Gesundheits- und Krankenpflegegesetz“ in <https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10011026>. Wien (2020) 6.1.2020.
- [4] Bundesministerium für Bildung, Wissenschaft und Forschung (BMBWF), „Medizinische Laientätigkeiten, Übertragung ärztlicher Tätigkeiten an Lehrpersonen, Verhalten im Notfall“ in https://bildung.bmbwf.gv.at/ministerium/rs/2019_13.html. Wien (2019) 23.10.2019
- [5] L. Damm, „An den Schulen braucht es Teams für akute Gesundheitsprobleme“ in <https://kommunal.at/den-schulen-braucht-es-teams-fuer-akute-gesundheitsprobleme>. Wien (2019) 24.19.2019
- [6] A. Gundolf, „Die Schoolnurse und ihre Kompetenzen ~ eine Bereicherung für das Primarschulsystem“ in <https://www.google.com/search?q=masterarbeit+gundolf&oq=masterarbeit+gundolf&aqs=chrome.69i59j2.5422j1j7&sourceid=chrome&ie=UTF-8> (2017). Feldkirchen (2017)
- [7] A. Gundolf, „Die Schoolnurse – Konzept für ein Pilotprojekt Schulgesundheitspflege in Kärnten“ in *Project work. University of Applied Science*. Feldkirchen (2019)
- [8] U. Horacek, G. Ellsäßer & B. Langenbruch, „Empfehlungen zum Ausbau des Schulgesundheitssystems durch ‚school nurses‘ in Deutschland. Schulgesundheitschwestern (SGS) in Deutschland“ in <http://www.dgspj.de/wp-content/uploads/service-stellungnahmen-schulgesundheitschwestern-januar-2015.pdf>. Berlin (2015) 18.4.2019
- [9] A. Kocks, „Schulgesundheitspflege – Die Rolle der schwedischen School Health Nurse und das Thema Gesundheit im Setting Schule“ in www.dg-pflegewissenschaft.de/pdf/0803-Kocks.pdf. Duisburg (2008) 20.4.2017
- [10] K. Martin, „Chronisch krank in der Schule. Im Schulsystem wird auf chronisch kranke Kinder noch zu wenig Rücksicht genommen. Die Volksanwaltschaft nimmt sich nun der Problematik an und unterstützt eine Bürgerinitiative“ in <https://medonline.at/2015/chronisch-krank-in-der-schule/>. Wien (2015) 5.5.2018

- [11] I. Möller, „MACHBARKEITSSTUDIE ZUM INNOVATIONSKONZEPT SCHULPFLEGEKRÄFTE AN SCHULEN IN ÖFFENTLICHER HAND IM LAND BRANDENBURG“ in <https://www.awo-potsdam.de/files/data/pdf/Machbarkeitsstudie-Schulpflegekraft.pdf>. Potsdam (2015) 20.9.2019
- [12] I. Möller, „Curriculum zur Qualifizierungsmaßnahme für examinierte Gesundheits- und Kinder- /Krankenpflegekräfte zu Schulgesundheitsfachkräften“ in http://www.hage.de/files/curriculum_fuer_schulgesundheitsfachkraefte.pdf. Potsdam (2016) 9.5.2019
- [13] J. L. Morton, A. A. Schultz, Healthy Hands, „Use of Alcohol Gel as an Adjunct to Handwashing in Elementary School Children“. Band 20, Heft 3: 161 – 167 in <http://journals.sagepub.com/doi/abs/10.1177/10598405040200030601>. Washington (2004) 26.9.2018
- [14] N. Pellington, E. Delaney, „The number of students sent home by school nurses compared to unlicensed personnel“ in <https://www.ncbi.nlm.nih.gov/pubmed/18941153>. Ohio (2008) 29.4.2019
- [15] Regierungsprogramm, „Soziale Sicherheit, neue Gerechtigkeit & Armutsbekämpfung“ in https://www.dieneuevolkspartei.at/Download/Regierungsprogramm_2020.pdf. Wien (2020) 15.1.2020
- [16] A. Tannen, Y. Adam, J. Ebert & M. Ewers, „Schulgesundheitspflege an allgemeinbildenden Schulen – SPLASH, Teil 1: Analyse der Ausgangslage“ in <https://refubium.fu-berlin.de/handle/fub188/24148>. Berlin (2018) 11.12.2019
- [17] WHO, „European framework for quality standards in school health services and competences for school health professionals“. 1. Introduction. Aim of the European framework (1) in <http://www.eusuhm.org/images/Documents/2014%20European-framework-for-quality-standards-in-school-health-services-and-competences.pdf>. Genf (2014) 16.8.2019
- [18] A. Zeyer, „Projekt School Nurse in der Volksschule. Zusammenfassende Beschreibung des Projekts“ in <https://www.fundraiso.ch/project/projekt-school-nurses-in-der-volksschule/>. Luzern (2018) 7.11.2019

Contact Author:

Andrea Gundolf
St. Margarethenweg 5 | 9081 Maria Wörth
andrea@gundolf.at | +43 677 62460481