

School nurses and the health curriculum

Kay Fletcher & Carolyn Shelley

Amalgamated School Nurses Association

HEA Schools Health Education Unit

The Amalgamated School Nurses Association (ASNA) was formed in 1983. Its aims are to promote the development of the school nursing service and the development of policies beneficial to the health and wellbeing of the school child. In order to further these aims, ASNA promoted an enquiry to do two things: (1) to determine the range of services offered by school nurses and to create a profile of the individuals, their caseloads, and their working conditions; (2) to discover which health-education topics were considered most important for inclusion in the middle-school curriculum.

Part 1 — School nurses and their work

Kay Fletcher

The instrument used to carry out this major national enquiry was drawn up in conjunction with staff at the HEA Schools Health Education Unit at Exeter University. About a thousand copies were posted to members in May 1986, and of these about one-third were returned. These came from school nurses in 85 out of 192 District Health Authorities in England, from two out of nine in Wales, from five out of 15 Health Boards in Scotland, and from two out of four Health Boards in Northern Ireland.

No attempt was made to obtain a 'random' sample of school nurses, and so these results have in effect come from a self-selected sample willing to participate in our enquiry. We cannot, therefore, claim that these results give a totally accurate picture of school nurses and school nursing service in the UK. Nevertheless, since no similar research has been

carried out by anyone else, and since there are no known national statistics on some of the points raised, I feel that this could be a valuable starting-point for further research into our specialist field of work. A full description of the results has already been published (ASNA, 1987), but Table 1 reveals some interesting facts.

1. Only a very small proportion of school nurses are under 30, and fewer than a third are under 40.
2. On average, a school nurse is attached to between seven and eight schools.
3. On average, a school nurse is responsible for 2,250 pupils.

Some urgent needs

ASNA members feel strongly that the School Health Service is severely underfunded. They recognise that it is not

Table 1. Some selected results from the school nurses' questionnaire.

(Total sample 335.)

Age range of school nurses answering the questionnaire

Age range	
20-25	1.5%
26-30	2.1%
31-40	26.2%
41-50	50.9%
51-65	19.3%

Was the respondent full-time or part-time?

Full-time	46.9%
Part-time	53.0%

Number of schools covered by each nurse

1-5	41.0%
6-10	36.5%
11-15	14.3%
16-20	4.6%
21-25	2.4%
26-40	1.2%

Number of pupils per nurse

1-1000	16.2%
1001-2000	31.4%
2001-3000	31.4%
3001-4000	10.8%
4001-5000	4.3%
5001-6000	1.8%
6001-7000	1.1%
7001-8000	0.4%
8001-9000	0.4%
9001+	1.1%

The nurses' work base

Clinic	39.1%
School	19.2%
Health centre	30.1%
Own home	6.1%
Other	5.4%

unique in this respect, but point out that opportunities for health education and promotion among a captive audience of school pupils cannot, once lost, be reclaimed. Millions of pounds are quite rightly being spent on spreading information about drug abuse, AIDS, cancer, and heart disease — but school nurses, with direct access to pupils who may be at risk, have skills in health education

which are not being used to full effect in these campaigns.

There is a clear and urgent need for closer links between the DES and the DHSS, but it seems to school nurses that these two great departments do not communicate. There are pockets of excellence where schools and health authorities do co-operate, but they are few. It is only by such co-operation, we believe, that attitudes towards health and the individual's responsibility for their own health can be influenced.

Looking to the future, ASNA is committed to:

1. Mandatory training — a three months' training course for school nurses is recognised, but is not a requirement. It seems illogical that the health of children up to five years old is monitored by a qualified health visitor, whereas pupils between five and 18 are left in the hands of someone 'without special training'.
2. Recognised standards of practice.
3. A system of evaluation which feeds back the opinions and perceived needs of the child and the parents.
4. Guidelines on caseloads, which at present vary from 50 to 4000 or even more.

School nurses as 'educators'

The following example, reported by one of the questionnaire respondents, indicates the ludicrous state of affairs that can arise if common ground is not cleared beforehand:

We have had continual complaints from our HEO to our Director of Nursing Services because we are teaching health education in schools. We were told on the School Nurse Certificate Course that we should do so, and we were trained to do it, but we were not encouraged to do so either by the HEO or our Nursing Officer. Although we had to fight to attend a one-year course, paying our own fees, the HEO says that we should only offer help to teachers in the way of resources.

It must be admitted that there is a tremendous difference of opinion, both among nurses and teachers, about whether

'teaching' should be part of our function. Some teachers say they oppose the idea because we have no teaching certificate, while some obviously feel threatened — on the other side, some nurses have no aptitude for teaching, while some would love to do more in this line but feel the need for some training. However, in my view any good school nurse is teaching all the time! Our expertise is not only for the benefit of the pupils, either — during breaks and after school our help is frequently sought by individual teachers, and we are, I believe, the nearest thing teachers have to an Occupational Health Service.

Over the past 20 years it has become obvious that there is no way in which school work can be covered adequately by health visitors (the legal requirement), and so registered nurses have increasingly been employed in these posts. In fact, in forward-thinking areas the service is now separate from the health visiting service,

although close links are retained. The training of school nurses as a separate speciality within the National School Nurse Certificate Course is a recent option, but the current course is only for three months, although an extended course has just begun in Kent.

To sum up, my feeling is that school nurses should certainly be very much involved with health promotion and teaching in schools. We have the basic knowledge about bodily function, physical and emotional development, and the effects of disease and abuse. We can use this knowledge in several ways — in a face-to-face approach to the child; in acting as a resource for the teacher, and in actively engaging in classroom activities in programmes jointly planned with the teacher. And for maximum effect we need basic training, continuous updating, a small enough number of schools to be able to visit them all frequently — and time to think about what we are doing!

Part 2 — Health priorities for school nurses and teachers

Carolyn Shelley

The School Nurse Professional Enquiry included a list of 43 'health education' topics, and asked the school nurses to tick their importance for inclusion in the middle school (8-12 years) curriculum. These were taken from the *Just a Tick* materials produced by John Balding for pupils, teachers, parents and health care professionals (Balding, 1986). The possible responses were *Should be included*, *Useful if time available*, *Undecided*, *Not important in his age group*, *Should be covered outside school*, and *Does more harm than good*. The information gleaned from this gives insight into the school nurses' priorities for health education.

Some of the comments resulting from the survey indicated that many would like to be more involved in health education in the school. For this reason it is important, not only that the health priorities of school nurses are examined,

but also that they are examined alongside those of teachers. To allow this to be done, the teachers' results from the National Primary Survey will also be presented. It should be pointed out that the National Primary Survey was conducted in 1985 to find out the curriculum priorities of teachers, parents and health care professionals, and the levels of interest of children, with respect to health-education topics (Balding, 1988, Williams, 1986).

This part examines only the 'Should be included' responses. This is the most positive response available, and therefore includes those topics gaining maximum support for inclusion in the middle-school curriculum. The percentages of school nurses and teachers responding in this way to each of the 43 topics in the questionnaire are shown in Table 2.

Table 2. Percentages of school nurses and teachers using the 'Should be included' column

Topic No.	Topic	School Nurses	Teachers
		%	%
1	How my body works	88	78
2	Staying well	73	66
3	Immunisation (injections and drops)	57	19
4	Illness and recovery	18	22
5	Talking with doctors, nurses, dentists	51	41
6	Care of hair, teeth, skin	91	85
7	Care of eyes	81	70
8	Care of feet	84	65
9	How a baby is made (human reproduction)	56	53
10	Menstruation (periods)	90	53
11	Food and health	87	77
12	Drinking alcohol	45	24
13	Glue-sniffing	52	38
14	Smoking	71	53
15	Physical fitness	66	61
16	Understanding the needs of handicapped people	41	55
17	Understanding the needs of old people	29	53
18	Health and Social Services	9	11
19	Safety at home	75	77
20	Safety in traffic	85	92
21	Water safety	82	88
22	First Aid	56	40
23	Family life	62	49
24	How to cope with separation from parents	30	22
25	Death and bereavement	24	15
26	Why people worry	20	15
27	How boys and girls behave	51	33
28	Differences in growth and development	67	40
29	Getting on with boys and girls of the same age	58	59
30	Understanding people with different race or religion	63	75
31	Feelings (love, hate, anger, jealousy)	59	60
32	Bullying	53	69
33	Feeling good about yourself	70	50
34	Making up our minds	44	43
35	Being honest	76	87
36	Being responsible	76	84
37	Spare time activities	42	39
38	Being bored	39	34
39	Caring for pets	34	51
40	Vandalism	58	64
41	Stealing	60	73
42	Pollution	44	61
43	Conservation	51	69

The top ten 'Should be included' topics

This group contains those topics given top priority by school nurses and teachers for inclusion in the curriculum. Table 3 indicates the 'top ten' topics coming under this heading in both the school nurses' and middle-school teachers' responses.

This table indicates a general consensus of opinion between school nurses and middle-school teachers. Seven topics match in their 'top ten', and these are:

Care of hair, teeth, skin
How my body works
Food and health
Safety in traffic
Water safety
Being honest
Being responsible

This must be seen as encouraging, laying good foundations for school nurses and teachers working together.

But it is also clear from these lists that priorities are seen differently by school nurses and teachers. Not surprisingly, the school nurses' 'top ten' is more heavily weighted towards the 'body' topics, which number six out of the ten. In fact they have put six out of the possible seven 'body' topics from the total list in their 'top ten', and placed four at the top, all of which received support from over 85% of the respondents. This gives clear indications of their importance for

nurses. The school nurses also include two 'safety' topics and two 'social health' topics from List B, *Being honest* and *Being responsible* receiving 76%.

These two topics are also on the teachers' list, but receive much higher percentages. Top of the teachers' list are 'safety' topics: *Safety in traffic* and *Water safety*, but the top four also include *Being honest* and *Care of hair, teeth, skin*. The remainder of the list gives a balance between three 'safety' topics, three 'body' topics, and four 'social health' topics (*Being honest*, *Being responsible*, *Understanding people of different race or religion*, and *Stealing*). This perhaps suggests that the school nurses' view of health education is more traditional, focussing on bodily health and welfare, than the wider view of teachers.

Looking at the percentages of List A ('body') and List B ('social') topics given support by 70% or more of the respondents, it can be seen that school nurses include approximately one-fifth of List B topics compared with approximately one half for teachers. This again suggests that teachers are finding a more even balance between the two lists.

The bottom ten 'Should be included' topics

In this group (Table 4) there is again a consensus of opinion between the two professional groups, with a match in six out of ten topics. These are:

Table 4. The 'bottom ten' topics appearing in the 'Should be included' responses of school nurses and teachers with respect to the middle-school curriculum.

School nurses:		Teachers:	
% in favour	Topic	% in favour	Topic
42	Spare-time activities	38	Glue-sniffing
41	Understanding the needs of handicapped people	34	Being bored
39	Being bored	33	How boys and girls behave
33	Caring for pets	24	Drinking alcohol
30	Separation from parents	22	Separation from parents
29	Understanding the needs of old people	22	Illness and recovery
24	Death and bereavement	19	Immunisation
20	Why people worry	15	Death and bereavement
17	Illness and recovery	15	Why people worry
9	Health and Social Services	9	Health and Social Services

Health & Social Services
(bottom of both lists)
Illness & recovery
Why people worry
Death and bereavement
Separation from parents
Boredom

It is interesting that for both groups the 'stress' topics: *Why people worry*, *Death and bereavement*, and *Separation from parents* are not considered so important for inclusion in the curriculum. The majority of school nurses, in fact, ticked the 'Useful if time available' column for these topics, but teachers were mostly spread over the 'Should be included' and 'Undecided' columns, also using the 'Should be covered outside school' response for *Death and bereavement* and *Separation from parents*.

Other differences — topic groupings

Having noted some of the differences between the 'bottom ten', some more of these differences will be examined by looking at groups of topics — that is, topics with a common theme.

1. *'Caring' topics* These topics (*Understanding the needs of old people* and *Understanding the needs of handicapped people*), both appear in the bottom ten of the school nurses' responses with 29% and 41% support respectively. For teachers, however, these receive 53% and 55% support respectively.

2. *'Abuse' topics* In both cases, *Smoking* is top of the list for these topics, having 71% support from school nurses and 53% support from teachers, followed by *Glue-sniffing* and *Drinking alcohol*. However, there is a marked difference between school nurses and teachers in percentages who felt it 'Should be included':

	School nurses	Teachers
Smoking	71%	53%
Glue-sniffing	52%	38%
Drinking alcohol	45%	24%

The teachers' percentages are much lower than the school nurses' — in fact for teachers *Glue-sniffing* and *Drinking alcohol* come in the bottom ten. Many teachers (35%) felt that *Drinking alcohol* came in the 'Not important at this age group' category, but the results for *Glue-sniffing* seemed to indicate uncertainty, since there was a spread between the 'Useful if time available', 'Undecided', and 'Not important at this age group' columns.

It may be that as health professionals the school nurses feel more able to tackle these issues, and therefore they could be a valuable resource for teachers.

3. *Sex education topics* The school nurses were more positive than the teachers for these topics, although, surprisingly, they separated them. *Menstruation* was placed second with 90% support, *Human reproduction* 24th with 56%. This may, of

Table 3. The 'top ten' topics appearing in the 'Should be included' responses of school nurses and teachers with respect to the middle-school curriculum.

School nurses:		Teachers:	
% in favour	Topic	% in favour	Topic
92	Care of hair, teeth, skin	92	Safety in traffic
90	Menstruation	88	Water safety
88	How my body works	87	Being honest
87	Food and health	85	Care of hair, teeth, skin
85	Safety in traffic	84	Being responsible
84	Care of feet	78	How my body works
82	Water safety	77	Food and health
81	Care of eyes	77	Safety at home
76	Being honest	75	Understanding people with different race or religion
76	Being responsible	73	Stealing

course, reflect on the school nurses' present role in schools.

Teachers, although less positive about these topics, put them together in 22nd place, with 53% support.

4. *'Safety topics'* Both groups saw *Safety at home, Safety in traffic, and Water safety* as important, but teachers were more positive, placing them first, second and seventh.

5. *'Honesty' topics* *Being honest* and *Being responsible* again were considered by both groups to be important, although like the previous grouping the teachers were more positive.

6. *'Environment' topics* Teachers placed a greater importance on *Conservation* and *Pollution* than did school nurses, placing them 13th and 19th respectively (69% and 61%), whereas school nurses put them at 30th and 32nd.

7. *'Relationship' topics* School nurses' and teachers' choices are fairly similar for these topics. Both groups place *Understanding people with different coloured skins or religions* top of the list (although teachers are much more positive for this particular topic), and the topics follow in the same order:

	School nurses	Teachers
Understanding race, religion	63%	75%
Feelings	59%	60%
Getting on with other boys & girls	58%	59%
How boys & girls behave	51%	33%

Conclusion

It is clear that there are differences in priorities for both school nurses and teachers. This is particularly well shown in the school nurses' emphasis on 'body' topics, compared with the teachers' broader view of health-education priorities. However, although these differences occur, it is clear too that an overall consensus exists which lays a good foundation for the partnership advocated by ASNA. In certain areas, school nurses have expertise which can both support and advise teachers and be used directly

in the classroom, such as knowledge concerning the 'abuse' topics. For this to happen, school nurses need to be seen and known in schools, and perhaps given a lesser case-load to enable them to participate in this co-operative way.

References

- ASNA (Amalgamated School Nurses' Association) (1987). *School Nurses; A Professional Enquiry*. Fareham, Hants.: ASNA.
- Balding, J. W. (1986), *The Just A Tick materials and their use in schools. Education and Health, 4, 1, 5-8.*
- Balding, J. W. (1988), *Health Education Priorities for the Primary School Curriculum*. Exeter: HEA Schools Health Education Unit. (In press.)
- Williams, T. (1986), The HEC Primary Project national survey. *Education and Health, 4, 1, 9-11.*

Contact Kay Fletcher, 32 Abshot Road, Titchfield Common, Fareham, Hants. PO14 4NA.

SOME PUBLICATIONS OF THE HEA SCHOOLS HEALTH EDUCATION UNIT

'Mayfly'

A detailed study of 1,237 boys and girls aged 14-15 who completed the Health Related Behaviour Questionnaire during May 1983. £4.50 including postage.

Alcohol consumption and alcohol-related behaviour in young people

A report based on 52,940 questionnaire responses made between 1983 and 1986. Boys and girls between the ages of 11 and 16 are included. £2.50 including postage.

Schoolchildren and drugs in 1987

A study of the use of alcoholic drink, pain-killers, and 'illegal' drugs in a sample of 18,014 boys and girls between the ages of 11 and 16. £2.50 including postage.

Young People in 1986

The total Health Related Behaviour Questionnaire results for 18,002 boys and girls between the ages of 11 and 16. This book made national headlines. £12.00 including postage.

Copies of these publications may be ordered from the Unit's address on page 75. Forthcoming publications include Young People in 1987, Parents and Health Education, and Health Education Priorities for the Primary School Curriculum - all based on national surveys.