School nurses and the health curriculum

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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 schools 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 under-funded. They recognise that it is not which are not being used to full effect in the campaign.

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 had 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.
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:

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’.

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
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 skin’ or ‘Religious’ high on their list, although teachers are much more positive for this particular topic, and the topics follow in the same order:

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

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 caseload to enable them to participate in this co-operative way.

References


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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. £5.50 including postage.

Schoolchildren and drugs in 1987

A study of the use of alcoholic drinks, painkillers, and ‘illegal’ drugs in a sample of 18,014 boys and girls between the ages of 11 and 16. £3.50 including postage.

Young People in 1986

The total Health Related Behaviour Questionnaire results for 18,014 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 1988, Parents and Health Education, and Health Education Priorities for the Primary School Curriculum — all based on national surveys.

Smoking and dental health

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This short article describes the principal physical effects of smoking. Despite substantial research evidence that information by itself may have little influence on behaviour, teachers should find the facts presented here useful as a resource.

The mouth receives the brunt of the hot, toxic gas and minute irritant particles contained in the smoke from burning tobacco. Among the hundreds of compounds found in tobacco smoke, some have been identified as undoubtedly harmful to health. The gas, for example, contains high concentrations of carbon dioxide and up to 5% of carbon monoxide, as well as noxious hydrocarbons including ammonia and hydrogen cyanide. Nicotine produces the characteristic dependence on tobacco, but in addition it has actions on almost every organ of the body including the tissues that attach the teeth to the jaws.

It has been found that people who smoke have more dental decay and more severe gum disease than non-smokers. This may be because smokers pay less attention to their teeth and clean them less often. Heavy smokers run the risk of developing cancerous changes in the surface tissues that line the mouth cavity, including the tongue. Cancer of the mouth is not common, but it is extremely unpleasant and carries a high mortality. The effects of smoking on oral health have been ably documented in an HEA Occasional Paper (Palmer, 1987).

Irrespective of tooth-brushing behaviour and dental cleanliness, smoking produces adverse effects on the teeth and gums. These are described in more detail below. Some of these effects are quite visible; others may go unnoticed for considerable periods while continuing to harm the sufferer.

Effects visible to all

The most apparent effect is the brown or black discolouration of the teeth. This is due to the condensates of tobacco tar which seep into the enamel cap, and may go even deeper into the dentine which forms the bulk of the tooth. The degree of staining varies from smoker to smoker, and is not necessarily proportional to amount of tobacco smoked. Stains that have seeped below the tooth surface cannot be removed: they remain in the tooth permanently and cannot be polished off.

Effects noticed by others

The characteristic stale mouth odour, often unsuspected by the smoker, is difficult to hide. Smoking is a major offender in the production of bad breath, but the offender can rapidly adapt to the smell. Some components of tobacco smoke are absorbed directly into the bloodstream in the mouth or the lungs. These substances are then exhaled because of the blood-air interchange which takes place in the lungs. The odour of the exhaled breath is related to the odour intensity of the tobacco smoked and this