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## Współpraca pielęgniarki szkolnej z nauczycielem wychowania fizycznego w realizacji szkolnej edukacji zdrowotnej

### Streszczenie

**Wstęp.** Od września ubiegłego roku, na mocy decyzji Ministra Edukacji Narodowej, w polskiej szkole obowiązuje nowa podstawa programowa, koncentrująca niemal wszystkie zadania związane z realizacją edukacji zdrowotnej na nauczyciela wychowania fizycznego i prowadzonym przez niego przedmiocie. Jednym z jego najbliższych partnerów ma być pielęgniarka szkolna.

**Cel.** Celem badań było określenie zakresów współpracy pielęgniarek środowiska nauczania i wychowania oraz nauczycieli wf w realizacji edukacji zdrowotnej w niespełna rok po wprowadzeniu nowej podstawy programowej.

**Materiał i metody.** Badano opinie 46 pielęgniarek szkolnych z dwóch niepublicznych zespołów opieki zdrowotnej. Badana grupa stanowiła 100% pielęgniarek sprawujących opiekę nad całą populacją uczniów szkół Lublina (łącznie 43 948 uczniów) w 87. szkołach różnego typu. Zastosowano sondaż diagnostyczny, elementy monografii wybranych szkół i analizę dokumentacji zespołów opieki zdrowotnej.

**Wyniki.** Ponad 32% pielęgniarek uznało, że współpraca z nauczycielami wf jest bardzo rzadka i mniej efektywna, niż z innymi nauczycielami a niemal 24%, że w ogóle z nimi nie współpracują. Jeżeli dochodzi do współpracy, to w 58.7% dotyczy ona kultury fizycznej i promocji aktywności ruchowej, profilaktyki wypadków i urazów (niemal 48%) oraz edukacji związanej z higieną (ok. 24%). Mimo, że ponad 10% uczniów ma nadwagę lub jest otyła to tylko 5 pielęgniarek współpracuje z nauczycielem wf w zakresie edukacji żywieniowej. Tylko 3 badane uznały nauczyciela wf za lidera szkolnej promocji zdrowia i potwierdziły jego większą aktywność w minionym okresie. Lepiej oceniają nauczycieli wychowania fizycznego i częściej z nimi współpracują pielęgniarki pracujące w Szkołach Promujących Zdrowie.

**Wnioski.** W opinii badanych pielęgniarek szkolnych ich współpraca z nauczycielami wychowania fizycznego w realizacji szkolnej edukacji zdrowotnej – poza obszarem dotyczącym aktywności ruchowej – jest minimalna i nieefektywna, mimo wyraźnych potrzeb w tym zakresie istniejących w populacji uczniowskiej i nowych wymagań stawianych nauczycielom w nowej podstawie programowej.

**Słowa kluczowe:** pielęgniarka środowiska nauczania i wychowania, nauczyciel wychowania fizycznego, szkolna edukacja zdrowotna.

## Cooperation of the school nurse with the teacher of physical education in implementing school health education

### Abstract

**Introduction.** Since September 2012, pursuant to the decision of the Minister of National Education, a new curriculum basis has been in force in Polish schools, delegating almost all the tasks connected with implementing health education to the teacher of physical education and the subject taught by him/her. One of the closest partners of the teacher of physical education is supposed to be the school nurse.

**Aim.** The aim of the survey was to define the scope of cooperation of nurses working in educational communities and teachers of physical education in implementing health education nearly a year after introducing the new curriculum basis.

**Material and methods.** The opinions of 46 school nurses from two non-state healthcare centres were investigated. The analysed group consisted in 100% of nurses taking care over the total population of students of schools in Lublin (43,948 students in 87 different-type schools). A diagnostic survey and elements of monographs of selected schools were used, together with the analysis of documentation of the healthcare centres.

**Results.** Over 32% nurses stated that cooperation with teachers of physical education is very rare and less effective than with other teachers, and nearly 24% admitted that they did not cooperate with them at all. When cooperation occurs, in 58.7%, it concerns physical culture and promoting motor activity, prophylaxis of accidents and injuries (almost 48%), and education associated with hygiene (approx. 24%). Despite the fact that over 10% students are overweight or obese, only 5 nurses cooperate with the teacher of physical education in the field of nutritional education. Only 3 respondents identified the teacher of physical education as the leader of health promotion at school and confirmed his/her greater activity in the recent period. In Health Promoting Schools, nurses have a better opinion about teachers of physical education and they cooperate with them more often.

**Conclusions.** According to the surveyed school nurses, their cooperation with teachers of physical education in implementing school health education – excluding the area of motor activity – is minimal and ineffective, despite substantial needs in this domain existing in the population of students and new requirements put in front of teachers in the new curriculum basis.

**Keywords:** school nurse, teacher of physical education, health education at school.

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## INTRODUCTION

The significance of school health education for health promotion is unquestionable and the evidence for the effectiveness of pro-health actions aimed at students is known and acknowledged – regardless of students' age, type of their school, or even health condition as well as the main implementer of educational programmes [1-4]. In the process of organising educational actions, attempts should be made in order to create a "pro-health coalition". Its members should represent different social environments, which is significant both for a good functioning of the school and the peer environment of a student. The basic elements of creating this coalition can be found in the concept of the Health Promoting School [5,6] as well as in many models of organising health promotion. Special attention should be drawn to Murray's model of effective strategy of Health Promotion [7,8]. In this model, three persons representing different organisational elements of a given system are selected. At the same time, all of them should ensure the suitability of pro-health actions undertaken by them by their preparation, competence and the quality of their work. The first person is "the supplier", e.g. the head of a school, the manager, the administrator, the person who, due to his/her position, is obliged to organise various prophylactic and promotional activities in terms of health. He/she is supposed to create conditions enabling health promotion, for instance by ensuring finances, providing suitable equipment, making the use of necessary materials possible and a proper organisation of working time. The second person is "the innovator", i.e. a specialist in health promotion and prophylactics. His/her main duty is to use the knowledge and offering, choosing, evaluating and adapting proper health promotion and education programmes to the given institution as well as the evaluation of their effectiveness and providing the obtained results to the supplier and the public. He/she is also obliged to provide help for another person in the model – "the promoter". The promoter is usually an ordinary employee of the given institution (for instance a teacher, a class tutor), whose main task is to implement selected programmes and planned actions during the work in his/her job position. He/she must cooperate closely with the innovator. Health promotion in the form of particular prophylactics and education programmes is implemented in a proper way and brings results only when these three people work equally efficiently and are in constant cooperation.

Each of the persons organising educational actions included in a defined programme has some specific tasks but at the same time, the tasks are to be carried together with others. The basic cooperation between the supplier and the promoter consists of estimating the needs concerning education and prophylactics, organising training and workshops, making systematic reviews of the implemented programme as well as cooperation in terms of costs associated with the undertaken actions. The cooperation between the promoter and the innovator comprises mainly a detailed and mutually agreed implementation of particular elements of the programme in the living environment of its recipients as well as periodic control of the quality of the provided ways of support. In turn, the basis of cooperation between the supplier and the innovator is the analysis and estimation of direct and indirect outcomes/effects of the implemented

programme. Only cooperation of all the three persons: the supplier, the innovator and the promoter guarantees effective dissemination, implementation, realisation and comprehensive evaluation of the health promotion programme. In the reality of a Polish school, so far only the supplier has been clearly identified. This is the head of a school or any didactic and educational institution (for instance a preschool). Unfortunately, the assignment of the role of the innovator or promoter is still unclear and, unfortunately, this is reflected in the effects of health education, or the lack of them. Such a situation results from, *inter alia*, the lack of coordination of actions undertaken at school by representatives of two different departments: the department of health – represented by the school nurse – and the department of education – represented by many teachers of various subjects.

In the Polish school, the organisation of school health education is undergoing constant changes, which is not beneficial for its effectiveness and results in wasting many valuable initiatives in this area accompanying, *inter alia*, the development of the Polish Network of Health Promoting Schools [9,10]. Since 1997 in Poland the curriculum basis of general education, which is the key document both for the organisation of school health education and its content, has been changed four times. Unfortunately, time for its implementation has never been assigned in educational plans. This fact is not the only one that has made the proper implementation of health education difficult or even impossible. There have also been constant changes of decisions concerning the implementers of these tasks. Repeated attempts in order to introduce health education as a separate subject taught by a prepared specialist failed. At present the most important aspect of the decision of the Minister of Education is delegating the main role in health education to one group of teachers. It was assumed that teachers of physical education are the professional group in Poland, which would be best prepared for carrying out school health education. At the same time, the teachers of physical education were assigned the role of the innovators and the promoters, which caused a concentration of nearly all tasks connected with the implementation of health education on the subject taught by them. The school nurse is supposed to be one of their closest partners. This assumption is reasonable. In the group of services provided by the school nurse defined by the National Health Fund, there is "participation in planning, implementation and evaluation of health education" [11]. Polish school nurses carry out many of their own or implemented health education programmes and their preparation for carrying out these tasks often necessitates the completion of MA studies and specialisation in health promotion and education. For instance, in the 2006/2007 school year nearly 80% of all types of schools in urban areas and approx. 65% schools in rural areas school health education programmes were carried out by nurses [12].

## AIM

The aim of the survey was to define the scope of cooperation of nurses working in educational communities and teachers of physical education in implementing health education nearly a year after introducing the new curriculum basis.

## MATERIAL AND METHODS

The new reality of the implementation of school health education was the starting point of studies concerning the scope and nature of cooperation between school nurses and teachers of physical education seven months after the introduction of the new curriculum basis in Polish schools. In March 2010, opinions of 46 nurses from two non-state healthcare centres in Lublin were analysed. The surveyed group consisted in 100% of nurses taking care over the total population of students of state schools in Lublin (43,948 students in total) in 87 schools of different type. Lublin is one of the largest Polish cities, second after Małopolska region and 9th in the country in terms of population (350,462 residents). A diagnostic survey and elements of monographs of selected schools were used, together with the analysis of documentation of the healthcare centres, the Department of Education of the City Office in Lublin and the Local Education Authority in Lublin. The survey consisted of three stages. Stage 1 – the analysis of basic documents providing the number of working school nurses and the main problems occurring in their job, preparation of questionnaires for surveys. Stage 2 – surveys among the nurses outside their schools. Stage 3 – the analysis of the collected material and broadening of the obtained results by interviews with persons organising the work of nurses and teachers of physical education in supervisory institutions (the Main Office of Healthcare Centres in which the surveyed nurses worked and the Local Education Authority in Lublin).

## RESULTS

The opinions of nurses concerned 486 teachers of physical education who, in the period of conducting the survey, worked in the same institutions as the surveyed nurses. The question whether the decision of the Minister of Health pointing to the teacher of physical education as the main implementer of school health education is good, was given a negative answer by 69% of nurses (n=32). Only three of the surveyed nurses confirmed that they frequently cooperated with the teacher of physical education and that this cooperation was better than with other teachers. In addition, only three nurses noticed that the activity of the teacher of physical education extended on the areas of school health education other than physical culture. Thirty-seven per cent (n=17) of the surveyed cooperated with these teachers as effectively and frequently as with other teachers. However, such an opinion was expressed much more often by nurses working in Health Promoting Schools. Over 32% of respondents claimed that their cooperation with the teacher of physical education was rarer and less effective than with other teachers. As many as 11 nurses (nearly 24%) stated that they did not cooperate with any of these teachers at all. This result is even more alarming taking into consideration the fact that in each of these schools in the group of students taken care of by the surveyed nurses, there were overweight and obese students, nearly 3500 in total. Only four nurses, when assessing the work of teachers of physical education associated with health education, stated that they performed the tasks very well, not focusing only on physical culture.

Such focus with the simultaneous negligence of other areas of health education was perceived by 37% of the surveyed (n=17). According to five nurses, the teacher of physical education whom they knew, did not undertake any actions in the field of health education, and ten nurses did not have a clear opinion on this issue. The surveyed nurses cooperated with teachers of physical education most often in promoting physical activity (over 58%; n=27), in prophylactics of accidents and injuries (over 47%; n=22), education connected with personal hygiene of students (nearly 34%; n=11) and nutritional education (five nurses).

## DISCUSSION

The literature of the subject confirms the thesis that the lack of cooperation of nurses with the selected group of teachers pointed out in the collected opinions, is a result of underestimating nurses by the teaching staff. The analysis conducted in a similar group of nurses from the Lubelskie Voivodeship in 2007 concerning the satisfaction from their job demonstrated that despite many difficulties the nurses were satisfied with their job, especially with the creative part of it associated with health education. However, nearly 80% of the surveyed were not invited to cooperate in the implementation of school health education and were absent during meetings organised by the school for this purpose [13]. The mentioned problem may also be connected with the lack of cooperation of the surveyed women with the teachers of physical education, even when it is absolutely necessary in case of working with overweight or obese students. The lack of, or very limited, cooperation of the surveyed nurses with teachers may also result from their being extremely overloaded with work. In Poland there are 1100 students per one nurse and for instance in the USA there are 750 students per one nurse, and in practice the number of students often reaches 1400 [14]. Another potential reason is the insufficient, or no support on the side of other school nurses – specialists – making finding out more effective forms of cooperation with other implementers of health education at school easier [15]. However, regardless of the potential reasons for the lack of, or insufficient, cooperation of school nurses with teachers of physical education, the obtained results are very alarming because they concern 100% nurses taking care over students in this large city, the capital of one of the Polish voivodeships.

## CONCLUSIONS

According to the surveyed school nurses, their cooperation with teachers of physical education in implementing school health education – excluding the area of movement activity – is minimal and ineffective, despite substantial needs in this domain existing in the population of students and new requirements imposed on teachers in the new curriculum basis. The obtained results indirectly show evident imperfections in the system of organising school health education in schools in which the surveyed nurses worked, expressed in the lack of mechanisms enhancing the flow of information between different employees of the school and methods of cooperation and communication of the two departments

represented by the nurse and the teacher of physical education. In schools in which the surveyed nurses work, there is no implementation of school health education following Murray's model.

#### Keypoints:

1. The presented study confirmed the existence of problems with the implementation of school health education in the reality of the Polish school.
2. The opinions of nurses in the new conditions of functioning of the Polish school were identified – after the introduction of the new curriculum basis of general education, which fundamentally changes the way of implementing school health education.
3. The study can be used in the process of creating school health promotion programmes in schools in Lublin in the course of works aimed at enhancing communication between members of school teams for health promotion.
4. Research aimed at determining the opinions of teachers of physical education on their cooperation with school nurses should be carried out and social, organisational and systemic conditions hindering this cooperation should be found out.

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