

**HEALTH COMMUNICATION BETWEEN NURSES AND CHILDREN AT SCHOOL:
SCOPE REVIEW****COMUNICAÇÃO EM SAÚDE ENTRE ENFERMEIROS E CRIANÇAS NO
CONTEXTO ESCOLAR: REVISÃO DE ESCOPO****COMUNICACIÓN EN SALUD ENTRE ENFERMEROS Y ESCOLARES: REVISIÓN
DE ESCOPO**

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ABSTRACT

Objective: to map the evidence available in the literature on health communication between nurses and children, in the school context. **Methods:** Scoping review, searches carried out in July 2023 in PubMed/Medline, CINAHL, LILACS, Web of Science, Scopus and Embase, regardless of languages and without time frame, correlating the descriptors “Nurses”, “Health Communication” and “School Health Services” and their synonyms. **Results:** The searches resulted in 1126 publications. Of these, seven were organized into four categories: the nurse as a health educator at school; the role of nurses in child health care; the role in the clinical assessment of the child by the nurse; communication with the child that runs through the family. **Conclusion:** It was evident that health communication is a technology used in various actions carried out by nurses at school. The need to carry out new studies and training. **Descriptors:** Nurses; Health Communication; School Health Services.

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RESUMO

Objetivo: mapear as evidências disponíveis na literatura sobre a comunicação em saúde entre enfermeiros e crianças, no contexto escolar. **Método:** Revisão de escopo, buscas realizadas em julho de 2023 nas bases PubMed/Medline, CINAHL, LILACS, Web of Science, Scopus e Embase sem recorte temporal e de idioma, correlacionando os descritores “*Nurses*”, “*Health Communication*” e “*School Health Services*” e seus sinônimos. **Resultados:** As buscas resultaram em 1126 publicações. Destas, sete foram organizadas em quatro categorias: o enfermeiro como educador em saúde na escola; a atuação do enfermeiro na assistência à saúde da criança; a atuação na avaliação clínica da criança pelo enfermeiro; a comunicação com a criança que perpassa pela família. **Conclusão:** Evidenciou-se que comunicação em saúde é tecnologia utilizada em diversas ações de enfermeiros com crianças na escola. Ressalta-se a necessidade de realização de novos estudos e investimentos em capacitação. **Descritores:** Enfermeiras e Enfermeiros; Comunicação em Saúde; Serviços de Saúde Escolar.

RESUMEN

Objetivo: mapear la evidencia en la literatura sobre comunicación en salud entre enfermeras y niños, en la escuela. **Métodos:** revisión de escopo, búsquedas realizadas en 2023 en PubMed/Medline, CINAHL, LILACS, Web of Science, Scopus y Embase, sin marco temporal y de idiomas, correlacionando los descriptores “*Enfermeras*”, “*Comunicación en salud*” y “*Escuela*”. **Resultados:** Arrojaron 1126 publicaciones y siete fueron organizados en cuatro categorías: la enfermera como educadora sanitaria en la escuela; el papel de las enfermeras en la atención de la salud infantil; el papel en la evaluación clínica del niño por parte de la enfermeira; comunicación con el niño que recorre la familia. **Conclusión:** Se evidenció que la comunicación en salud es una tecnología utilizada en diversas acciones realizadas por los enfermeros en la escuela. La necesidad de realizar nuevos estudios y formación.

Descriptors: Enfermeras y Enfermeros; Comunicación en Salud; Servicios de Salud Escolar.

INTRODUCTION

Currently, there are intersectoral public policies aimed at valuing the first years of life, which are spent in significant part at school. In this context, the Health in School Program (PSE) stands out, which aims to promote comprehensive health for children and adolescents.¹⁻³

School is a space for relationships that influence social production and health. It provides opportunities for acquiring knowledge, developing skills and attitudes, such as adopting a healthy lifestyle.⁴⁻⁵ To this end, it is recommended that health

professionals working at schools use comprehensive approach, which includes the child, the family and the community.⁶ Such professionals must work on health from the perspective of different areas of knowledge and in the development of skills, such as autonomy and empathy⁵, with salutogenic themes and health-promoting strategies.^{3,7}

In Brazil, there have been records of nurses working in schools since 1930. The work of these professionals enables health promotion, disease prevention, encourages reflection and debate, and strengthens the

link between the education and health sectors.⁸ Your performance uses communication as a work tool.⁹

In this way, health communication is seen as a technology used in health care actions and education, assuming an exchange, not only of information, but also of subjectivities, experiences, perceptions of the world and other verbal and non-verbal expressions.⁹⁻¹¹

The relevance of mapping scientific publications on health communication in schools is highlighted, as well as carrying out studies aimed at the debate around health communication between nurses and children in order to cooperate in the implementation of the PSE.

It is important to highlight that investigating health communication practices between nurses and children at school is of great importance for the incorporation of methods and tools, as well as the recognition of barriers that must be overcome, so that communication occurs ensuring comprehensiveness, person-centered care, disease prevention and health promotion. In view of the above, the objective of the study was to map the evidence available in the literature on health communication between nurses and children in the school context.

METHODOLOGY

This is a scoping review developed based on the JBI recommendations.¹² Thus, the following steps were followed: (1) establishing the title and review question based on the PCC mnemonic, where P: Population, C: Concept and C: Context; (2) exploring the state of the art of the research problem by writing the introduction of the review; (3) defining the inclusion criteria; (4) outlining the search strategy (sources, descriptors and manual references from reading the selected publications); (5) selecting the source of evidence (examiner and protocol); (6) selecting articles - a process guided by the PRISMA-ScR flowchart¹³; (7) extracting the data; (8) analyzing the evidence and subsequently (9) presenting the results in tabular form and through descriptive mapping. The review protocol was registered in the Open Science Framework (osf.io/37vax).

To develop the review question, the mnemonic PCC was used, where the population (P) was nurses; concept (C) was health communication; and context (C) was school. Thus, the review question was: “What evidence is available in the literature on health communication between nurses and children in the school context?”

The searches were conducted in July 2023, independently by two reviewers, one doctoral student and one PhD. One reviewer has experience with search strategy and a

training course for scoping reviews and the search was validated by a librarian. Searches were conducted in the following databases: US National Library of Medicine National Institutes of Health (MEDLINE/PubMed), Web of Science (WOS), Excerpta Medica DataBASE (Embase), SciVerse Scopus, Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), correlating the descriptors “Nurses”, “Health Communication” and “School Health Services”. No date, language and/or study design filters were applied. The process of developing the search strategies followed the recommendations of the Peer Review of Electronic Search Strategies (PRESS).

The databases were chosen based on the number of indexed health articles. PubMed is a free search engine with access to the Medline database, which records important publications in American and world literature; CINAHL is a database specifically for nursing and health sciences; LILACS contains production from Latin America and the Caribbean; Embase and Scopus are important biomedical databases; Web of Science allows consultation of other databases. The aim of the diversity of databases was to include the world production on the subject and ensure a highly sensitive search. The search strategies were developed by the authors with the

support of a librarian and are described in Table 1, with the numerical return obtained.

The search strategy used in PubMed/Medline was: *"Nurses"[Mesh] OR nurses Nurse OR (Personnel, Nursing) OR (Nursing Personnel) OR (Registered Nurses) OR (Nurse, Registered) OR (Nurses, Registered) OR (Registered Nurse) AND "Health Communication"[Mesh] OR (Health Communication) OR (Communication, Health) OR (Communications, Health) OR (Health Communications) AND "School Health Services"[Mesh] OR (School Health Services) OR (Health Service, School) OR (School Health Service) OR (Service, School Health) OR (School-Based Services) OR (School Based Services) OR (School-Based Service) OR (Service, School-Based) OR (Services, School-Based) OR (Services, School Health) OR (School-Based Health Services) OR (Health Service, School-Based) OR (Health Services, School-Based) OR (School Based Health Services) OR (School-Based Health Service) OR (Service, School-Based Health) OR (Services, School-Based Health) OR (Health Services, School) OR (School Health Promotion) OR (Health Promotion, School) OR (Health Promotions, School) OR (Promotion, School Health) OR (Promotions, School Health) OR (School Health Promotions).*

After standardizing this strategy, it was used for searches in other databases, with

slight modifications based on the specific criteria of each database. It is important to note that the descriptors were combined in different ways in order to broaden the searches. Terminological variations in different languages, as well as synonyms, were used to perform a sensitized search using the Boolean operators AND for simultaneous occurrence of subjects and OR for occurrence of their respective synonyms.

The following eligibility criteria were established: primary studies that addressed health communication between nurses and children at school, without time or language limitations. The following were excluded: duplicate articles in the databases; opinion articles, editorials, letters to the reader or editor, consensus(es), experience reports, case studies, theses and dissertations. Studies that included adolescents in the school context and those that did not answer the review question were also excluded. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis – PRISMA methodology was adopted to systematize the process of including studies and illustrated in a flowchart.¹³ The results of the search with eligible primary studies and reasons for exclusion are described in Figure 1.

The studies were selected independently by two researchers and disagreements were resolved by consensus. There was no need to add a new reviewer at this stage. The analysis of the selected articles was

performed, in a first stage, by reading the title and abstract; followed by reading in full for the final selection of articles. The order of the databases analyzed was: PubMed®, Embase, Web of Science™, CINAHL, LILACS and Scopus. The order of exclusions followed the criteria: duplicate articles; study design inadequate for this review, population/sample inadequate for the objectives and failure to answer the review question. The full texts were selected in a paired and independent manner, and those that met the eligibility criteria were selected for the study. Figure 1 illustrates the selection process of the included studies.

Data extraction was also performed by two researchers independently. Detailed and standardized information was extracted by JBI, such as: details about the publication and study, year, producing country, objectives, population and sample size, methodology used, outcomes and main results that answer the review question. The extracted data were tabulated and presented through narrative synthesis.

RESULTS

The search retrieved 1126 records from the six databases. In the first stage, duplicates were removed ($n = 18$), 1095 were excluded after reading the title and abstract and 13 publications were read in full. Six articles were excluded at this stage: four articles did not specify the participation

of nurses in the school; one article described the role of nurses restricted to the administration of inhalers in a program to prevent asthma complications, and the professional was not part of the school team, and finally one article reported an extra-

school intervention. Thus, the final sample consisted of seven studies. Figure 1 shows the flowchart of the article selection process.

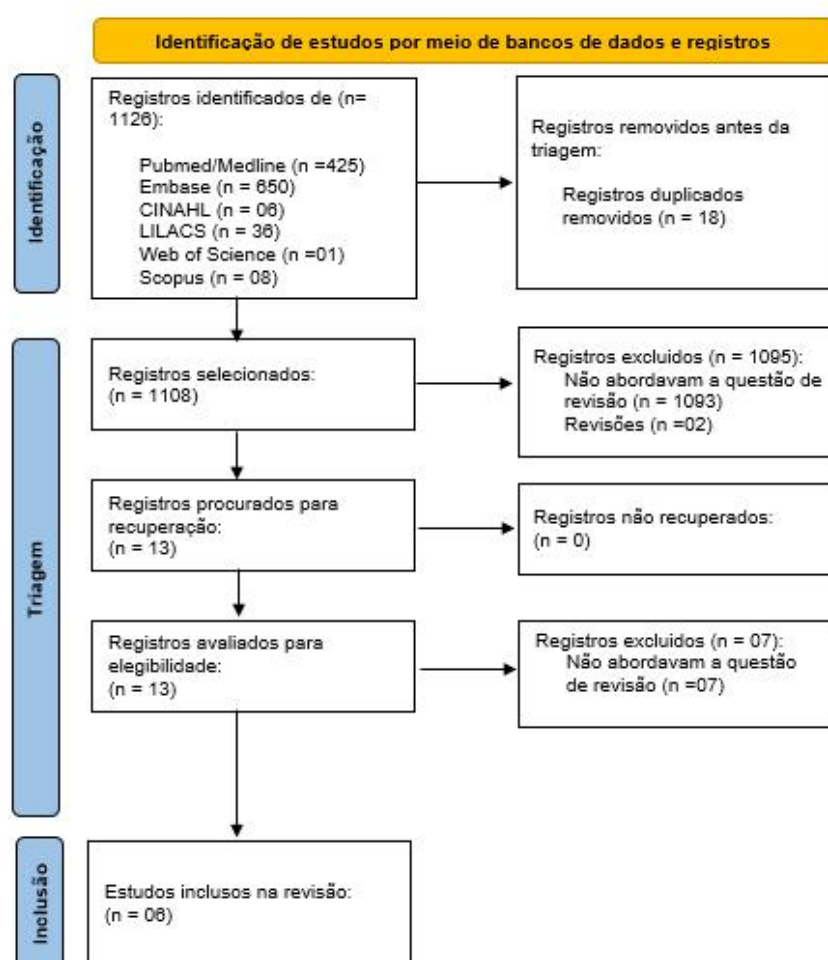


Figure 1. Flowchart of selection of reviewed articles according to PRISMA-ScR.

Characterization of included studies

The included publications date from 2005 to 2022. Regarding language, most studies were published in English (n=6; 85.7%) and only one in Brazilian Portuguese. Three

studies (42.8%) were produced in the United States; Brazil, South Africa, the Netherlands, and Sweden each had one production included (n=1; 14.3%).

There was a predominance of studies with a qualitative approach (n = 3; 42.8%);

followed by two cross-sectional studies (n = 2; 28.6%), one study used a descriptive approach (n = 1; 14.3%) and one study is the result of a randomized clinical trial (n = 1; 14.3%). Great heterogeneity was observed in the population covered in the studies; in total, 63,544 schoolchildren participated in the studies; 86 nurses; 24 parents of schoolchildren and 10 caregivers (health professionals who provided services to the school). Table 1 presents the main information from the studies included in the review.

Table 1. Details of selected publications (n = 7). Uberaba, Minas Gerais, Brazil, 2023.

Author(s), year	Producing country	Objectives	Population/sample	Outline	Outcomes	Main results
Alvarenga et al., 2012. ¹⁴	Brazil	Analyze parents' perception of health education actions carried out by nurses in the institution	12 parents in a public school in Teresina	Qualitative study with Bardin content analysis	Parents associated the nurse's role with receiving information about their children's health status through them and mentioned learning through health education actions (health promotion and disease prevention)	Parents had a positive perception of the health assessment and educational activities carried out by nurses, which had repercussions on the quality of life and health determinants of schoolchildren.
Everhart et al., 2020. ¹⁵	United States	To describe the use of a collaborative, community-engaged approach with nurses working in schools in a community and to develop recommendations for future school-based interventions for asthma.	43 nurses	<i>Survey</i>	A situational diagnosis was performed and nurses estimated that 12% of students with asthma had an action plan for the disease, 19% had a medication release form and 15% carried their inhalers at school. Regarding the barriers to asthma management in schools and strategies to promote its management, care coordination, education, access to care and medication adherence were identified.	Nurses noted the need for education specifically focused on teaching inhalation technique and improved communication between schools, medical providers, and families.
Golsater et al., 2012. ¹⁶	Sweden	Describe the content of verbal interaction in health dialogues between children and school nurses	17 school nurses and 24 children	Descriptive study	Approximately 50% of the dialogues between nurses and children were about habits, and healthy eating was the most discussed topic. In the health dialogues, children contributed fewer statements (41%) than nurses (59%). Schoolchildren were more talkative in	There was a predominance of dialogical exchanges about habits and healthy eating and verbal interaction was the most used in communications.

					terms of statements when referring to relationships (48%), school situation (46%) and sleep (46%). The verbal interaction approach most used by nurses was activation and partnership, followed by data collection, education and counseling and relationship building, distributed relatively equally.	
Mangun-kusumo et al., 2007. ¹⁷	Netherlands	To evaluate the effectiveness of an educational intervention on fruit/vegetable intake (counseling and online material) compared to a group that did not receive the guidance	486 children, 263 – intervention 223 -control	Cluster randomized clinical trial	The intervention was implemented by nurses through verbal counseling and online material. Higher levels of awareness of the importance of adequate fruit intake and knowledge of recommended levels of vegetable intake were observed in the group that received the intervention.	The advice given by the nurse about healthy eating showed significant results.
Metsing, Jacobs & Hansraj, 2022. ¹⁸	South Africa	To explore the perceptions, experiences and attitudes of school health nurses about vision screenings included as part of school health screenings.	13 nurses	Qualitative phenomenological study	The results revealed several challenges related to training, vision screening tests, referral criteria or pathways and follow-ups, as well as difficulties related to communication, time, space and non-consent by parents.	The study highlights the need for better communication between all stakeholders. With more trained professionals involved, there is a greater chance of early detection of children with vision abnormalities, which may result in improved academic performance.
Schainker et al.,	United States	To describe the quantity and type of	63024 school	Descriptive study with	Nurses provided approximately 43 consultations per day. In addition to	School-aged children receive a large amount of

2005. ¹⁹		school health services provided by nurses to students enrolled in a large urban public school district.	children	secondary data from a Boston database 2001-2002	providing individual health services, they conducted group activities. An average of 12 classroom presentations were given on topics such as sex education, hygiene, and nutrition. An average of 4 support groups (for children with substance abuse, eating disorders, and anger management) were held per month, led by a school nurse. Of all meetings, 10.6% involved verbal communication with parents, 3.9% with school staff, and 1.1% with community agencies or health care providers. Only 4.1% of meetings resulted in a referral to a primary care provider.	health care from school nurses. It is estimated that these children are eight times more likely to see a school nurse than a pediatric health professional. School nurses were involved in the care of children with mental health disorders and chronic health needs.
Snieder et al., 2017. ²⁰	United States	Identify key components of effective communication in a school-based asthma program	13 school nurses, 12 parents, and 10 primary care providers (PCPs)	Qualitative study with focus group	School nurses and PCPs raised a desire for technology integration to improve quality and timeliness in communication. Some parents cited the need for education by PCPs and school nurses. PCPs, parents, and school nurses agreed that face-to-face meetings can improve communication. Desirable components of asthma education to include: proper inhaler technique, identification of asthma triggers, and management of exacerbations.	The need for communication between all stakeholders was identified. Regarding the role of school nurses, the education provided by this professional is a strength of the program.

From the narrative synthesis, four thematic categories were observed: 1) The nurse as a health educator at school^{14-17,19-20}; 2) The role of the nurse in child health care^{15,19-20}, such as in the management of asthma^{15,20} and in cases of mental health problems¹⁹; 3) The role of the nurse in the clinical evaluation of the child^{18,20}, with the performance of diagnoses such as in cases of visual changes¹⁸ and asthma complications²⁰; and 4) Communication with the child that goes through the family.¹⁴⁻²⁰

DISCUSSION

This review showed that health communication between nurses and children at school represents a resource of work that permeates health education, care and the nurse's role as an educator, monitoring and screening of children at school and the relationship with other professionals and family members/guardians (caregivers). There was a scarcity of Brazilian studies on the subject, indicating a gap in the literature.

Health education using health communication aims at the collective construction of knowledge to promote understanding and adherence to self-care.²¹ Thus, it requires adaptations, as described in the study in which school nurses, through playful language, addressed health information combined with determinants and conditioning factors for children.¹⁴ It is also worth highlighting the need for health

dialogues open to the children's own narratives, listening attentively to what they wanted to say, in addition to the inclusion of the family to understand the child's real health status.^{14,16}

Communication between nurses and children at school involves both communication with the families of these children and their involvement in education and health actions.^{14-15,17-20} Through communication with school nurses, parents receive information about their children's health status^{14,18-19} and learn actions that promote health and prevent diseases.^{14-15,17,20} Furthermore, it was mentioned by parents that they better understand the information received by nurses, unlike what happens with other professionals¹⁴, reinforcing the clear and adapted communication of these professionals.

Regarding the themes addressed in health education by nurses, there was a greater focus on adopting a healthier lifestyle through adequate eating habits^{14,16-17,19} and hygiene^{14,19}; followed by early warning signs and instruction on the use of inhalers by schoolchildren with asthma, involving training of children and family members^{15,20}, the importance of psychosocial aspects for the promotion of psychosocial health¹⁶ and guidance on sexual education, eating disorders, anger control and substance abuse.¹⁹ Thus, a broad scope of themes to be

discussed in the school environment is identified.

It is noted that health education carried out by nurses with school children generally addresses issues of preventing diseases and injuries. In Brazil, the object of work of Primary Health Care (PHC) should extrapolate the individual and biological dimension, assuming social determination, its relationship with family and community, as required in the performance in the school context. However, a contradiction between what is declared and daily practice is still evident.^{2,3}

For a paradigm shift aimed at promoting health in schools, it is necessary to value salutogenic themes, such as culture of peace, family, determinants and conditions of health, spirituality, resilience; a dialogical approach and collective construction; premise of the holistic conception of the child; and the approach centered on comprehensive care, including the participation of other professionals, from the health and education sectors, and family members.^{3,21}

Health communication was highlighted as a work tool, present in the work in specific child health situations that require greater care, by nurses, in the coordination of care, in obtaining signed consent from family members regarding the conduct with children in asthma attacks; in the administration of medications; in obtaining

clinical and diagnostic information about these children; and in maintaining updated contact with family members.^{15,20}

Health communication was also observed as a resource in different situations, such as providing first aid; providing supplies during menstruation; administering psychotropic medication; measuring blood glucose and blood pressure in children with chronic needs and in cases of mental health changes¹⁹ and monitoring warning signs in schoolchildren with asthma.^{15,19-20} Visual screening was also described as a health action by nurses, which directly impacts the health, quality of life and academic performance of children.¹⁸⁻¹⁹

In this sense, the leading role of nurses working in the PSE is seen in the early detection of neglected diseases or illnesses through different clinical evaluation actions, such as updating the vaccination card, early detection of hypertensive disorders, nutritional, auditory and ophthalmological assessment.^{22,23}

The elements that facilitate communication in health between nurses and children at school include the partnership between these professionals and parents; the educator's stance aimed at comprehensiveness; language aimed at understanding; the well-defined role of the school nurse; the integration of technologies; face-to-face and dialogic communication; the formulation of open questions; the use of

checking strategies (feedback); individualization focusing on the person.^{14,16-17,20}

Health communication, therefore, does not consist of the transfer of accumulated knowledge, but encompasses the understanding of the dimension of mediation in the sharing of experiences and information of the multiple actors involved.¹¹

The importance of other professionals for children's health at school was highlighted in the included articles, whether they are education workers, community health agents, caregivers or other health professionals.^{14-15,18-20}

At Basil, nurses who work in the Family Health Strategy (ESF)/PHC, carry out actions with several professionals, together with the community. And one of the places where the ESF works is the school, through the PSE, whose objective is the development of the child, the promotion of healthy habits and the prevention of diseases in childhood.^{2,22,23}

It is noteworthy that one of the included articles found that children visited school nurses' offices eight times more than those of primary care, and that more than 89% of the meetings were exclusively between children and nurses, without communication with an adult caregiver or the need for referral to another health professional. There is a need for further research to discover the

meaning of this observation, which can promote the importance of nurses in this space.¹⁹

Barriers to communication between nurses and children at school were identified, such as access to PHC in coordination with the demands of schoolchildren and regarding opening hours; failure to update parents' contact details and, perceptual barriers related to parents not believing their children had health problems. Language differences and lack of financial support from insurance companies for school-based care were also impacted.^{14-15,18-20}

Furthermore, nurses working in the school context have impaired care coordination, as they often do not have signed consent from parents and guardians regarding therapy and medications. In addition, it is observed shortage of human resources and training to carry out activities; impacts of the lack of teamwork in this environment; little understanding of legal and practical aspects; and privacy laws that impose limits on the sharing of information.^{15,19-20}

CONCLUSIONS

This review explains health communication between nurses and children, in the school context, as an instrument for health education, care, early diagnosis and the relationship with other professionals and family members, as well as its gaps.

As there was only one article included addressing the Brazilian reality, it is therefore recommended that studies be carried out on the subject from the perspective of nurses, with a view to implementing comprehensive, equitable care that considers the child as the protagonist in this process.

It is essential to rethink nursing practices in the school context, in order to build dialogic actions based on listening practices, the formulation of open questions, the use of checking strategies, the use of appropriate language and playfulness. It is essential to consider and give visibility to local realities, focus on individualized care, use salutogenic themes and count on the participation of family members and other health and education professionals.

The limited amount of evidence on the role of nurses and communication with school children constitutes a limitation and, at the same time, a potential for the development of new studies on the subject.

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