

The Roles and Profile of School Nurses in Bahrain

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Abstract

Hospitals, clinics, nursing homes, and health centres are the traditional places where nurses work, but nurses have recently started working in new areas such as government and private schools, and they play a critical role in the educational setting for achieving better health outcomes. In order to better understand these roles, this study aimed to create a profile of school nurses in Bahrain and explore their roles. The researchers adopted a mixed methodology involving quantitative and qualitative methods of data collection. The study established several factors impacting roles of school nurses in Bahrain, and both government and private school nurses reported aforementioned elements. The study concluded that creative solutions should be introduced to improve working conditions for nurses in schools.

Introduction

Among all healthcare workers, nurses are the first professionals to treat sick or injured people in various settings, including hospitals, nursing homes, clinics, and health centres (Shaffer, 2017). Nurses can now also be found outside these traditional areas, working in government and private schools in the Gulf region. The profession of school nurses is not fully recognised and credited despite the fact that they play a critical role in the education system by providing care for conditions ranging from skinned knees to serious allergic reactions (Hassani, 2017). The environment in which school nurses operate, including the level of autonomy and self-efficacy that they have in their daily work, is unique in contrast to all other settings of the nursing profession. By studying and understanding the role and profile of school nurses in the Kingdom of Bahrain, we will shed light on school nurses as a working force in the country and in this new nursing worksite. The specific objectives are as follows:

1. To create a profile of school nurses in Bahrain.
2. To explore the roles of school nurses in Bahrain.

Method and Analysis

The research used a mixed methods design. The quantitative data were analysed using the IBM Statistical Package for Social Sciences data analysis software. The initial analysis was descriptive, applying frequency, mean, and standard deviation analysis to determine respondents' demographic profiles. The summarised data provided a complete view of the demographic profiles of nurses from government and private schools. To evaluate qualitative data from 27 interviewees, we used thematic analysis, which involved organising responses into common categories to highlight the most important observations (Cooper & Schindler, 2014). The thematic analysis used six stages, as proposed by Burnard (1991): taking notes; data immersion; open coding; reducing and refining the data; checking, reading, and categorising the data; and rearranging the data (Burnard, 1991).

The Role of School Nurses in the Gulf Cooperation Council and Middle East Countries

Understanding how school nurses perceive their professional environment is key to creating a profile of them and exploring their roles in Bahrain, the Gulf Cooperation Council, and Middle East countries. In Bahrain, school nurses are trained to work at school alone to ensure students are in good health and able to learn successfully, which is also one of the main motivations for the nurses to evolve in their profession (Whitman & Aldinger, 2009). School nurses in Bahrain play various roles, ensuring schools receive appropriate medications, adhering to the required healthcare procedures, and monitoring if screenings for chronic health conditions are ongoing. It is also within school nurses' obligations to conduct necessary assessments of the playgrounds and cafeterias and to ensure that the indoor air is of good quality. This minimises the likelihood of injuries and illnesses, improves health, and ensures the safety of those in the school. In addition, school nurses provide leadership roles for the promotion of necessary healthcare policies and programmes and are held liable for medication treatment (Hassani, 2017). In a study involving 10 secondary school nurses in Bahrain, Hassani (2017) reported that the main roles of the school nurse are providing direct healthcare, promoting good health, and performing disease surveillance, similar to school nurses' roles in many other countries.

Green and Reffel (2009) expressed that “advocacy talking points”, or nursing advocacy in educational settings, present unique challenges for school nursing programmes because these talking points need a consenting evaluation to identify shared aims and differences between school administrators’ and nurses’ perceptions of the nurses’ roles. Furthermore, a study of school nurses in Bahrain found a need on the nurses’ part to advocate their roles, as this was considered one of the challenges they faced routinely (Hassani, 2017). In Bahrain, the Ministry of Health (MoH) is responsible for school nurses, and the Ministry of Education (MoE) regulates private school nurses and evaluates the work of school nurses. Overall, school health services are supervised by different institutions, usually either a ministry of health or a ministry of education, in various member countries of the GCC (Khoja et al., 2013). Al-Dahnaim et al. (2013) conducted a study amongst all of Qatar’s school nurses (N = 159) and principals (N = 159) of governmental schools to determine their perceptions of school nurses in Qatar. The response rates were 100% for nurses and 94% for principals, and both groups named the main roles of school nurses as following up on chronically ill students, providing first aid, and referring students with health problems (Al-Dahnaim et al., 2013). The study recommended raising school principals’ awareness of the nurses’ role, especially in issues related to students’ school performance (Al-Dahnaim et al., 2013). The role of school nurses in promoting mental health in the United Arab Emirates was also studied, Al-Yateem et al. (2018) found that school nurses in the United Arab Emirates have low levels of mental health literacy and need a targeted programme of culturally appropriate professional development focused on mental health promotion to enhance their professional futures. The researchers’ survey featured a culturally adapted version of the mental health literacy questionnaire, comprising three vignettes of fictional characters meeting diagnostic criteria for the target conditions along with the Kessler Psychological Distress Scale (K10; Al-Yateem et al., 2018). The survey was administered to 339 school nurses employed in public and private schools in three emirates in the United Arab Emirates, and it ascertained the nurses’ abilities to correctly identify the conditions and the helpfulness of treatment interventions and health care providers for these conditions. Al-Yateem et al. found that fewer than 50% of the respondents correctly identified the disorders presented and that, although the school nurses in the United Arab Emirates are doing their best to provide all health

services in the educational setting, a mental health programme is needed to enhance their work, just as one is needed to enhance school nurses' work in Saudi Arabia. Alqallaf (2016) explored the need for school nurses in the Saudi school system as well as Saudi nurses' current roles in school health education and health promotion. The researcher used a qualitative approach and semi-structured interviews of 15 participants (eight nursing students, four nursing faculty members, and three nurses), and the findings contributed to decision-making processes, the formulation of necessary legislation, and government measures on the implementation of school nursing and physical education—particularly in girls' schools in Saudi Arabia—to maximise health and wellness in the Saudi community (Alqallaf, 2016). Three themes emerged to identify the current roles of nurses in Saudi Arabian schools: health educator, health promoter, and liaison with the community. In addition, four themes were identified based on the potential roles of nurses in Saudi Arabian schools: leadership role, care provider role, educator role, and community liaison role. Five themes were identified based on facilitators and barriers to providing health and physical education in Saudi schools: university- and college-level support, school health services, governmental support, lack of cultural approval, and demand for nurses exceeding supply (Alqallaf, 2016). These studies are the start of understanding school nurses' roles and need in Saudi Arabia to form solid plans for their future. Health promotion in the country is discussed as a part of Saudi school nurses' roles and duties, as has been done with the profession in Egypt, where school nurses play a vital role in promoting sexual health education. A study of Egyptian school nurses' experiences explored this topic in an Islamic cultural setting using 13 in-depth interviews for an exploratory qualitative design and data analysis. Farrag and Hayter (2014) found that four themes emerged from this analysis: personal issues, cultural and political dimensions, parental issues, and skills and confidence. These themes represented Egyptian school nurses' views on sex education, which were tempered by personal and social forces affecting their practice. Egyptian nurses expressed fear and concerns about being blamed for creating a permissive culture. They believed that sex education is morally challenging, affects Egyptian school nurses, and must be addressed in an effective way. Furthermore, they believed that they could contribute actively by receiving governmental support (Farrag & Hayter, 2014). A research paper published in Jordan

reported on the importance of school nurses promoting health education for students with ADHD. In Jordan, Alazzam, Suliman, and Al Bashtawy (2016) explored the role of school nurses in increasing awareness by improving the service delivery model for affected children and their families. Nurses can act as a bridge linking families to healthcare services by providing primary prevention aimed at keeping students with ADHD symptoms in school, and they can assist in the early identification of children who show signs and symptoms of ADHD. The paper also examined nurses' roles in the treatment and referral process. Early warning, diagnosis, and referral can help in the treatment process and assist in coping with and managing the burden of the disorder. Such interventions can help the family members and affected child have an optimal quality of life and can specifically promote a student's academic success (Alazzam, Suliman, & Al Bashtawy, 2016).

The Role of School Nurses in European and South African Countries

In the US, despite a long history of school nurses, the development of a comprehensive role for the school nurse has been and is taken for granted (AAP Policy Statement Recommends Full Time Nurse in Every School, 2016). School nurses in the US act as direct caregivers and leaders. They perform screenings and fill in referrals, promote safe and healthy school environments, provide health education, and overall act as mediators amongst healthcare professionals, students, and communities (AAP, 2008). The management of school nurses has also been demonstrated to vary across cultures. For example, in the US, school nurses are managed by the Department of Education and the Department of Health (Kolbe, 2002). Bradley (1998) recommended that the American School Health Association and the National Academy of School Nurses (NASN) meet together to identify contemporary US school nurses' research needs. By doing so, these organizations could help in planning and providing the support needed for US school nurses to start school-aged healthcare research. Bannister and Kelts (2011) started the process by evaluating school health policies in the US to develop them and by working as healthcare experts within the school system to deliver services. These services included health promotion and protection, chronic disease management, coordination of school health programmes and school wellness policies, crisis/disaster management, emergency

medical condition management, mental health protection and intervention, acute illness management, and infectious disease prevention and management. In South Africa, school nurses have administrative duties in addition to performing health screenings and vaccinations (Kwatubana, 2018). Despite having core responsibilities similar to those in other countries, school nurses in Canada also act as counsellors, health educators, and health practitioners who work with teachers, parents, and students (Seigar et al., 2013). However, in some regions of Australia, school nurses operate under the supervision of the Department of Health (Kathryn, Alison, & Caron, 2006). Morberg, Lagerström, and Dellve (2009) found that nine Swedish head school nurses perceived their leadership in developing school healthcare and strove to find a balance between their experiences and unclear goals to transform them into strong goals. This led to the creation of local goals that developed the schools' healthcare systems and provided individual support to school nurses. Local goals are the links between school nurses, decision makers, and nurses' organisational leaders at work. Providing a structured plan for education and training in school healthcare management would help strengthen the school nursing profession, reinforce the position of a school's healthcare system, and advance the nurses' work. This is in agreement with Bannister and Kelts' (2011) explanation regarding leadership and management in relation to school nurses. Magalnick and Mazyck (2008) stated that having full-time nurses in every school is important to ensuring a strong connection with all students. Depending on the community and student population, having a nurse in every school allows the institutions to work most efficiently in providing the coordinated care that each student requires. As health experts, school nurses assess the healthcare systems and develop plans to ensure that all the healthcare needs of their student patients have been met. In demonstrating some dimensions of the role, Edwards (2005) discussed Louisiana school-based programmes that make weight management more accessible. These programmes mark an attempt to ensure that schools engage in obesity prevention and management through the assessment of, intervention on, and follow-up with children within the school setting. Weismuller et al. (2007) provided evidence that school nurses can influence student attendance via interventions. The establishment of an attendance referral policy and improved documentation systems, including the use of standardised nursing language to communicate student outcomes, are key elements in establishing an

effective healthcare system at a school. In summary, school nurses and general nurses have a variety of responsibilities that they are expected to carry out. They work in school settings, where they are needed, to promote adolescent and child health while also taking learning progress into consideration. School nurses are also expected to provide direct healthcare to their students. In this regard, school nurses should perform comprehensive and systematic healthcare assessments of students and analyse the data to identify the problems that students face (Bannister & Kelts, 2011).

Demographic Data for the School Nurses in Bahrain

Demographic data aimed to relate nurses' ages, work experience, and workloads to the numbers of individuals they serve in schools. The school nurses in Bahrain are generally young adults in the third decade of their lives ($M = 38.2$ years, $SD = 7.7$). However, school nurses in private schools are much younger—in their early thirties ($M = 36.3$, $SD = 8.6$)—compared to their counterparts in government schools, who are in their early forties ($M = 41.0$, $SD = 5.3$). School nurses also generally have over ten years of experience ($M = 13.1$, $SD = 7.6$), with school nurses in government schools having almost twice as many years of experience on average ($M = 17.6$, $SD = 5.4$) as those in private schools ($M = 9.8$, $SD = 7.3$). Despite being younger and less experienced, private school nurses serve a larger mean population of students ($M = 1,493.6$, $SD = 1,815.0$) and staff ($M = 163.3$, $SD = 213.3$) than those in government schools ($M = 778.1$, $SD = 349.7$ for students and $M = 113.6$, $SD = 60.4$ for staff). The results reveal that private school nurses are younger and less experienced than their counterparts in government schools but serve bigger populations of students and staff.

The Comparison Between School Nurse Roles in Private and Government Schools

The school health programmes shared five common roles for school nurses: (a) preparing the school clinic, (b) providing medical services, (c) organising health education and awareness, and (d) participating in health committees. School nurses in Bahrain run comprehensive health programmes in their schools with the objective of identifying and addressing developmental problems that could have negative implications for student health and learning. The school health programme shared four common roles for school

nurses. The role of preparing the school clinic was strongly emphasised by all school nurses as being so fundamental that the other roles depended on it; this responsibility involved ensuring that medical equipment was in good working condition and that there were adequate supplies of all approved medicines and surgical materials. The second role was the preparation of student and staff health files to quantify chronic illnesses and prepare the appropriate treatments and medical supplies required to meet their needs. The third role was emergency preparation. However, nurses had a limited scope of treatment for many diagnosed illnesses. Despite their training, ability, and competence, they could only administer a limited list of drugs approved by the MoH. School nurses attending to students conducted additional medical examinations, such as routine tests for vision, spinal cord deformities, and BMI for obesity. Participation in vaccination programmes or campaigns was another important medical service common to nurses in the MoE (i.e., in government schools), as well as counselling services, health education, and promoting awareness of students and staff. These government school nurses prepared monthly statistics on diseases and medicine consumption at school as a part of surveillance that private school nurses did not conduct. Finally, in government schools, nurses were members of the school health and safety committees, cooperating with the civil defence for fire evacuation drills. They also identified and repaired damages that posed dangers to students and staff and ensured proper food hygiene in the school canteens, which is not mandatory for private school nurses.

Challenges to the Role of School Nurses in Bahrain

There was a unanimous consensus amongst the school nurses that they face challenges in executing their work. One of the most common challenges stated was poorly defined roles; Bahrain's school health programme started in 2002, and the role of school nurses is still evolving. School nurses in private schools often do not fully understand their responsibilities and lack procedural manuals, which are important to defining their roles and work procedures and serve as tools for self-evaluation. School administrative and teaching staff also do not understand the roles of school nurses, which poses a significant challenge for nurses in executing their roles. Although school administrators are their immediate supervisors, the administrators are not part of the nursing profession, and their

lack of understanding of the role of school nurses creates conflicts or requests unrelated to nursing; this ignorance of the supervisors also leads to compromised or poor job evaluation processes for school nurses, delaying their promotion prospects. High workloads are also challenging for school nurses; administrators assume that school nurses have fewer or less demanding roles and are therefore able to handle large populations of students and staff. School nurses disagree, arguing that high student/staff-to-nurse ratios are the most significant source of their high workloads. School administrators and teaching staff sometimes assign nurses extra duties, even ones unrelated to nursing. Since school administrators are their immediate supervisors, nurses are always obliged to take on these extra tasks and are often denied fixed breaks. A third common challenge raised was organisational barriers, mainly the lack of coordination between the MoH and MoE. The two ministries evaluate school nurses separately, which represents a duplication of resources and processes. This depresses promotion prospects for qualified school nurses and causes bureaucratic issues in the approval of health promotion events involving participants outside of the school, such as local health centres. Miscommunication between nurses, parents, and school administrations creates problems for school nurses, who also lack organisational support and funding for equipment in good working condition and adequate supplies of medications. Lastly, the school nurses surveyed shared a lack of educational opportunities. It is important for school nurses to upgrade their knowledge and skills to match evolving student healthcare needs. The lack of educational opportunities influenced some school nurses to pursue training with their own funds and time. Finally, school nurses face some challenges that both the MoE and MoH can address to increase the nurses' job satisfaction and productivity.

Bibliography

AAP Policy Statement Recommends Full Time Nurse in Every School. (2016). (Online).
<https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Policy-Statement-Recommends-Full-Time-Nurse-in-Every-School.aspx> . Accessed 5/6/2018

AAP Role of the School Nurse in Providing School Health Services. (2008). (Online).
<http://pediatrics.aappublications.org/content/121/5/1052> . Accessed 5/6/2018

Alazzam, M., Suliman, M., & ALBashtawy, M. (2016). School Nurses Role in Helping Children With Attention-Deficit/Hyperactivity Disorders. NASN School Nurse. Vol. 32,no. 1,pp.1-2

AL-Dahnaim, L., Said, H., Salama, R., Bella, H., & Malo, D. (2013). Perceptions of school nurses and principals towards nurse role in providing school health services in Qatar. The Journal Of The Egyptian Public Health Association. Vo.88 .no. 1,pp. 19–25.

Alqallaf,H.(2016). Exploring the Need and Potential Role for School Nurses in Saudi Arabian Schools. (Online).
https://dspace.library.uvic.ca/bitstream/handle/1828/7515/Alqallaf_Hebah_MSc_2016.pdf?sequence=1&isAllowed=y .Accessed 3/1/2019

Al-Yateem, N., Rossiter, R. C., Robb, W. F., & Slewa-Younan, S. (2018). Mental health literacy of school nurses in the United Arab Emirates. International journal of mental health systems, Vol. 12,no. 6 ,pp.1-13

Bannister, A. and Kelts, S.(2011) .NASN position statement: the role of the school nurse and school-based health centers.NASN Sch Nurse. Vol.26,no.3, pp.196-197

Bradley. B,J. (1998).Establishing a research agenda for school nursing. J Sch Nurs.Vol. 14,no.1,pp.4-13.

Burnard, P. (1991). A method of analyzing interview transcripts in qualitative research. Nurse Education Today. Vol. 11, pp. 461–466.

- Cooper, D. R. and Schindler, P. S. (2014). Business research methods, 12th ed., New York: McGraw-Hill.(Online).
<https://www.heacademy.ac.uk/system/files/msor.3.1s.pdf> . . Accessed 10/4/2016
- Edwards ,B1.(2005).Childhood obesity: a school-based approach to increase nutritional knowledge and activity levels.Nurs Clin North Am.Vol.40 ,no.4,pp. 661-9
- Farrag, S. & Hayter, M. (2014). A Qualitative Study of Egyptian School Nurses' Attitudes and Experiences Toward Sex and Relationship Education. The Journal of school nursing.Vol.30,no.1,pp.49-56
- Green R, Reffel J.(2009).Comparison of administrators' and school nurses' perception of the school nurse role. J Sch Nurs.Vol.25,no.1,pp.62-71.
- Hassani, F. (2017). An exploration of the role of school health nurses: A qualitative study. LIFE: International Journal of Health and Life-Sciences. Vol. 3, no. 1, pp. 12 – 17
- Kathryn,C., Alison.D and Caron.M. (2006). An Overview of the Health and Wellbeing of Young Adults in Western Australia 2002-2005. Department of Health,WesternAustralia . Online
https://ww2.health.wa.gov.au/~/_/media/Files/Corporate/Reports%20and%20publications/Population%20surveys/2006-Young-Adults-In-WA.ashx Accessed 19/2/2018
- Khoja .T.A., Qidwai. W., and Ahmed. M.S.(2013).The way forward to public health in Gulf Cooperation Council (GCC) countries: a need for public health systems and law.Middle East J Family Med. Vol.11,pp.23–27.
- Kolbe, L. (2002). Education reform and the goals of modern school health programs. The State Education Standard: The Quarterly Journal of the National Association of State Boards of Education.Vol. 3,pp. 4–11.
- Kwatubana, S. (2018). Harmonizing the efforts of school nurses and teachers in health promotion school. Africa Education Review.Vol. 15,no.1.

- Magalnick, H. and Mazyck, D. (2008) Role of the school nurse in providing school health services. American Academy of Pediatrics Council on School Health Pediatrics. Vol.121,no.5, pp. 1052-1056. doi: 10.1542/peds.2008-0382.
- Morberg S, Lagerström M, and Dellve L.(2009).The perceived perceptions of head school nurses in developing school nursing roles within schools.J Nurs Manag.Vol.17,no.7,pp.813-821.
- Seigar, D., Dietsch, E., and Parent, M., (2013). Barriers to providing school-based health care: International case comparisons. Collegian.Vol.20,no,1,pp.43-50.
- Shaffer. F. A. (2017). An Unconventional Path Leads to a Lifetime Commitment to the Nursing Profession, Nursing Administration Quarterly, Vol. 41, No. 3, pp.247
- Weismuller, P.C., Grasska, M.A., Alexander, M. , White, C.G. , and Kramer, P.(2007). Elementary school nurse interventions: attendance and health outcomes .J Sch Nurs. Vol.23,no.2,pp.111-118.
- Whitman,V.C and Aldinger,C.E.(2009). Case Studies in Global School Health Program. s.l.: Springer. Newton MA 02458. USA