
PERSPECTIVES OF SCHOOL HEALTH NURSES ON THEIR ROLE IN THE SCHOOL ENVIRONMENT OF IJEBU ODE LOCAL GOVERNMENT AREA OF NIGERIA

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Abstract:

Introduction: School health nurses' role in a school environment is underscored by the national school health policy in Nigeria. Understanding their role in promoting adolescents' health especially in their reproductive health would enable them to perform their role as expected of them. The existing literature shows that school health nurses are deficient in their role expectations. It is not clear whether they are aware of their role, and whether they were prepared for the role they perform. This gap served as a motivation for the researcher to explore and describe the role of school health nurses in Ijebu Ode local government of Nigeria.

Methods: A qualitative approach with an explorative and descriptive design was used. School health nurses who have spent more than two years in the school health service were purposively selected. Semi-structured interviews were conducted with eight school health nurses and one school health coordinator. Inductive content analysis was done to interpret the data.

Findings: The findings revealed that school health nurses were not aware of their role in school health service, and all of them were posted to school environment immediately after their employment to work as school health nurses without any form of programme that would prepare them for the new challenge as most of them had acute care background.

Conclusion and Recommendations: Against the backdrop of the findings, school health nurses should be properly oriented toward their expectations in the school health setting. They should be provided with the adequate training in order to function at the optimal level.

Keywords: School health nurse, role, perspectives, school environment

Introduction

School-based health care is viewed as one of the most effective strategies for delivering comprehensive primary and preventive health services to young people in school

environment (Mason-Jones, Crisp, Momberg, Koech, Deoker & Mathews, 2012). The role of school nurses is clearly defined by the National Association of School Nurses (2011). These include

facilitating normal development and positive student response to intervention. The school nurse is expected to design interventions and care, based on his or her knowledge and understanding of human development, that will meet the health needs and challenges of the students. The National Association of School Nurses (2012), in its position statement, emphasizes that age-appropriate health education programs about human sexuality should be included as part of a comprehensive school health education program and be accessible to all students in schools.

Farrag (2014) has identified sexual and reproductive health education as one of the focus areas of school health nurses because of their vast health knowledge. Aligning with the above position, Onyeka, Miettola, Ilika & Vaskilampi (2011) submit that school nurses are important in addressing sexual and reproductive health issues of adolescent students. They argue that this will create a platform that will enable students to have a confidential interaction with school nurses. In Nigeria, the National School Health Policy recognizes the role of school health nurses in the provision of health to the members of the school community (Federal Ministry of Education, Nigeria, 2006a). The implementation guidelines on school health services emphasize that the purpose of school health services is to help children at school to achieve the maximum health possible for them to obtain full benefit from their education, and that the school health nurses are expected to play a vital role in achieving this goal (Federal Ministry of Education, Nigeria, 2006b). The policy further recognizes the fact that the various

services to be provided are highly technical and require the acquisition of appropriate knowledge and continuous skills development of school nurses. Evidence shows that school health nurses occupy a pivotal role in providing expertise and oversight in the provision of school health services, which includes adolescent reproductive health (NASN, 2012: 1).

However, there is no evidence that the school health nurses in Nigeria are quite and fully aware of their role in the school environment, and whether they have been performing their role as expected of them or not. Poor awareness of role may lead to poor performance. Performance problems can be attributed to unclear expectations, skills deficit, resource or equipment shortage, or a lack of motivation (WHO, 2006). The World Health Organization (2006) further reiterates that poor performance of service providers leads to inaccessibility of services and inappropriate guidance and care. Where this situation prevails, school adolescents who are the primary beneficiaries of the services of the school health nurses are deprived of quality care, especially, in their reproductive health. In view of the foregoing, the researchers had a felt need to explore school health nurses' experiences of their role in the school health service as this will enable them to have first-hand knowledge of the prevailing school health practice situation.

Methods

The research setting was a secondary school environment in Ijebu Ode local government area of Nigeria. There are ten secondary schools in the local government area. Some

are either exclusively for males or females, while some are co-educational in nature. Eight schools were purposively selected for the study. School health nurses and school health coordinator constituted the study participants. Each school has one school health nurse. Altogether, eight school health nurses participated in the study. The school health coordinator who has an oversight function was also included in the study. The criteria for the inclusion of the school health nurses took into cognizance of their occupational experience, which was stipulated at not less than two years. The ethical approval from the University of the Western Cape was presented to the gatekeepers seeking for their permission to collect data. The data was collected by a semi-structured interview which is ingrained in qualitative research design. The interview guide was the data collection tool used to direct the interviews. The semi-structured interview is a means of eliciting information from the participants using a set of predetermined, open-ended questions which cover the areas of interest in the study (Ayres, 2008: 811). The qualitative approach helps the participants in making their point of view known by capturing this in their own words (Yilmaz, 2013: 315). Data analysis was processed through inductive content analysis. The transcribed texts were read repeatedly for proper understanding and immersion. Coding was done by the both researchers as this enabled them to prevent missing important data and in order to compare notes. Portions of text were checked against research concerns to determine their relevance.

Findings

Two themes were generated from the analysis of the data. These themes portray the findings of the study. The themes included: awareness of roles and responsibilities and activities in the school environment. Two sub-themes emerged from the first theme while three sub-themes arose from the second one.

Theme 1: Awareness of roles and responsibilities

Each of the school health nurses concurred on the fact that after working for a time in a medical setting, they were immediately sent to the school environment to begin functioning as a school health nurse without having a prior knowledge of this. This was contrary to their expectations of working in the hospital environment. Understanding role expectations are vital to an individual's successful performance in any particular role.

Sub-theme 1.1.: Poor awareness of roles and responsibilities

Poor awareness of roles and responsibilities may lead to role confusion, which is likely to lead to poor performance and lack of motivation. Where there is no clear understanding of one's expectations in the position one is occupying, the individual may lack the commitment and willpower needed to get the job done, which may ultimately lead to frustration. The consequence may well be low productivity. The thoughts and feelings, as expressed by the school health nurses, concerning the roles and responsibilities, had an undercurrent of frustration. These assertions were well captured in the interviews:

“I joined in 2007 and was employed by the Ministry of Health. I was formerly sent to... then I was in charge of three schools: one secondary, and two primary schools. There was no preparation for the job. They just sent us to school to start. The thing affected nearly every one of us.”

The enormity of the roles and responsibilities of the school health nurse was underestimated by most of the school health nurses before joining the school nursing service. They had thought that school nursing demands were light. The following statement underscores the disappointment experienced by one of the school health nurses:

“My feeling when I was posted the school... Well...laughter... I felt somehow, the reason being that when I was at the NPI, I thought school health nurses would just sit down doing nothing. It was when I got here that I realized that what they do was not a small thing. Personally, what I do here is more than what I was doing before coming here.”

The above impressions were corroborated by some other school health nurses.

“I was among the people that were offered jobs. I have been working here for the past 7 years. We were told specifically before the interview that the health workers they were going to employ would be posted to the schools. That was when the school health program was established. After employing us, they just sent us to school to be functioning as a school health nurse.”

“When we were employed, we were told that we would be working in schools to address the health conditions of students instead of going to the hospital. And they posted us to schools from the Ministry. The teachers and students have been the beneficiaries of my services.”

“When I heard about the employment opportunity, I obtained the form and attended the interview. I was among those that were finally selected. I was posted to the school immediately after I was employed by the Ministry of Health. When we were coming, they told us in the Ministry that we should give minor treatment to the students.”

“We were sent to the school health service right from the Ministry. I did not work in any other place. I felt somehow bad because I thought I would get to the setting where I could put into practice what I was taught at nursing school. Ha-ha...well, there was no preparation. They just asked us to go to schools. When we started, no support, but somewhere, along with the line, they would just call to tell us about our responsibilities...”

Sub-theme 1.1.2: Poor role preparation

This sub-theme also emerged as being intricately connected with the roles and responsibilities of a school health nurse. The hallmark of someone who fills a role entrusted to them successfully is his or her ability to function in the delineated role effectively. Role preparation is highly essential and is part of the set of preparatory activities for an incumbent in their new

work environment. Role preparation entails getting new employees to have a good foundation by having effective relationships with the organization and other workers and being well grounded in the demands and nuances of the job (Hootman, 2006).

This was attested to by the school health coordinator while discussing school nurses' qualifications in her response:

“Of course, they are professional nurses, so some of them attended Schools of Nursing while some of them are attending Universities doing nursing programs. Some of them have additional qualifications like midwifery, psychiatry, public health and so on. The minimum professional preparation is a registered nurse certificate. That is the minimum that we have.”

The school health nurses conceded in their responses that they were poorly prepared for the role of school health nurse. Besides the basic nursing and midwifery training they had acquired, there was no pre-service orientation program aimed at sharpening their knowledge and skills in handling the responsibilities expected of the school health nurse:

“After employing us, they just sent us to school to be functioning as a school health nurse.”

“Well, there was no preparation. They just asked us to go to schools. When we started, there was no support.”

“I was posted to the school immediately after I was employed by the Ministry of Health.”

“I was posted to the Local Government, NPI section, but after some time, they later decided that we should all be posted to schools.”

Theme 2: The school nurse's activities in the school environment

These activities constitute the substance of the actual role they play in the school setting. The activities are a true reflection of what school nurses actually do. In most cases, these are negotiated and might not necessarily follow the patterns as indicated by the National Association of School Nurses (Magalnick and Mazyck (2008: 1053) and national school health policy directives (FMOEa, 2006: 12). It also depends on the prevailing health needs of the school adolescents and the level of sophistication of the school health nurses. The activities of the school health nurses across the school environments in Ijebu Ode Local Government Area are similar.

Sub-theme 2.1.: Provision of health education

Extracts from the responses of school nurses show that school nurses provide health education on sexual issues, malaria, and personal and environmental hygiene.

“Health education. I counsel aside health education. Depending on the circumstances that occur. At times, if there is any change, for example, like I am in girls' school now, for a child that is in the school to start menstruating, if the child

comes to us, we give sex education, we enlighten the child there is nothing to be afraid of that for blood to be coming.”

“Hmm... We health educate them, on that of menstruation, once there is menarche, the first time ever, they may believe they have contacted toilet diseases or lacking good nutrition.”

“I do give health talk. Health talk would be given during an important occasion in the school especially among the student sub-groups such as a jet club. Health talk centers mainly on their personal hygiene.”

“We only give reproductive health talk, especially during inter-house sports. During this occasion, I always caution female participants not to go to an obscure place, to avoid being raped.”

Sub-theme 2.2: Treatment of minor ailments.

This is another sub-theme that emerged from the main theme. This constitutes one of the essential components of primary health care (Adeyemo, 2005:149). Minor ailments are defined as conditions that will resolve on their own, and which require little or no medical intervention (BCPA, 2013: 1). Minor ailments among school adolescents are likely to result from the school environmental conditions and hazards to which students are exposed. Some of the minor ailments include injuries resulting from playground activities, malaria, menstrual pain and abdominal pain. The responses from the range of participants lend credence to this assertion:

“I do give treatment for minor ailments when they injure themselves because they do go to the field for sports.”

“Hmmm... Those girls, most of their complaints are dysmenorrhea. Some do complain about a headache or feverish conditions, abdominal pain. That abdominal pain is in two forms, we have some minor abdominal pain, and other from dysmenorrhea.”

The above excerpts from the school health nurses were corroborated by the school health coordinator

“Yes, their job description, one is for early identification of diseases and minor ailments which they do through screening, the capacities are available for them in the schools like screening for tuberculosis, screening for malaria using RDT kit, and some other minor ailments.”

Early identification and treatment of minor illness are an essential activity undertaken by school health nurses, as they help in carrying out a diagnosis of minor ailments such as malaria, menstrual pain, abdominal discomfort, and headache by using some basic equipment and drugs to treat these ailments. Students are exposed to a range of micro-organisms during farming and playground activities. School health nurses help in the screening of students for anemia and infectious diseases.

Sub-theme 2.3: Provision of referral services

Referral is the third sub-theme that linked to the school nurses' activities. This was indicated in the responses of some of the school nurses:

“Challenges that I am facing...there was a...because I used to rush some people to General Hospital. There was a day a snake bit someone in the school, we had to rush that person to the hospital, and apart from that, there was a...”

“In this school, sometimes when we get to our school nurse, he gives only paracetamol. There was a day somebody got injured; he asked that they should rush the person to the hospital. There was not any first aid treatment. Everything is paracetamol or no drug.”

The response of the school health administrator lends credence to referral as falling in the school health nurse's domain of activities.

“...we look at promoting health through inspection of school environment, food vendors that will have to comply with the laid down rules and regulations, the kind of food they bring whether it is in line with diet-nutrients that are needed by the students; and then referrals, follow-ups, and home visits, aside that, they do some ad-hoc jobs like immunization, de-worming programs and other duties assigned to them by the Ministry of Health.”

Discussion

Awareness of roles and responsibilities

Even though the school nurses claimed they had the information about where they were going to be placed after being appointed, the knowledge and understanding of what the school nursing services entailed was poor, hence their bewilderment over the situation they found themselves in their postings. Their reactions are not surprising, in the light of the fact that there was no proper orientation regarding the demands of the job. Campbell (2009: 118) observes that a new school nurse feels welcome and motivated in his or her new work environment if s/he is socialized, understands his or her new role, and has people around who can answer questions or help make the necessary clarifications. Where roles are not clarified and well understood, there may be role ambiguity, in which case the school nurse professional may not be able to separate his or her jurisdiction from that of others. This may affect the nurse's job satisfaction and job performance (Smith, 2011).

Concerning poor role preparation, Harvey in Shirley and Firmin (2009) suggests that a new school nurse just entering the school nursing service should have his or her perspective changed from that of acute setting which emphasizes disease and injury to a public health model that entails preventive health strategies. This can only be achieved when there is adequate acquisition of skills that are specifically descriptive of other professionals. In a study conducted by Banks, Roxburgh, Kane and Lauder (2011), the findings show that newly qualified nurses face many challenges as

they take on the role of qualified professional. The nurse respondents in the study concurred that skills and knowledge acquisition, and being a functional member of the team were preeminent in their expectations as they adapted to their professional role. Bower in McCloughen and O'Brien (2005) indicates that new professionals tend to learn much about their role and experience, and advance in their role if they enjoy the benefits of mentoring.

School nurses' activities in school environment

On the issue of health education, Esere (2008) reported the outcome of a study on the effect of the sex education programme on risky sexual behaviour of school-going adolescents in Ilorin, Nigeria. There was a significant difference between the intervention and control groups, in risky sexual behaviour. The intervention group reported lower incidences of risky sexual behaviours. The findings of the study on the effects of food safety education on adolescents' hand hygiene behaviours, and how the stages of change were affected are germane here. The study reveals that the most important factor that influenced proper hand-washing was self-efficacy which was achieved through health education. After the food safety education, the middle school adolescents who were in the stages of pre-contemplation (11.1%) and contemplation (88.9%) showed significant progress toward the action stage (Kim, Pai, Kang & Kim, 2012: 169).

The effects of peer-led health education was made manifest in a study on intervention to improve in-school adolescents' cigarette

smoking related knowledge, attitudes and behaviour in a North-West Nigerian State; there was an increase in the mean knowledge score of respondents from 61.24 before intervention, to 92.31 after intervention. Here too, the findings demonstrate that in the pre-intervention group, the proportion increased from 64% to 91%, regarding the participants leaving a place where cigarettes are being smoked, after an intervention (Mansur, Abubakar, Mansur, Aminu & Balarabe, 2014). Delivering health education requires that school health nurses be well prepared for this task. Even though they claimed that it is a component part of their activities, extant research shows that the health education may not be as well presented and accurate as it might be, and that it may not produce the desired outcome.

In a study carried out by Goodeve which was reported in Whitmarsh (1997), three school nurses indicated during an interview that they experience low levels of confidence when they are educating on HIV/AIDs, and that they needed supplementary knowledge and training before teaching young people in this subject area. In the same vein, Whitmarsh (1997), commenting on the outcome of his study on school nurses' skills in sexual health education, said that it should not be assumed that school nurses have the skills necessary to teach sex education effectively.

Alexandropoulos, Sourtzi and Lalokerinou (2010: 263) reveal in their study that school nurses engage in health promotion activities based on the way they understand these. The import of this is that what they practise is

not evidence-driven, and they may not be able to communicate the right messages and knowledge, hence the need to update their knowledge and skills. In a study done among the United Kingdom's school nurses regarding sexual health education, the findings show that even though the school nurses have adequate general knowledge of the topic, their lack of effective teaching methods was evident in the areas of sexually transmitted infections and emergency contraceptives (Westwood & Mullan, 2006: 352). In a similar finding of another study on preparation of child health nurses, the nurses claimed that delivering sexual health education was part of their role, but they all agreed that they did not have sufficient knowledge of sexual health to ensure effective delivery of this area of sex education (Johnston, 2009).

The claim of school health nurses on treatment of minor illness was supported by Akpabio (2010) in a study on problems and challenges of school health nursing in AkwaIbom and Cross River States of Nigeria by The findings reveal the school nurse's activities and their levels of involvement. Treatment of minor ailments recorded 100%; health education, 41%; referral services, 81.7%; and first aid, 16.7%. Nurses transitioning to school nursing services are conversant with the acute care nursing model which is based on disease and injury (Smith & Firmin, 2009). The import of this is that school nurses are clinically skilled to treat minor ailments.

Referral is one of the main responsibilities of the school health nurse (Megalnick & Mazyck, 2008). It is firmly entrenched as

one of the elements of primary health care (Adeyemo, 2005). Referral is described as a transfer of responsibility for care from one level to another. This, in most cases, is from a lower level to a higher one where there will be better management of health challenges and conditions (Akanke, 2004). Referrals will be more effective if the relationships and activities between the referral agent and referral centres are harmonious, and the feedback system is well articulated (Eskandari, Abbaszadeh & Borhami, 2013). Referrals take place when cases at hand are beyond what the health personnel can handle. Ademokun, Osungbade and Obembe (2014: 1076), in a study on states of implementation of school health programmes, found that the majority of participants agreed to the fact that they refer cases beyond their control to the local government health facility or state government health facility near them.

In a similar study, the findings reveal that a large number of early adolescents were referred for physical examinations, nutrition, and mental health (Larson, Colborn & Engelke, 2011). The success of referrals depends on how effective the activities at the referral centres are, and on their capability to address problems referred to them. The findings from a study on the implementation of the principles of primary health care in a rural area of South Africa reveal dissatisfaction with referral services, as the referral centres have not been effective in handling cases sent to them due to poor quality of care and lack of a support system (Visagie & Schneider, 2014).

Conclusion and Recommendations

School health nurses were not well aware of what school nursing practice is all about. The knowledge of the scope and responsibilities of school health nurses was limited. The national school health policy provides the direction for the activities of the school health nurses. They practise based on directive given by the supervising Ministry which fall below the policy expectations. The school health nurses were not well prepared for the role they play as most of them found themselves in the school system by default. In view of the outcome of this study, school health nurses should be adequately prepared to function in the school health setting through the provision of training and proper orientation about their expectations to the beneficiaries of their services.

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