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**EXAMINATION OF RESOURCES OF HEALTH PROMOTION
AMONG HIGH SCHOOL STUDENTS**

**(assessing the role of school health-visitor service in focus – with qualitative
and quantitative questioning of students)**

Doctoral (Ph.D.) Theses

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1. Raising problem, reason for the choice of topic

According to health indexes, we have a significant handicap in terms of preventing illnesses and avoidable deceases with the help of public health interventions. Based on the 2016 Health Report, every fourth decease (26%) could have been avoided with appropriate public health intervention. 54% of women's (n=5745) premature death (prior the age of 65) and 58% of men (n=12160) could have been prevented with adequate public health actions. Degree of premature death can be avoided by public health actions which is found to be twofold compared to the avoidable deaths with general health services (Varsányi et al., 2017).

Health damages lead back risks factors which are in connection with the environment surrounds the individual and in 80%, behavior patterns (Vitrai et al., 2015.; Németh, 2016.; Németh et al., 2016.; Bauer et al., 2017.; Varsányi et al., 2017.). Changes in a favorable direction can be hoped primarily for moving towards protective health behavior and life-long general health actions from the earliest possible age with general health actions of several sectors heading to the same direction. Influencing health behavior at school (kindergarten) is an outstandingly important area of increasing health gain besides the family as the primary socializing scene. Schools have immediate relationship with almost hundred percent of juveniles aged 6-16 due to the compulsory school attendance. Students spend at least 6-8 hour at various levels of educational institutions during the most sensitive stage of their somatic, physic, emotional, cognitive and social development. Schools play a significant role in forming health related values and in developing patterns which affect entire life of the individual.

Contrary to the fact that organized activities contributing healthy lifestyle have continuously been carried out in public education by school-health experts, it is not resulted in significant positive change regarding the health behavior of students. On the one hand, the reason is given is that in many cases mediated knowledge come to a halt at the level of mediating the learning material. On the other hand, the focus is placed on risk factors. The present direction of public health interventions (e.g. Strategic Plan for Hungarian Public Health 2017-2026, Healthy Hungary 2014-2020), actions shaping evidence based practices, actions forming behavioral patterns determined by cultural diversity, programs, placing the individual in the center, as a support for the members of local communities can all contribute to this transformation (Járomi et al., 2015.). *9th Global Conference for Health Promotion*, Shanghai 2016, emphasized the role of local communities, towns, the resource based operation of health care systems providing control concerning our health (Csizmadia et al., 2017.). One of the experts of basic health care, the health visitor, functions within the walls of schools also has

major role in contributing to the students' health as well as to their decisions on choosing health preserving directions. In my research, based on the salutogenic conception of Antonovsky, I examined the effects of school health-visitor service on the state of health of high-school students by interviewing health visitors. According to Antonovsky's salutogenic model, from the point of maintaining health-supporting factors, resources (general and specific) come to the fore; the ability to use and employ them is called sense of coherence. Antonovsky's approach deals with the formation of health, examines the root cause of health which procure the upcoming generation for controlling their health in a greater extent.

Subjective factors have affected my choice of topic: my experience in public education, challenges while practicing my school health visitor profession, opportunities in promoting health of students.

2. Aim of the research

In my research, I would like to receive clear view, with obtaining the opinions of health visitors and students, on one segment of school health promotion, the activities of school health visitors and their effects on health of students. The aim of this research, with the help of using questionnaires among students, is to study the role of activities of health visitors in health focused school healthcare system. I assume that school health-visitor service affects the students self-evaluated health indexes positively both directly and/or indirectly (social support and school resources). However, it may relate back to the demand of the service and so it increases and further strengthens its function in health promotion. In the second part of my research, I introduce the examined problem from the viewpoint of experts with using interview responses obtained by the focus group of school health visitors. The aim of this research is to understand attitude and view of the school health visitors towards general health, health promotion and school health promotion and to identify the role of special resource in students' personae regarding health promotion.

My final aim for the health visitor service is to formulate the directions pointing to the future regarding the school health promotion, to shed light on the effects of health-oriented healthcare and to clarify the factors which help operate the activities of health visitors.

3. Research questions

The questions of quantitative research aims at assessing the role of resources in students' health promotion carried out by school health-visitor service by using responses of high-school students.

- 1) Is there a connection if so what kind, between the environment, the judgement of health-centered activities of school health-visitor service and health behavior of students and their subjective health conditions?
- 2) Is there a connection between the environment, the judgement of health-centered activities of school health-visitor service and the efficiency and employment of the health visitor service?
- 3) Is there an impact on it if so, how the resources – general resources and school resources and social support – impact the employment of school health-visitor service?

The questionnaire of the focus group examines the role of school health-visitor service as a special resource in the health promotion of the students from the view of health visitors.

- 1) Greatly affecting factors on quality of health improving activities of school health-visitors – most importantly a) significance of the size of the visited children population; b) up-to-dateness of school health-visitors' health notion c) surveying self-reflections and experiences of practicing school health-visitors regarding legal and professional appropriateness of school health promotion activities.
- 2) Surveying cooperation, practices, and experiences of sectoral and inter-sectoral collaboration among school health visitors with regard to school health promotion.
- 3) Exposing quality improvement ideas and suggestions of practicing school health visitors with emphasis on improving competences, sector and inter-sector collaboration and the effectiveness of school health promotion.

4. Quantitative research

4.1. Applied method

My qualitative cross-sectional research was carried out between 2017 and 2018 in Western-Transdanubia in full time attendance public high-school education institutes after the acceptance agreement of the school district and school directors. The data obtained once with convenient sampling method. I considered criteria of caseload to be full time attendance students who were taken care of by full-time school health visitors and were attending the same school for two years where the sampling was carried out. Exclusion criteria was the students with legal private education relationship (Pakai et al., 2013.; Karamánné Pakai et al., 2015.; Boncz, 2015.). The units of primary sampling were not certain students but were randomly selected (systematic random method) classes. Each member of the selected classes

was surveyed. I personally carried out the data registration, which is followed by the data analysis and evaluation.

I was authorized to work in 5 high schools where I had the opportunity to provide 18 classes with my questionnaire. 12 passive parent informed consents were returned. I was able to analyze the responses of 448 student at the final stage. Completing the measuring tools was voluntary, anonymous and the completed data did not contain any information which may help identify the students. Four question blocks were included in my measuring tools during the research; EuroQoLVAS scale - an instrument for self-rated generic health status (Fábián, 2014.) , SF-36 a standardized questionnaire of measuring generic health, vitality and mental health related to health quality status (Fábián, 2014.) as well as items of HBSC a questionnaire of health behavior in school-aged children related to their health status, subjective health complaints (Németh et al., 2016.) and a questionnaire and Antonovsky 13-item sense of coherence scale questionnaire adapted into Hungarian (Balajti et al., 2007.). Health behavior – analyzing risk behavior applying HBSC research-tools regarding nutrition habits, dental hygiene, physical activity, and state of nutrition – was carried out with the use of questions of body image (Németh et al., 2016.), furthermore, question items aims at smoking and alcohol consumption of ESPAD the European School Survey Project on Alcohol and Other Drug are used for analyzing smoking and alcohol consumption habits (Elekes, 2016.). Questions of HBSC research-tools were applied for assessing school resources (Németh et al., 2016.). Subjective measuring of perceived social support, MSPSS (Multidimensional Scale of Perceived Social Support) self-rated questionnaire was adapted (Papp-Zipernovszky et al., 2017.). Demographic, sociologic data was acquired by the following 7 questions: sex, age, place of living, education level of parents, family structure. My self-edited questions examined school health-visitor service as special resource (health visitor service related information sharing and knowledge, availability of health visitors, orientation, efficiency, working environment, quantitative and qualitative indexes of service provided by the health visitor). The returned questionnaires were recorded manually with the use of Microsoft Excel 2010 software. After uploading the data, systematic checking and data cleaning were carried out for possessing a valid database.

Statistic treatment was carried out by IBM SPSS version 22.0. Analyzing the data, besides descriptive statistics, mathematical statistic methods were also applied. Pearson correlation calculation was applied with interval variable whole interval and ordinal scale measured data was analyzed by Spearman's rank correlation calculation (with $p < 0,05$ and $p < 0,01$ significance level). In case of two nominal variables, Chi square test was applied ($p < 0,05$). I

used variant analysis for averaging identical distribution, normal random variable groups while in two sub-population of my samples the differences were defined by T-test ($p < 0,05$). During the analyzation of generic and specific resources, the number of examined variables required were high; therefore, factor analysis was applied in order to achieve small number correlative variables instead of large number of correlative variables. The linear stochastic relation between these variables was calculated by linear regression calculation, while I try to prove the interactions between the variables with multi-criteria variant analysis ($p < 0,05$) (Nahalka , 2004.; Falus et al., 2008.; Ács, 2015.). Presenting the frequency and average values, I applied frequency and the average reliability values.

The data processing were only published in summarized format, I do not publish information regarding neither individual classes nor the schools.

4.2. Results of quantitative research

The first part of my includes 10th, 11th, 12th grader students, 2/3 of them are girls, 2/5 live in communities or villages, 2/5 live in the same location with the school, 2/3 live in complete families.

The availability of school health visitor [Spearman correlation calculation – source of information ($r=0,189$ $p < 0,001$); content ($r=0,114$ $p < 0,05$)], frequency of employment of the service [Pearson correalation calcultaion - source ($r=0,309$, $p < 0,001$); content ($r=0,155$, $p=0,001$)] the quality index of the service [Pearson correlation calculation - source ($r=0,203$, $p < 0,001$); content ($r=0,163$, $p=0,001$)] is significantly defined by the manifold and extensive information sharing and information request initiated by the students about the service. Mainly the latter area requires considerable development; the students' individual necessity, motivation for requiring information is need to be significantly improved. It is proved that the personal side (experts, individuals who share the information related to the service) of information sharing is more determinant than the content as a whole.

According to my further results, it is also found that school health-visitor service is health educating (risk-focused) and/or health promoting (health) oriented classification directly do not influence the students' self-rated health judgement, sense of coherence and neither does the appearance of a better health behavior. In contrast, health promoting school health-visitor's service is classified at a significantly higher quality service rank ($F(2,447)=15,166$, $p < 0,001$) and increased the frequency of its employment ($F(2,447)=4,48$, $p=0,012$), furthermore the judgement of its efficiency ($F(2,428)=10,996$, $p < 0,001$).

Examining the comments on working environment of school health-visitors, I concluded that health supportive environment contributes to efficiency of the service ($t(445) = -5,794$, $p < 0,001$) and accompanied by a higher quality of service classification ($t(445) = -4,323$, $p < 0,001$) which also increased the frequency of the employment of the school health visitors' activities.

The health focused environment of school healthcare service bears with more favorable health status indexes [vitality ($t(445) = -0,1989$, $p = 0,047$), generic sense of health ($t(445) = -3,969$, $p < 0,001$), visual analogue scale (EQ VAS $t(444) = -3,275$, $p = 0,001$)] and sense of coherence ($t(444) = -2,334$, $p = 0,02$) besides it is also proved that it positively affects smoking life prevalence ($\chi^2 8,22$, $p = 0,042$) as well as the quality of freetime physical activities ($\chi^2 16,408$, $p = 0,006$).

Following the factor analysis, I subdivided into two factors of health visitor service as a special resource according to quantitative and qualitative indexes. I measured the linear stochastic relationship between the resources with applying linear regression calculation. In the change of special resources, the generic resources (school related factors, social support) and the sense of coherence only appeared to be in 4.9%. In the case of change of general resistance resources and sense of coherence, there is a proved connection ($r = 0,222$, $F(3;425) = 7,299$, $p < 0,001$) between the variables of quality index of the health visitor service as a specific resource and the effect of change, however, there is no qualitative evidence established in term of the special resource. The increase of generic and school factors ($\beta 0,306$, $p = 0,001$) and change in sense of coherence ($\beta -0,161$, $p = 0,003$) had effect on the quality factor of health visitor service as a special resource. School resources and social support interaction ($F(1;426) = 7,8$, $p = 0,005$) encouraged the higher judged health visitor service as the employment of special resource but it did not affect its quantitative index. Cumulative effect of school resource, social support and sense of coherence was not either proved by application of multi-criteria variant analysis on the qualitative aspect of health visitor service as special care or either on quantitative indexes.

In a health-oriented working environment based on information sharing, the health-centered daily school life, a higher degree of health-visitor service activities present can be more effective on preventive and curative health promotion of students which can increase the frequency of employment of service and can contribute to reaching a favorable health status of the students and may become a special resource for them. Based on my results, it can be established that there is a mutual strengthening effects of generic resources – school

resources, social support – and the increase of school resource factors can be a special resource, the health-oriented, quality school health-visitor service for establishing a more favorable health status of students.

Students' health supporting resources can be increased by syntonetic activities of families, schools, school health-visitor service.

5. Qualitative research

5.1. Applied method

My qualitative, cross-section, exposing research was carried out in Western-Transdanubia, in Vas County and Zala County among full time school health visitors. The data obtained between May and July, 2018. I obtained the data of my survey once with expertise, focused, sampling. The selection criteria was to be university graduate school health-visitor with active working status at a state operated institution which provides basic healthcare service (n=14). The data was obtained by dual moderation, my task was supported by Dr. Orsolya Pacher, psychologist, adjunct professor of University of Pécs Faculty of Health Science. The main questions of the focus group dialogue were the following: warm-up questions, association – health, health promotion, school health promotion – tasks, focus groups, professional partners of school health visitors, “the ideal health promoting care of school health-visitors”, summary. The data was obtained in morning hours and took 105 minutes in case of smaller groups (n=4) while for the other section (n=10) 130 minutes were needed.

Presenting the characteristics of the sample, I applied descriptive statistic methods, which was followed by processing of textual part of focus group discussions with content analysis. The exploratory and analyzing methods could not be sharply separated from one another during the obtainment of data applied (Szabolcs, 2001.). I converted the texts into such categories that the items of the mentioned in the content could be categorized into according to certain rules which is followed by the formation of qualitative conclusions with applying explaining interpreting processes (Szabolcs, 2011.).

Presenting the processed data is in accordance with research ethical principles; the publication of results is available in a format of a summary.

5.2. Results of the qualitative research

The average age of the responding health visitors was 46.57 years (SD: 7.17), the length of their service was 25.21 years (SD: 7.48, min:9, max 36) while they had been practicing the

profession of school health visiting for 20.07 years, in average one health visitor fulfilled their school health-visitor service in two schools.

My probative results supports that school health visitors, belonging to the system of generic healthcare service, do their daily activities on the axis of risk focused and health centered health promotion. The decreasing student headcount but increasing tasks characterize the task of the service which in the background are characterized by an increasing number of students in need for care and their significant transfer and fluctuation among institutions. Substantive items and components of WHO health definitions appear while responding health visitors define the notion of health; at the same time they regard health as future investment based on harmony, physical, mental or psychological unity, and its sustainability is above everything. School health-visitors' definition of health promotion is in accordance with the basic elements of Ottawa Charta established health promotion strategy which are in connection with the activities of health promotion, applied methods and resources of experts in health promotion. According to responses of health visitors, school health promotion is defined as a special area of health promotion including all the activities and complemented with information sharing, raising awareness, behavior forming, the tasks of mental health care. Implementing them, they regarded the use of personal and networking resources as necessary. The mentioned activities and tasks covered all the areas of school health promotion defined in Health Act. School health-visitors, contacted during focus group interviews, spend approximately as much time as the national average in their own praxis to fulfill their tasks (class examination, group health education during school time and beyond as well as individual counselling) according to their annual school health-visitor reports. Health visitors reported that they fulfill tasks beyond their mandatory duties regulated by Ministry of Social Welfare's Act 26/1997. (IX. 3.). Other tasks of school health visitors were in connection with the individual care of students, more specifically, they tended towards achieving mental well-being of them. Moreover, extra tasks appeared in the area of health promotion with reaching public related target group and peer education. Beyond regulatory tasks, healthcare supervision of students with unhealthy status during venues was also mentioned.

Primarily students were listed in the target group of school health visitors, however, parents, educators, school staff and the public were also listed. Health visitors, besides their healthcare related duties, keep contact with educators primarily teachers of physical education, class head-teachers, teacher's staff committee leaders, and occasionally other educators. School health-visitors mentioned school general practitioners as their direct professional partners, alongside they co-operate with other experts as well such as health care assistants, co-workers

of EFI (Health Promotion Office), Red Cross and Emergency Medical Service Station, special education experts, general paediatrician. Beyond mandatory tasks defined in regulations, health visitors have professional partners which relationship is based on regular contacts, such partners are social workers, representatives of children and youth welfare, school police, co-workers of civil organizations, educators of religions, priests, ministers.

School health promotion, from the health visitors' points of view, is based on coordination, positive approach with manifold teamwork implementation of which credible experts, deliberateness, knowledge of methodology are necessary. According to school health visitors, health promotion is their significantly important daily task and is present in all the activities related to school health-visitors. Preventive curative tasks of health visitors are implemented imbedded into their every-day work through enlightenment, health education, health-prevention, health promotion.

To the quality development of school health-visitor service, on the basis of the opinion of school health-visitors further trainings are necessary which are based on strengthening individual competences, focusing on health promotion (sideling risk-based approach), practice orientated methodology. Responding health visitors do not regard the job of an "ideal health promoting" as an individual one, but they mentioned number of other professional partners, "helpers". As the ideal health promoter's most important helpers, they heightened the need for the professional knowledge and activities of school psychologists, physiotherapists, speech therapists, social workers, kindergartens' and schools' social helpers. School health-visitors also find it important to implement regular constructive sectoral and cross-sectoral teamwork. Common reflection of experts, common actions and strengthening the profession networks are necessary to a successful and effective school health promotion which aims at future challenges and be improved even with supporting external regulations. Besides, professional and individual development, to revival for daily implementation, properly designed classrooms are required with the use of adequate number of modern tools as well as handing out information, guidelines which students can later study as a resource for everyday or special situations. Modern, uniformed IT based administration system is also important to document activities of health visitors.

Such quality improvement possibilities (improvement of physical resources, further trainings which improve work efficiency of school health visitors) have been defined in the system of school health-visitor service that they would mean no significantly more workload on school health-visitors while making possible a more effective health promotion among students.

6. Conclusions and practical recommendation for the future

My qualitative, cross-section, exposing research was carried out in Western-Transdanubia and examined some factors impact the function and effectiveness of full-time school health-visitor service, which play important role in the full time attendance high school young students' health promotion, with the help of students (n=448) questionnaires and by responses of focus group discussion given by full time health visitors (n=14).

The results of my research has proved the emphasized role of health supporting working environment of health visitors, the effectiveness of hidden messages especially on the field of physical exercise and smoking. Health oriented working environment correlated with the examined indexes of health status including vitality generic sense of health and sense of coherence. Activities of school health visitors' health promoting orientation increased the role of special resource (frequency of employment, higher degree of service in quality) and the judgement on the efficiency of the service; the latter enhanced the mental health and vitality of students and decreased their health related complaints.

Based on my results higher quality service of school health visitors increased the frequency of the employment, which is defined as the root of a more effective care by means of health-centered orientation based task performance and the effects of the health oriented working environment. They are strongly effected by the information sharing about healthcare system as well as the information-seeking attitude from the side of the students, which is in parallel with judgement on the availability of the service. It is also proved that the personal side of information sharing is more determinant than the content as a whole itself, increase of which can be of paramount importance. Task for future is the multiplex and wide range of information sharing regarding health visitors service as well as developing the formation of information seeking attitude of students.

I have examined the relationship between the generic resources (school resources and social support) whether the interaction between the generic resources and sense of coherence enhances the employment of the continuously present specific resource of school health-visitor service. Besides mutual amplifying effect of generic resources for students, certain generic resource factors interaction with the sense of coherence showed correlation with the quality indexes of health visitor service as a specific resource while it had no effect on the qualitative indexes. Collective interactional effect of generic resources and the sense of coherence could not be proved with examined indexes defining the employment of health visitor service. Schools possess low resources and students with low social support require extra care of school health visitors. Health supporting resources of the student can be

increased by cooperation with family, school and school healthcare service, the appropriate level of which can explain the stability or variation in the sense of coherence.

The strength of school health-visitor service at present is prevention based on the care of unity of healing. School health visitors fulfill skills, tasks related to screening, health caring, vaccinating, school hygiene, in which enlightenment plays significant part and it also includes elements of health education tasks related to health promotion which affects the activities of all health visitors. Responses of the experts contacted and the national statistical data of health visitors affirm the realignment of tasks of health visitors in their daily, monthly and annual basis during their service. Individual counselling, demand for mental health promotion has been increasing to which appropriate competence, time, equipment for health visitors would be necessary. Hence, health visitors sense that despite the number of students has decreased, their tasks have been increasing, other than that, the necessary equipment, development of individual and method competency in source category and establishment of so-called health coalition would be reasonable. Instead of adjacent or combined employment, mutual, frequent, co-operation based health promotion team operation which embraces all areas of health, health supportive school-healthcare team operation would be important on the daily basis. This co-operation would promote, beyond the competences of school health visitors, possible directions of forwarding too, as well as can create occasions for case discussions or even for supervision, and school health promotion team may become active, constructive member of the alliance.

Both students' and health visitors' responses support that besides individual efforts, mutual cooperative activities of members (family, school, school healthcare) concerned, the mutual strengthening effects promote health promotion of students.

Future aim is to increase the qualitative effectiveness of school health visitors' service both in task completion and in working environment which is only possible if it focuses on all elements of care and the effect of which can be boosted by the above mentioned factors synergy and synchrony. The most extreme long-term vision is based on and the above mentioned strengthened, specialized school-healthcare visitors' profession aiming at health promotion of students, preventive-curative school health-visitor service availability and establishment in all public elementary and secondary education institutes to provide equality in all administrative areas in small and large schools.

7. List of abbreviations

- 1) EFI Health Promotion Office
- 2) ESPAD European School Survey Project on Alcohol and other Drugs
- 3) EuroQoLVAS scale European Quality of Life Visual Analóg Scale
- 4) HBSC Health Behaviour in School-Aged Children
- 5) IT Information Technology
- 6) MSPSS Multidimensional Scale of Perceived Social Support
- 7) SF – 36 The Short Form (36) Health Survey is a 36-item
- 8) WHO World Health Organization

8. Literature related to the theses

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9. List of publications Publications related to the topic of the thesis

9.1. Studies in peer-reviewed journals and in edited volumes:

- 1) Karácsony Ilona (2017): Az iskolák belső világának népegészségügyi szegmense a múlt és a jelen tükrében a jövő felé tekintve. In: Ács, K; Bódog, F; Mechler, M; Mészáros, O; Pónusz, R. (szerk.) VI. Interdiszciplináris Doktorandusz Konferencia 2017 Tanulmánykötet = 6th Interdisciplinary Doctoral Conference 2017 Conference Book. Pécs, Magyarország: Pécsi Tudományegyetem Doktorandusz Önkormányzat, pp. 262-270.
- 2) Karácsony Ilona (2018): Egészségről az iskolában - felvilágosítástól a fejlesztésig. *Képzés és Gyakorlat: Training And Practice*. 16: 1 pp. 107-116.
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