Maintaining professional confidence – monitoring work with obese schoolchildren with support of an action plan

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Introduction

Overweight and obesity are increasing among children in Sweden as well as in many other parts of the world (1). The causes of children’s obesity are multiple and complex. Less active life combined with a high-calorie diet (2, 3), television commercials, less physical exercise (4), genetic factors (5) and socio-demographical aspects like socio-economy (1, 3, 6) contribute to a higher prevalence of obesity, especially among children. Previous research has shown that children from poorer backgrounds and disadvantaged groups are more likely to experience weight problems (5). The family situation has earlier been found to be an important factor of schoolchildren’s health (7). Also, the independent social habits of children entice them into environments, where snacks and high-calorie foods are easily available (8). In addition, mental health problems also have increased in Sweden, mostly among women (2), and studies confirm correlations between obesity and low self-esteem (1), negative state of mind (9), and low quality of life (10, 11). However, other studies have pointed out that children’s obesity not necessarily impact on their quality of life (12, 13). Various physical consequences of obesity such as diabetes, cardiovascular diseases, metabolic syndromes, orthopaedic and rheumatic problems, cancer etc. are often mentioned in literature (2, 14–16). Early preventive measures and directed treatments to counteract obesity are of high priority, as obesity in childhood is likely to lead to obesity in adulthood (17, 18). Studies have shown that school is a suitable environment for preventive measures against overweight (14).

The National Swedish Board of Health and Welfare stipulates that each municipality has an obligation to organize school health with the aim to preserve and improve school children’s physical and mental health by identifying problems and symptoms. Broad outlines recommend how the municipalities can observe the school health assignment, which in turn gives an opportunity to model the organization of school health in different ways (19). School nurses in Sweden meet and interact with
school-age children in the age of 6 to 19 years, which also is the critical period where a lifelong obesity often begins (18). Preventive efforts and promotion of schoolchildren's health are included in the school nurse's assignment (19), and she/he is considered well fitted to support children and prevent their weight gain (14). Action programmes including education about diet, general information about health, promotion of increased physical activity and involvement of at least one parent combined with better school meals have proved to have a positive effect on obese children (3, 5). Action plans supporting the work with child obesity have been introduced for school nurses in some areas of Sweden, but no studies found present how the school nurses perceive their work with obese children with this form of support. It has, however, been reported that school nurses perceive lack of knowledge (14, 20, 21) and of support from the school health organization (22) to handle child obesity. The issue is considered delicate and troublesome to handle. A perceived low proficiency in counselling (15) and lack of training in obesity management (22) creates a barrier to act. An apprehension about causing more harm than good to the child, as an effect of the attention the child gets when being denoted as obese by the school nurse in front of school mates (5), was expressed. Therefore school nurses, who knew about obese children being stigmatized, found it difficult to intervene and waited instead for the parents' initiative. Counselling obese children and their parents was considered another difficult and frustrating task since it did not result in perceived professional gratification, and as obesity was not considered amenable to treatment (15). The parents' lack of commitment and time, combined with unmotivated children were additional problems perceived by school nurses (21). Even if parents are aware of the social stigma that often accompanies obesity, and of the negative impact of obesity on an individual's health (4), many families still use food as a form of communication, as a reward, as punishment or even as a teaching method (23). Motivation is one of the most prominent success factors when it comes to treatment, why great efforts should be made to get motivated nursing staff to participate in all forms of care (24).

School nurses acknowledge the importance of handling school children's obesity, and various strategies have been discussed to make it easier to handle the delicacy of the problem. The use of action plans is one implemented strategy in some Swedish school districts. However, it has to be further studied how school nurses perceive and work with these action plans.

**Aim**

The aim of this study is to describe how school nurses perceive their work with obese children with support of an action plan.

**Methods**

All six school nurses in a municipality in Central Sweden, who work with children from age 6 to 12 years, were contacted and invited to participate in the study. The municipality comprises about 30 000 inhabitants with a higher yearly average income compared to the nation. Educational level is comparable to the average in the nation. In this municipality an action plan aiming to support school nurses' work with obese children was implemented in 2006. Alarming reports in media and present research were some of the reasons why this municipality and the school physician had brought out the need for an action plan in order to tackle child obesity in schools. It was developed by the school physician together with the school nurses as a support in their daily work with obese children. One of the school nurses in the group received special education, and she also played the role of an informal coordinator in the obesity work. As the introduction of the action plan, the nurses come together on regular basis in order to discuss progress, difficulties and results in this specific working area. The action plan suggests body mass index-for-age as a tool for guidance when assessing child obesity, but also that other factors as hereditary taint and diseases should be considered before taking precautions. The plan emphasizes that children with the last-mentioned problems need to be observed at an early stage. The BMI-for-age, anamnesis and the progress determine whether the school nurse works with the obese child herself, or if it has to be referred to primary health care. The action plan also includes topics for conversation, e.g. encouraging and supporting conversations in order to achieve behavioural changes, an information brochure for parents and children about having a healthy attitude to food and exercise, and a list for registration symptoms (a chart where the child's eating, drinking and exercise habits are registered on a daily basis in order to identify the main reasons behind the obesity). The school nurses are also encouraged to give concerned families specific tasks to fulfill, for instance changing white bread to black bread. The school nurse is expected to have regular contact with these children, and is supposed to urge children who don't come to agreed appointments. The aim of this directed work is to motivate obese children and their parents to find better nutrition and exercise habits.

The school nurses were all women between the ages of 35–64 years and their working experience from the field of school health shifted from 1 to 20 years. They all had a full time employment with a responsibility area covering around 300 children. All six informants were working in close cooperation with the school district physician and school welfare officer.

Qualitative in depth interviews (25) were performed with each school-nurse at her office during office hours. The interviews were conducted by the second and third

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author together and started with a presentation of the interviewers and the aim of the study. One of the interviewers was responsible for the actual interview, the second acted as an observer focusing on that the areas of interest would be covered in the interview. The interview began with an overall question about the school nurses experiences of their work with obese children. The focus during the interviews was on the informant’s personal experiences of available resources, support and the significance of the action plan in the work with obese children. The interviews lasted between 45 and 60 minutes and were audiotaped and transcribed verbatim.

The transcribed protocols from the interviews were analysed using the procedures of qualitative content analysis (26). First, the analysis involved perceiving a sense of the whole by reading the protocols several times. Next, 270 meaning units were isolated by assembling condensed extracts from the interviews that gave characteristic sense of the school nurses’ experience and perceptions of working with obese children. The meaning units were then related to each other in nine sub-categories. Finally, the sub-categories were organized and abstracted in three categories.

Ethical guidance was obtained by the research ethical committee at Mälardalen University, (CF33-542/07) and approval to recruit participants was given from the administrative chief of the school district. The informants received written and verbal information about the study whereby all gave consent to participate.

**Results**

Three categories revealed from the analysis: (1) inducements of working with obese children, (2) experiences and perceptions of the actual work with obese children and (3) requirements to enable a professional approach. Each category included sub-categories described in Table 1.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Sub-categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inducements of working with obese children</td>
<td>Neutral ground</td>
</tr>
<tr>
<td></td>
<td>Supporting children is professionally rewarding</td>
</tr>
<tr>
<td>Experiences of structured work with obese children</td>
<td>The action plan as an aid</td>
</tr>
<tr>
<td></td>
<td>Supporting strategies for a healthy lifestyle</td>
</tr>
<tr>
<td></td>
<td>Moderation as a word of guidance</td>
</tr>
<tr>
<td></td>
<td>Intrusion of privacy</td>
</tr>
<tr>
<td>Requirements to enable a professional approach</td>
<td>Long-term work and patience</td>
</tr>
<tr>
<td></td>
<td>Adequate knowledge gives confidence</td>
</tr>
<tr>
<td></td>
<td>Cooperation a necessity</td>
</tr>
</tbody>
</table>

*Table 1* Overview of the categories and sub-categories that emerged from the analysis

**Inducements of working with obese children**

The first category includes the school nurses’ reflections and elucidations regarding motivating factors when working with this difficult issue.

**Neutral ground.** The informants considered school nurses well suited to work with obese children, mainly depending on their extensive presence at school, but also as they could see no one else being capable of stepping in. If the school nurses would deny fulfilling this task, the responsibility would be imposed on the parents, which the informants considered no option. The school nurse’s consultation room was viewed as neutral ground, i.e. free from unpleasant connections, a place to call on just passing by, almost a bit ‘groovy’ to visit.

It is seen as ok to visit the school nurse, but it is frowned upon to visit the school welfare officer, because then something is wrong. You go to the school nurse even with minor ailments such as a hurt finger, so you can always pretend it is something like that and then discuss other things once you are there. These meetings on neutral ground created a foundation for a school nurse to play an interceptive role, as she was regarded the obvious caregiver. This interceptive role can be seen as taking action with the obesity problem after the child itself had initiated contact, sometimes in quite another matter. The starting point was therefore always based on the child’s own motivation and commitment.

The informants saw themselves as spiders in the web identifying the need, assessing who to contact and getting in touch. ‘The school nurse needs to take the first step by explaining to the parents and helping them start; but after that it would be great if they could get the rest of the help somewhere else’. One of the school nurse’s major tasks is to observe children and inform parents. In that context it was pointed out that the school nurse’s obesity work should not be of dominant nature, nor should she/he be responsible for, or involved in the whole process. Instead, the work ought to be at a preventive level, where the school nurse contributes with health factors.

**Supporting children is professionally rewarding.** One reported, motivating part in this work was to help children getting away from feelings of guilt and shame. Another important reason was the physical obstacles that obesity brings about. Obese children have problems keeping the pace with others in gymnastics and during breaks, but also finding suitable clothes. That, the informants claimed, might create a vicious circle which in turn results in a perceived social isolation, as they cannot be an equal part of the peer group. This, however, did not seem to be true for all obese children – some informants had, with surprise, observed that quite a few obese children were satisfied with their weight. But even if the children claimed to be
satisfied, the informants saw a need for change: ‘I agree that everybody should be allowed to be different...but it is just not good for the heart to be overweight’. The children’s health and the negative exposure were therefore the main incentives why the informants kept working with child obesity. They described how children were teased and called ‘Fat slob!’ which in some cases ended in children not wanting to return to school: ‘Everybody is constantly being told it is wrong to be fat. This makes obesity seem shameful and sinful, which is wrong’. The medical risks, physical obstacles and the social impact created meaningfulness for the informants. Once action was taken, it was reported stimulating to see how happy and proud obese children were, when they discovered that months of work had given result and the weight gain had stopped. The ability to create successful cooperation with the child and the parents was also considered gratifying.

Experiences of structured work with obese children

The second category comprises what the informants found significant about their work with obese children.

The action plan as an aid. The action plan was perceived a guiding aid in the work with obese children. The content and suggested measures listed in the action plan were regarded as well drawn up. The list for registration of symptoms was considered a good tool to find loopholes. The information brochure with advice to the parents was also found useful. Even though the action plan helped the informants planning their work, some aspects were regarded as indistinct and undifferentiated. It was seen a delicate task to balance between support and demands: ‘Too many regulations are no good’. The fact that the informants were imposed to lead motivational conversations without specific education was criticized as it made the task difficult. A great need for education about motivational conversation methods was expressed, since the most difficult part in obesity work was considered to be motivation, not information. Although there were diverse opinions about the action plan, it seems to have lead to awareness among the informants that obese children are a mission for the school nurse.

Supporting strategies for a healthy lifestyle. One successful strategy was being well informed about a child’s family situation before getting in touch, in order to receive specific understanding for each child. This approach formed a foundation for supporting children in every specific situation. Possessing adequate information also gave security to the school nurse, since information gives knowledge about whether and how measures should be taken. Independent of the approach, cautiousness and carefulness were always guiding-stars in order not to affect the child’s self-esteem. The informants emphasized the importance of not stamping out a child as obese. One reported strategy was to use medical terms; to call attention to the fact that obesity is harmful and might lead to diseases in the future. To act due to a disease felt more acceptable and gave better response: ‘If I had hinted that it had something to do with looks, then I would never have got anywhere’. As the school nurse’s consultation room was viewed as neutral ground, the medical approach served neutral terms that the informants felt professionally confident to use. Everyone used a questionnaire including the question: Are you happy with your height and weight? If an obese child answered no, it would form a gateway; if the child answered yes, however, it was considered a dead end. Beside the lost gateway, the informants also questioned whether such an answer was given with total honesty. To take small steps, to support the child keeping the motivation up and to create an understanding for a change, were seen as important measures. To obtain such an insight, the obese child needs knowledge provided by the school nurse. The goals need to be achievable, and it was considered important that the obese children felt confirmed. The main point was to stop gain in weight, because ‘You shouldn’t remove all their fun’. In order to keep up the spirit, the informants meant that it was important to be positive, to praise and not to make children feel guilty. But not only children, but also the school nurse needed a motivation strategy to handle this long-term work. It seemed important to set up own boundaries and achievement goals in order to feel content and secure in the work. ‘It is not possible to reach everybody so it is better to concentrate on the ones you can reach. Sometimes you just can’t do anymore – you cannot move mountains’. That the action plan lacked strategies of how to support parents when breaking up bad habits and patterns was criticized by the informants. One strategy of handling this was to talk about overall issues concerning everybody, for instance the benefits of a healthy lifestyle, without mentioning obesity specifically.

Moderation as a word of guidance. It was obvious that the informants saw proportionality and moderation as important in the obesity work. Alarming reports, for example in media, have put focus on the issue and was the reason why the municipality initiated the action plan. The informants stressed the importance of having a sound judgment and to not be blinded by the great attention put on the topic. Sometimes one can’t see the wood for the trees and forget about many other important things. It is important to do something about a problem when it arises and not to ignore it. But it is also important not to forget everything else just because this is in fashion at the moment. Although obesity work was perceived as important and often a very enjoyable work, a feeling of dissatisfaction, perceived on several levels, emerged. Lack of conformity in
working methods within the group of school nurses appeared, as each school nurse was allowed to work from her own priorities. Lack of time was another factor that contributed to the unstructured work. To handle these failings, the informants pointed out the importance of not imposing oneself with guilt and set unreasonable demands. It was considered more relevant to keep the work at a level where both school nurses and school children felt safe and secure, where the school child found the neutral ground at the school nurses’ as a free zone. ‘It is unhealthy to be obese, but it must not become a witch hunt, especially not when children are involved’.

Intrusion of privacy. One perceived problem when approaching a family with an obese child was the fear to intrude on the family’s private sphere. As soon as the family was involved, the ground was no longer considered neutral. The informants felt insecure about how much they should interfere without being dogmatic. ‘You cannot interfere too much. You have responsibilities as parents: how long should you terrorize to make them change?’ Besides infringement into the private sphere, another considerable difficulty was the perceived insecurity when mentioning the subject for the first time, as the action plan does not present strategies for that.

Should I tell the child or should I just keep quiet since the child is really sensitive about it? Shall I just pretend as if nothing has happened, shall I call home or what should I do? How shall I handle this?

Even if the emotions concerning the first approach varied, all informants agreed that caution was necessary. It was also perceived easier to handle the matter if someone else had prepared and spoken to the child about it in advance. Some informants refused to take responsibility and passed the task to somebody else. This refusal could be tracked to the anxiety of possible negative responses, since some informants already had been told off by the parents. The informants assumed that those contacting the family in this delicate matter possibly awoke discomfort among parents and children, based on feelings of shame and guilt. ‘I really want for them to realize that I want to help, but many see it as a failure, and don’t want interference’. This perceived apprehension about causing discomfort made the informants prefer other approaching options, for example sending an information letter about obesity to the families or waiting for the parents to get in touch when observing that their child had gained weight. A permanent conflict of wanting the best for the child by working against obesity and simultaneously feeling fear to intrude on the child’s privacy and giving it feelings of guilt was expressed. ‘I give them conscience qualms, which is bad; and feeling of guilt although I try to tell them that they are really lovely and that they should like themselves’. The informants were also aware of the utter importance of choosing every word with care when meeting an obese child and its family – ‘I weigh my words as they were made of gold’. Wrong words might have negative consequences for the child (e.g. decreased self-confidence) and right words might lead to success (e.g. healthier life-style).

Requirements to enable a professional approach

The third and final category comprises what school nurses need in order to keep a professional approach when fulfilling the assignment of working with obese children.

Long-term work and patience. All informants agreed that obesity work must have a long-term perspective demanding patience both concerning getting the child and the parents motivated as well as the process of decreasing weight. The most important thing was to be available and to play an interceptive role once the need had arisen and interest had matured. The nurses experienced that the response not always had to come immediately. ‘It took perhaps a year or so before they finally called, but at least it feels as if I have succeeded in some way’. The long-term character of the work was considered a sharp contrast to other health interventions in the profession, which often give direct response. It was viewed a difficulty not being able to see immediate results of the work, both for the informants as well as the children. One suggested that one way of keeping up the motivation was to talk about how to stop the weight gain instead of permanently discussing weight reduction. Also setting up short-term goals in this generally long-term work was implied as an encouraging strategy.

Adequate knowledge gives confidence. The action plan proposes that school nurses should inform and have conversations with concerned families in order to keep everybody motivated in the weight reduction process. The informants felt competent in recommending adequate diet and exercise, and competence in providing facts to obese children and their parents. Still a sense of insecurity emerged, as the informants lacked conversation methods. There was a perceived lack of knowledge about how to lead a conversation that motivates an obese child and its parents, which in its turn was considered to be of importance to reach success. In the opening phase of the obesity work, all informants had experienced insecurity whether they had done right or wrong. Gradually, however, with growing experience, a professional confidence regarding the work with obesity had developed. The informants expressed that reflection was used for guidance when handling the feelings of delicacy and when something went wrong. This experience-based knowledge made the informants grow familiar with the task and thereby get and maintain confidence. Nevertheless, experienced colleagues were a valuable source of knowledge. This interactive handling of information was an opportunity for the school nurses to always have a collegial supervision.
Cooperation a necessity. It was stated that working with obese children is a heavy burden for the school nurses, and that there is a need for external supporting parties, more time and resources. Suggested improvements were for instance offering exercise and food-related activities in the school environment, and thereby improve the conditions for a healthier lifestyle. As for the nurse, a wish to work more preventive and to be more present in the everyday school life was expressed. In some cases the informants had met difficulties when working preventively, why the informants urged for a broader understanding. ‘There is a public outcry when I, being the school nurse, say I don’t think it is good to serve ice cream at the cafeteria’. The informants expected the obesity among schoolchildren to keep increasing, which in turn would require a closer cooperation with different parties. Also a need for closer cooperation with nurse colleagues with specific education in this area or other experts emerged. It was pointed out that the commitment to help obese children should permeate all levels in society, including the school, the municipality, sport associations, individual pedagogues etc.

Extensive commitment from present parents was, however, considered the decisive factor for a successful change of lifestyle. Positive examples were reported, where whole families had changed habits and started a healthier life in order to promote the child’s health and wellbeing. When such participation and cooperation had been established, the school nurse had a positive feeling about working with obesity. A child’s obesity has, according to the informants, its origin in bad habits that are hard to break off. A general opinion was that many parents were physically and mentally absent and let their children down depending on lack of time, easygoingness and lack of stamina. Sometimes parents just didn’t want to face the risks with obesity. ‘They think the children are just lovely and can look like that if they want’. Without parental commitment the nurses felt helpless and completely unable to work with obesity. When the most essential part – the parents – was missing, the work was considered practically impossible.

Discussion

The informants perceived that they could play a key role in the work with obese children, which they experienced as meaningful but full of pitfalls. Since the task was considered delicate, there were great demands for guidelines, education and cooperation.

Obesity is often accompanied by feelings of guilt. The action plan, however, has helped the school nurses to both find balance in their efforts, and bracket their own emotions towards obesity. Own personal experience of struggling with obesity in private life as well as an awareness of own attitudes and prejudices made it possible to reflect upon and put into a context as professional nurses.

Gaining knowledge and a concrete action plan addressing obesity as a complex social, cultural and sometimes genetical challenge has balanced their professional perspective on obesity. Earlier research (15, 20, 21) shows that school nurses have asked for organizational support for a long time. The results from this study show that the action plan was perceived a sound support, however with shortcomings in wealth of details. If the action plan were more specific, maybe all school nurses would be able to see their unique position and feel safer when supporting obese children (e.g. 14). Many advantages concerning health aspects, quality of life and reduced costs of care (15) would follow, if the school nurse would work strategically and preventively against child obesity. Some of the recommended interventions in the action plan demanded special knowledge that the informants lacked, e.g. performing motivational conversations. The informants found the motivational aspect a very important task, which has been confirmed in previous studies (e.g. 24), but lacked competence to live up to the commission. The results showed that continuous education and support is necessary, which has been stated in earlier research (15, 21, 22). Cooperation was another important issue the informants emphasized. Clark (5) argues that the participation of at least one parent is of vital importance, which was fully agreed in this study. The parents’ involvement was strongly emphasized by the informants, but also cooperation with colleagues and other concerned parties in society.

Thus, the action plan monitored the work with obesity, some of the informants urged to moderate focus regarding these questions. Because of personal experiences of children who had had their self-esteem shattered in a desperate attempt to lose weight, they pointed out that the action plan could be a valuable tool, but not a substitute for the sensitive notion that comes with face-to-face meetings and the child’s individual story. Previous studies have found that children’s self-esteem has improved with reduced weight (e.g. 1), but this study showed that the informants perceived that the child’s self-esteem could be lowered, if too much focus is put on the looks and decreasing weight. Earlier research points out that obesity has a major influence on quality of life for obese children (11–13). The informants in this study, however, expressed that they had met obese children that did not seem concerned or inhibited by their overweight, nor were they left outside in the social activities among the children. To use the ‘right’ words, how to approach the child and parents and how to express guidance seemed to be key issues for the informants that are in line with previous studies (15, 22). Fear to awake and maybe provoke negative influences in the children’s or parents’ lives was a moral question that the informants arose. It seemed that those informants who had a strict medical perspective also were the ones least concerned about the drama that their actions might cause. The results indicate that an action plan gives more security
when pursuing contacts with obese children and parents. It also gives confidence about how to assess and support families in carrying through life-style changes. The results of this study show that an action plan can give guidance how to maintain professional confidence when dealing with delicate matters. The need for education and supportive aids for the school nurse in her/his work with obese children has also been confirmed in several internationally published studies (e.g. 15, 20–22). Action plans, similar to the one focused in this study, may contribute to meet this request. However, further research is needed and action plans have to be discussed on a national level to reach consensus in its content and its feasibility, bearing in mind that obesity will continue increasing. School nurses, as shown in this study, have a crucial role to play, if society wants to succeed in this work.

Limitations in this study that may threat credibility (25) may be the limited number of interviewed informants. However, all six informants who had experience from the same action plan within the same municipality participated. This may give credibility in terms of truth value as all possible school nurses participated, and worked in the same context with the same action plan. The informants varied in education, experience and age, which might have given a rich content. The informants worked with children in the age of 6 to 12 years. If it had been a wider span of age, the results might have been different as the informants considered the child’s age to have an impact. An investigator triangulation has been adopted in this study to strengthen credibility. Two or more of the authors have been engaged simultaneously throughout the whole research process from designing to interpreting data which should reduce biased interpretation of data. The interviews were performed by two authors in collaboration at the four first interviews, aiming to enhance focus on the topic and to secure that nothing of value was lost. We recognize that data produced from a joint interview is qualitatively different from data obtained from a single interviewer, and has its strengths and weaknesses. On one hand, joint interviewing can help establishing an atmosphere of confidence, and produces more complete data since the interviewers fill in each other’s gaps and memory lapses. On the other hand, two interviewers can exercise more power over the informants than in a single interviewer situation (27). Studies, however, have shown that in a female interviewer–female respondent situation the joint interview is preferable (28). As every informant was regarded expert in the topic, and the interviewers were crucially aware of the importance to maintain symmetry between the informants and the interviewers, the dialogue gained from the interviews was overall considered as exhaustively covering the informants’ perspective. The last interviews were performed by only one of the authors, as the second author unexpectedly was prevented from attending, and the two last informants had no possibility to change the appointment. With only one interviewer, the interview may have resulted in less information. The results emerge from only one municipality in Sweden which restrains the transferability and should only be regarded as representative for this area. However, some transferability may be interpreted as parts of this study results were documented in previous studies of how school nurses perceive their work with obese children.

Conclusion

School nurses have a unique possibility to play an important role in the treatment and prevention of child obesity. The suitability is strengthened by the fact that school children consider the school nurse to be neutral. This study shows that an action plan can serve a function by supporting school nurses to handle this delicate matter professionally and by providing security when pursuing contacts with obese children and parents. It gives confidence about how to assess and support families in carrying through life-style changes for a healthier lifestyle. These study results also support that an action plan can give guidance on how to maintain professional confidence when dealing with delicate matters. That creates opportunities for the school nurse to be an effective resource in the battle against childhood obesity.

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Author contributions

All authors contributed to the article conception/design, analysis and drafting of manuscript. The second and third authors were mainly responsible for data collection and initial analysis. The first and fourth author contributed with critical revisions of the content and supervision.

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