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## NURSING INTERVENTION FOR THE DEVELOPMENT OF SELF-CARE LEADERSHIP IN A SCHOOL COMMUNITY: AN EDUCATIONAL WORKSHOP APPROACH

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### ABSTRACT

*Self-care is a fundamental component of health promotion, particularly during childhood, where habits and behaviours are established. Schools provide an effective environment for implementing educational interventions aimed at improving self-care practices and reducing health-related risks among students. To carry out a nursing intervention for the training of leaders in self-care at the IED Nuestra Señora del Rosario in the town of Barranquilla period 2019-2. A quantitative and qualitative study with a participatory action approach was conducted among students aged 8-12 years in 4th and 5th grades. The intervention included a series of educational workshops on topics such as hygiene, nutrition, self-esteem, sexual education, and healthy lifestyles. Data were collected through participation records, percentage indicators, and observational assessments of student performance. A total of 493 students participated in the intervention. Higher participation was observed in workshops related to healthy eating and psychoactive substances. Students demonstrated improved recognition of risk factors, understanding of health concepts, and active engagement in activities. However, limitations were identified in the practical execution of certain self-care behaviours, particularly hygiene-related practices. Nursing-led educational interventions effectively improved knowledge and awareness of self-care among schoolchildren. Participatory strategies enhanced engagement, although continuous reinforcement is required to translate knowledge into sustained behavioural change.*

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**KEYWORDS:** Self-care; Nursing intervention; Schoolchildren; Health education; Healthy lifestyles.

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## 1. INTRODUCTION

Leadership is known as the capability to affect and guide individuals or groups for accomplishment of common objectives while fostering the widespread well-being. In terms of educational settings leadership is not about being in charge but building responsibility and cooperation, and the ability to make informed decisions. The growth of leadership skills in students helps them grow as people, and helps them to be able to make a good impact on their social surroundings. Encouraging leadership skills at an early stage helps individuals to increase behaviours that foster individual and community health (Ray et al., 2020). Healthy lifestyles are very matched to the concept of leadership because they consist of day to day behaviours that affect physical, mental and social well-being. These behaviours include proper hygiene, physical activity and balanced dietary habits. During childhood and adolescence, this acquisition of such habits becomes especially crucial because this is the period during which habits are laid down, which in most cases will continue in adulthood. Promoting healthy lifestyles helps decrease exposure to risk factors and accomplish long-term health outcomes (Uzuncakmak & Beser, 2017).

Self-care is the collection of actions that individuals take to consciously maintain their health and prevent illness, and to increase their quality of life. It has physical, emotional, and psychological aspects which underline the need for personal responsibility in the management of health. Within the field of nursing, self-care is known to be an important concept in which individuals create the ability to actively engage in their well-being. Educational initiatives focusing on the enhancement of self-care practices have shown effectiveness in health awareness as well as stimulating sustainable behavioural changes (Adimando, 2018). Furthermore, self-care is not an isolated practice but an ongoing process and evolves throughout life. It involves the creation of knowledge, skills and attitudes that help people to respond effectively to their health needs. When people learn self-care competencies, they will be better able to prevent diseases and handle their health-related problems on their own.

This study is based on the Self-Care Deficit Theory by Dorothea Orem and it presents a comprehensive theory regarding the relationship between ability of individual to carry out self-care and the need for nursing intervention. According to this theory, a self-care deficit exists when people cannot satisfy their own care needs that require the support, direction,

or education of healthcare professionals. The use of this model in an education and clinical setting has been shown to have positive effects in improving self-efficacy and as a behavioral-change tool. Structured interventions using Orem's theory have been proven to increase well-being in aspects such as academic performance and personal development especially in students (Seyednazari et al, 2025).

Preadolescence and early adolescence are crucial stages of great physical, emotional, and cognitive transitions. During this time, individuals start to develop autonomy, form social relationships and create their identity. However, these transitions also cause them to be more vulnerable to unhealthy behaviours and outside influences. The promotion of self-care during this stage plays a key role in helping one to have positive habits and make informed choices. Strengthening self-care practices is part of the resilience, emotional stability and enhanced social interactions. Additionally, encouraging self-care behaviours in young populations also aids in fostering the development of skills that are needed to overcome challenges and sustain overall well-being (Lin et al., 2020).

Schools are an ideal setting in which to promote health and develop self-care practices, as they are a setting that children spend a good part of their time in. Integrating health education into the school curriculum gives students the opportunity to gain knowledge and skills that can be used in their everyday lives. Educational strategies applied in schools (e.g. interactive workshops and participatory activities) have been shown effective to improve understanding of health-related concepts by students. These approaches promote active learning and help with the adoption of healthy behaviours. The inclusion of self-care education in school settings will also help students become agents of change and make a difference in their families and communities as well (Docherty-Skippen et al. 2019).

Nursing plays a fundamental role in health promotion and disease prevention, especially in the community and education area. As healthcare professionals, nurses possess the knowledge and skills needed to create and implement interventions that meet the needs of target populations. Their close interaction with individuals makes them to identify the health risk and give proper guidance. Educational interventions in nursing have been demonstrated to be effective in achieving change in human behavior and enhancing health. By focusing on prevention and education, nurses play a role in the development of healthier communities and encourage individuals to take responsibility for their

health (Changsieng et al., 2023). Additionally, it is important to incorporate self-care practices into nursing practice in order for it to be sustainable and for health promotion strategies to be effective. Programmes that focus on self care not only help individuals but it also creates a culture of health awareness and responsibility within communities (Ramluggun & Morning, 2025). Similarly, organized wellness efforts in educational settings have shown the potential to enhance quality of life and overcome barriers to healthy behaviours (Woods-Giscombe, 2021).

In the context of the IED Nuestra Señora del Rosario in Barranquilla the presence of self-care deficits within the students is here, it is important for intervention and focused on the individual. Observations within the institution revealed difficulties concerning hygiene practices, nutrition and awareness of risk behaviours, which could impact on the health and development of students in a negative manner. Solving these problems through a structured nursing intervention is an opportunity to build self-care practices and leadership within the students. Through providing them with knowledge and skills it is possible to strengthen their capacity to take care of themselves and impact others in their environment. The aim of this study is Nursing intervention for the training of leaders in self-care at the IED Nuestra Señora del Rosario in the town of Barranquilla period 2019-2.

### Objectives of the Study

1. To identify the main self-care deficits, present in the students of the IED Nuestra Señora del Rosario
2. To determine the students' perception of the concept of self-care.
3. Develop educational workshops on leadership in Self-Care in 4th and 5th grade students of the IED Nuestra Señora del Rosario

## 2. METHODOLOGY

### 2.1 Study Design

This study was carried out using the quantitative and qualitative approach, enabling to obtain the collection of numerical data as well as descriptive. The quantitative component focused on the participation indicators and the measurable results, whereas the qualitative component stressed on observations and the response that was obtained during the activities. Additionally, a participatory action methodology was applied, in which students and teachers took an active part in the development

of the intervention, thus becoming encouraged for interaction and involvement in the process.

### 2.2 Study Setting and Population

The research was conducted in the IED Nuestra Señora del Rosario from the city of Barranquilla. The population was students in grade 4 and 5 primary school with the age range approximately 8 to 12 years. These groups were chosen based on identification of needs related to self care practices within the institution.

### 2.3 Diagnostic Phase

An initial diagnostic phase was carried out by institutional reconnaissance that involved certain visits to the classes and interaction with the teachers and students. Through observation and communication, it was determined that students from 4th and 5th grades need more attention the situation that has an impact on their quality of life. Based on these findings, the intervention target population was selected.

### 2.4 Intervention Plan

An activity schedule (F-S-40) was created for organizing the intervention during the academic period. The intervention included educational workshops that discussed studying techniques, psychoactive substances, sexual abuse, personal hygienic, self-esteem (its consequences, bullying, identity and cutting), healthful nutrition, oral health, healthful lifestyles, sexual education, domestic violence and physical activity. These activities using participative and pedagogical strategies were implemented for easy understanding and participation.

### 2.5 Data Collection

Data collection was made through quantitative and qualitative methods. Quantitative data consisted of numbers and percentage indicators of participation by activities. Qualitative data were gathered during the workshops with direct observation and the responses and performance of the students during the activities.

### 2.6 Statistical Analysis

The quantitative data were analyzed by descriptive statistics. Participation frequencies and totals were calculated for each activity and percentage indicators were obtained used to determine the level of participation. These values were used to summarize the participation of students in the different workshops.

**2.7 Evaluation Criteria**

The evaluation was based on participation levels, the ability of students to recognize and respond to concepts that were presented during the workshops, and on performance in practical activities. These criteria corresponded to be able to evaluate the learning and participation with regard to the practices of self-care.

**2.8 Ethical Considerations**

Ethical principles were taken into account over the course of the study. Informed consent to do so was obtained before the activities were implemented to ensure that it was voluntary. The research was carried out in accordance with Resolution 008430 of

October 4, 1993 that ensures the respect of the rights, confidentiality and well-being of the subjects during the research process.

**3. RESULTS**

**3.1 Distribution of Student Participation Across Educational Workshops**

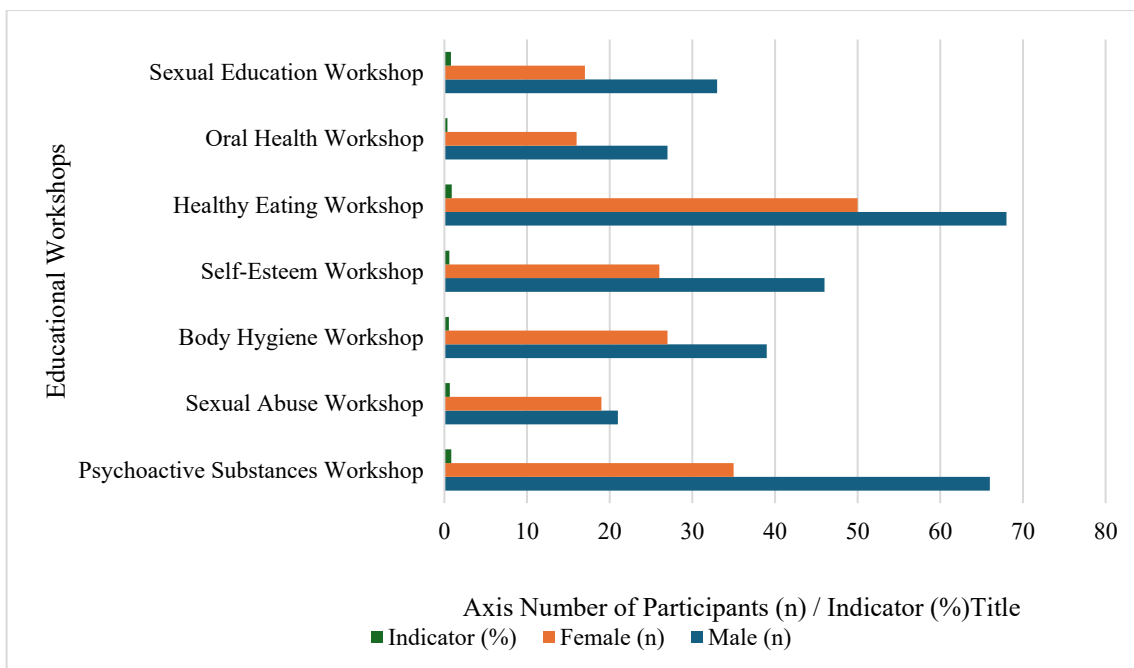
A total of 493 students were involved in the intervention activities that took place during the study period, including 300 men and 190 women. The level of participation varied from one educational workshop to another, based on the topic covered and the amount of participation that was observed in the students. To better understand how people's participation is distributed, the results for each activity are shown in Table 1.

**Table 1.** Participation in Educational Workshops

Activity	Male (n)	Female (n)	Total (n)	Indicator (%)
Psychoactive Substances Workshop	66	35	101	84%
Sexual Abuse Workshop	21	19	40	66%
Body Hygiene Workshop	39	27	66	55%
Self-Esteem Workshop	46	26	75	60%
Healthy Eating Workshop	68	50	118	90%
Oral Health Workshop	27	16	43	36%
Sexual Education Workshop	33	17	50	79%
Physical Activity Workshop	Not reported	Not reported	Not reported	Not reported
<b>Subtotal</b>	<b>300</b>	<b>190</b>	<b>493</b>	

As shown in Table 1, the best participation was seen in the Healthy Eating Workshop followed by the Psychoactive Substances Workshop. The distribution

of student participation in the various educational workshops is shown in Figure 1, in which different aspects of sex and general activity are noted.



**Figure 1.** Distribution of student participation by sex and percentage indicators across educational workshops. As shown in Figure 1, current observed higher participation in these workshops in terms of subjects concerning healthy eating and psychoactive substance with more male participants in most of the

activities. In contrast, fewer are identified by lower participation in lower levels, in oral health and sexual abuse workshops. The differences in indicators show differences in the degree of engagement in some of the implemented interventions.

### 3.2 Achievement of Learning Outcomes Based on Specific Objectives

The attainment of the particular objectives was assessed from the performance and reaction of the students in the implementation of the activities. These outcomes are indicative of how much students were able to comprehend, recognize and apply the concepts presented during intervention. The summary of results associated with each objective is presented in Table 2.

**Table 2.** Achievement of Specific Objectives

Specific Objective	Outcome Description	Male (n)	Female (n)	Total (n)
Psychoactive Substances	Recognition of risk factors and complications	7	6	13
Sexual Abuse	Identification of key concepts and terms	6	10	16
Personal Hygiene	Performance of handwashing techniques	4	2	6
Self-Esteem	Identification of bullying and empathy	5	4	9
Healthy Eating	Understanding of nutrition concepts	3	9	12
Oral Health	Demonstration of brushing techniques	5	3	8
Sexual Education	Identification of body and developmental concepts	13	7	20
Physical Activity	Participation in health-promoting exercises	Not reported	Not reported	Not reported
<b>Subtotal</b>		<b>43</b>	<b>41</b>	<b>84</b>

As can be seen in Table 2, the greatest level of achievement was in the sexual education activity, followed by sexual abuse and psychoactive substance-related objectives. Lower attained in performance in the area of personal hygiene and oral health, indicating although knowledge existed did not translate in the practical execution of some skills.

### 3.3 Observed Behavioral and Knowledge-Based Changes During Intervention Activities

The qualitative findings were derived from direct observation of students performance for every activity based on students participation,

understanding and performance. These findings give insight into student interaction with the content and the level of student internalization of the information. The qualitative results for each of the activities are shown in Table 3.

As revealed by Table 3, the students showed understanding in most of the topics that were taught in the intervention. However, differences were noted in the competence level in skills performance, especially on practical activities such as handwashing with implementation of techniques not always achieved.

**Table 3.** Qualitative Outcomes by Activity

Activity	Qualitative Findings
Psychoactive Substances Workshop	Students recognized risk situations and identified that harmful substances may be disguised in common items such as candies.
Sexual Abuse Workshop	Students demonstrated understanding of sexual violence and were able to analyze situations within their environment.
Personal Hygiene Workshop	Students partially performed handwashing techniques, completing some steps but not the full procedure, although they understood its importance.
Self-Esteem Workshop	Students actively participated in sociodrama activities and demonstrated understanding of bullying, identity, and emotional aspects.
Healthy Eating Workshop	Students showed active participation; however, inadequate nutritional habits were identified among them.
Oral Health Workshop	Students demonstrated correct brushing techniques and recognized the consequences of poor oral hygiene.
Healthy Lifestyle Workshop	Students understood the importance of physical activity and identified risks associated with sedentary behavior and poor nutrition.
Sexual Education Workshop	Students showed high participation and correctly answered questions related to body awareness and respect.
Physical Activity Workshop	Not reported

## 4. DISCUSSION

The findings of this study suggest the presence of self-care's deficit among schoolchildren especially on

issues such as hygienic practices, nutritional status and awareness of risk-related behaviours. While students showed a basic level of understanding of

some concepts, there were some limitations in the correct completion of practical skills, such as washing hands and oral hygiene. This lack of knowledge and practice implies that consciousness alone is not enough to guarantee behavioural change. Similar to what has been reported in studies on self-care support among children and adolescents, sustained behavioural change requires continuous guidance and reinforcement [Bee et al (2018)]. The implementation of educational workshops contributed in the improvement of the knowledge of students which was witnessed from their ability in recognise the risk factors, identify the key concept and respond appropriately during the activities. Higher levels of understanding were noted in the areas of sexual education and psychoactive substances awareness. These results are consistent with previous research that says that planned educational interventions can improve health knowledge and foster preventive behaviours in school-aged populations (Vaivada et al., 2022). In addition, self-care education has been found to bolster people's capacity to manage their health and engage in healthier behaviours (Osman et al., 2025). Participatory strategies in the facilitation of learning and engagement among students were significant. Interactive methods such as sociodramas, demonstrations and group activities help to promote active participation and better understanding of the topics dealt with. These approaches allowed the students to make real life connections with theoretical knowledge for increased retention and application of the knowledge. This finding is in agreement with research showing that experiential learning strategies are beneficial in helping students not only practice self-care behaviors but in improving and enhancing social skills as well as schoolchildren (Alkan and Cavusoglu, 2024). Furthermore, the use of innovative and interactive interventions has been linked to better psychosocial outcomes as well as higher engagement (Mierniczek et al., 2025). The school environment was found to be an appropriate and conducive location to implement the health promotion activities. Schools are ordered environments in which students can learn and develop habits and then apply acquired behaviours to their everyday lives. The integration of education on health and the school context reinforces the appropriation of positive practices and enables the long-term behavior modification. Previous studies have pointed out the success of school-based programs spearheaded by healthcare professionals in enhancing the health and wellbeing of students (Doi et al., 2018). In addition, the work of school

nursing services has been identified as crucial in helping children's health and development in schools (Local Government Association, 2022).

The nursing intervention implemented in the present study had a central role in the promotion of self-care awareness and leadership among the students. Through structured educational activities, participants were guided to gain an understanding of the importance of self-care behaviour and to adopt behaviours that are conducive to their health. This approach not only covered the gaps in knowledge but also made the students responsible for their well-being and make a difference to others in their surroundings. The importance of nurses to facilitate health education and behavioral change has been broadly acknowledged especially in the community and school health settings (Alcaraz et al., 2024). Additionally, interventions targeting leadership and self-efficacy have been found to increase the ability of individuals to exercise health-related decision-making processes (Li et al., 2012).

The intervention even showed an impact on the behavior and social aspects of the students. Activities connected to self-esteem as well as bullying and interpersonal relationships promoted reflection and the formation of empathy. Students showed the skills to recognize social issues and share their point of view, reflecting improvements in the skills of social awareness and communication. These findings are in line with studies on school-based mental health interventions which report positive effects on regulating emotions and the ways in which they relate to others (Grande et al., 2023). Furthermore, the results indicate that self-care education helps with an improvement in awareness of risk situations and an improvement in decision making. Students were able to identify potentially harmful behaviours and know the consequences, especially around substances and unsafe behaviours. Early interventions have been found to have a significant role in decreasing exposure to risk factors and promoting protective behaviours among kids and adolescents (Karnes et al., 2025).

## 5. LIMITATIONS

The study had a number of limitations which influenced operationalization of the intervention. Environmental conditions, especially heavy rains, led to the interruption and delay of planned activities. In addition, the lack of initial coordination with the teachers led to challenges in fitting the workshops into the academic time frame, and consequently, time constraints. Student engagement with different activities were varied and strategies

needed to be altered to maintain participation. Communication gaps within the institution also impacted the execution of some of the sessions. Furthermore, there were interruptions with the academic calendar such as recess week and the end of the school year, resulting in the inability to complete certain activities which were planned. These limitations are consistent with the findings in school-based interventions, in which organizational and engagement-related challenges can affect outcomes (Kubik & Maughan, 2022). In addition, the partial execution of hygiene practices also indicates that knowledge does not always translate into correct behaviour, therefore reinforcing it continuously is important (Lotfinejad et al., 2020).

## 6. FUTURE IMPLICATIONS

Future interventions should focus on strengthening coordination between educational institutions and healthcare professionals to better plan, organize and maintain continuity with activities. Effective communication between teachers, administrators, and the health teams can help promote better integration of the health programs in the academic schedule with less disruptions and improved student participation. Enhancing student engagement is also key to the process which can be accomplished through interactive and participatory strategies that are also age-appropriate to the interests and learning needs of the students. The results show that continuous and repetitious interventions are required to consolidate self-care practices (especially in areas that need practical skills such as hygiene and healthy lifestyle behaviours). While single interventions may result in increased awareness, long-term programs are more effective in initiating behavioral change. There are evidences that school-based ongoing initiatives can have positive impact on both health behaviours and scholastic achievements (Gallotta et al, 2024). In addition, the role of nursing in educational settings needs to be further strengthened in order to aid in

the development of self-care skills and the overall well-being of students. Nursing professionals can serve a central role in providing structured health education and leading the way in changing behaviors (Goncalves et al., 2025). Future research should be conducted using more inclusive evaluation methodologies, as well as longer evaluation time periods to more adequately examine long-term outcomes and sustainability.

## 6. CONCLUSION

The present study has demonstrated the effectiveness of nursing-led educational interventions in school settings in solving self-care deficits among schoolchildren. The results showed that, while students had a basic understanding of health related concepts, there were significant gaps in the practical application of self-care behaviours and were especially found in areas such as hygiene and nutrition. The implementation of structured educational workshops led to better knowledge and awareness that allowed students to identify risk factors and have more positive views on their health. The use of participatory and interactive strategies increased engagement and enabled learning, which emphasizes the importance of being actively involved in the process of learning. Furthermore, the school environment was found to be an appropriate platform for promoting health education so that the students would be able to integrate the behaviours learned into their day to day activities. The intervention was also responsible for the development of their social and behavioural competencies such as their empathy, self-esteem and being able to make responsible decisions. Overall, the study emphasises the significant role of nursing on self-care and leadership of the schoolchildren. Continuous and well-structured interventions are key to strengthen these practices and support long-term behavioural change to ultimately contribute to better quality of life and health outcomes for this population.

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