



Millenium, 2(27)



EMPODERAMENTO DA COMUNIDADE ESCOLAR PARA A LITERACIA EM SAÚDE DOS JOVENS: SCOPING REVIEW
EMPOWERMENT OF THE SCHOOL COMMUNITY FOR YOUTH HEALTH LITERACY: SCOPING REVIEW
EMPODERAMIENTO DE LA COMUNIDAD ESCOLAR PARA LA ALFABETIZACIÓN EN SALUD ENTRE LOS JÓVENES: SCOPING REVIEW

Joana Miranda¹  <https://orcid.org/0009-0004-1857-4026>

Catarina Afonso¹  <https://orcid.org/0000-0001-7969-8242>

Ana Spínola¹  <https://orcid.org/0000-0003-0721-3343>

¹ Instituto Politécnico de Santarém, Santarém, Portugal

Joana Miranda - 180400006@essaude.ipsantarem.pt | Catarina Afonso - catarina.afonso@essaude.ipsantarem.pt |
Ana Spínola - ana.madeira@essaude.ipsantarem.pt



Corresponding Author:

Joana Miranda

Quinta do Mergulhão Sr^a da Guia, n^o4
2005-075 – Santarém - Portugal
180400006@essaude.ipsantarem.pt

RECEIVED: 02nd February, 2025

REVIEWED: 07th May, 2025

ACCEPTED: 20th May, 2025

PUBLISHED: 25th June, 2025

DOI: <https://doi.org/10.29352/mill0227.40142>

RESUMO

Introdução: O crescente volume migratório de jovens é um desafio para as políticas de saúde. A literatura aponta o contexto escolar como fundamental para promoção da literacia em saúde, desenvolvendo as habilidades cognitivas e sociais que determinam a motivação para a tomada de decisão nos jovens. A comunidade escolar assume-se como determinante e impulsionadora de estratégias de empoderamento para a literacia em saúde dos jovens.

Objetivo: Mapear os contributos da comunidade escolar no processo de tomada de decisão em saúde dos jovens autóctones e migrantes.

Métodos: Revisão Scoping, conforme o referencial de Joanna Briggs Institute. Foram realizadas pesquisas nas plataformas CINAHL via EBSCO, PUBMED, COCHRANE, Scielo, Lilacs, RCAAP, B-ON e Google Académico. Como critérios de inclusão define-se: docentes/não docentes, literacia em saúde e 3º ciclo de ensino na escola. Não foram considerados limites temporais para a pesquisa. A análise dos artigos, extração e síntese dos dados foi desenvolvida por três revisores.

Resultados: Cinco artigos foram incluídos na revisão, todos enfatizam o papel dos docentes/não docentes junto dos jovens migrantes. Da análise dos artigos emergiram três temas: envolvimento dos docentes, relação de confiança com os jovens e conhecimento e capacidade de liderança dos docentes.

Conclusão: A sinergia entre as influências dos docentes e não docentes, é essencial para capacitar os jovens, promovendo uma tomada de decisão mais informada e consciente.

Palavras-chave: enfermagem em saúde comunitária; literacia em saúde; empoderamento; serviço de saúde escolar

ABSTRACT

Introduction: The growing migration volume of young people is a challenge for health policies. The literature points to the school context as primary for promoting health literacy, developing the cognitive and social skills that determine the motivation for decision-making. School community is, from this perspective, crucial as a driver for an empowerment strategy for young people's health literacy.

Objective: Map the contributions of the school community in the health decision-making process of indigenous and migrant young people.

Methods: Scoping Review, according to the Joanna Briggs Institute framework. Research was carried out on the CINAHL platforms via EBSCO, PUBMED, COCHRANE, Scielo, Lilacs, RCAAP, B-ON, and Google Scholar. The inclusion criteria are defined as: teaching/non-teaching staff, health literacy, and 3rd cycle teaching at school. No time limits were considered for the research. The analysis of articles, extraction, and synthesis of data was carried out by three reviewers.

Results: Five articles were included in the review, all of which emphasize the role of teaching/non-teaching staff with young migrants. Three themes emerged from analysing the articles: teacher involvement, trusting relationships with young people, and teachers' knowledge and leadership capacity.

Conclusion: The synergy between the influences of teachers and non-teachers is essential to empower young people, promoting more informed and conscious decision-making.

Keywords: community health nursing; health literacy; empowerment; school health services

RESUMEN

Introducción: El creciente volumen migratorio de jóvenes es un desafío para las políticas de salud. La literatura señala el contexto escolar como primario para promover la alfabetización en salud, que determinan la motivación para la toma de decisiones. La comunidad escolar es crucial como motor de una estrategia de empoderamiento para la alfabetización en salud de los jóvenes.

Objetivo: Mapear los aportes de la comunidad escolar en el proceso de toma de decisiones en salud de jóvenes indígenas y migrantes.

Métodos: Scoping Review, según el marco del Instituto Joanna Briggs. La investigación se realizó en las plataformas CINAHL vía EBSCO, PUBMED, COCHRANE, Scielo, Lilacs, RCAAP, B-ON y Google Scholar. Los criterios de inclusión se definen como: personal docente/no docente, alfabetización en salud y docencia de 3er ciclo en la escuela. No se consideraron límites de tiempo para la investigación. El análisis de los artículos, extracción y síntesis de datos fue realizado por tres revisores.

Resultados: En la revisión se incluyeron cinco artículos, todos los cuales enfatizan el papel del personal docente y no docente con los jóvenes inmigrantes. Del análisis de los artículos, surgieron tres temas: la participación de los docentes, las relaciones de confianza con los jóvenes y el conocimiento y la capacidad de liderazgo de los docentes.

Conclusión: La sinergia entre las influencias de docentes y no docentes es esencial para empoderar a los jóvenes, promoviendo una toma de decisiones más informada y consciente.

Palabras Clave: enfermería en salud comunitaria; alfabetización en salud; empoderamiento; servicios de salud escolar

DOI: <https://doi.org/10.29352/mill0227.40142>

INTRODUCTION

The significant increase in the migratory flow represents a huge challenge and at the same time a great opportunity in terms of public policies in countries in key areas such as health and education (World Health Organization [WHO], 2022).

The contribution of youth migration to the economic and social development of host countries is undeniable, and it is essential to promote a positive integration process, for which the health of young people is an essential condition, developing policies and programs that consider and safeguard access to healthcare, with particular attention to reducing inequalities (WHO, 2022).

The School is strongly influenced by Education and Health policies, social and community values in the context in which it operates. The school reality appears to be very variable between educational establishments, both due to the school groups it hosts and the origin and expectations of the population that attends them (Direção-Geral da Saúde [DGS], 2015). Currently, events of great educational complexity are observed in schools, representing great multiculturalism (Conselho Nacional da Educação, 2023).

According to the National Health Plan for 2030 (DGS, 2021), leaving no one behind implies identifying the most vulnerable or most at-risk groups in which young migrants fall. This Plan highlights strategies such as reducing inequalities and boosting partnerships, as well as promoting literacy and health-promoting environments aimed at enhancing health gains in the school community (DGS, 2021). Strengthening health literacy is a fundamental concept in the school community (WHO, 2019) and, according to Sorensen et al. (2012), knowledge, competence and motivation, to access, understand, evaluate and apply health information. Health Promotion is associated with Health Literacy, due to its influence on behaviors and results and, according to the WHO (Nutbeam, 1998), it is the process that aims to empower individuals and communities with the aim of improve health and well-being.

The mission of school health is to promote collective awareness that health is a valuable asset and everyone's responsibility for the formation of healthy adults (Martins & Borges, 2023; Ramos & Barbieri-Figueiredo, 2020). Combining professional responsibility with the potential contribution to building a better society with more literate citizens, the concept of empowerment will be present (Ramos & Barbieri-Figueiredo, 2020), while associated with skills, behaviors and health gains, the concept of Health Literacy emerges (Okan et al., 2020).

From this perspective, it is necessary to create strategies that favor inclusion, promoting enriching diversity. Therefore, results will be better if school systems promote integration, providing them with additional support, guaranteeing accessibility and school quality (Banco Internacional, 2023).

The agents that make up the school community, including teachers and non-teaching staff, nurses and other health professionals, (Hockenberry & Wilson, 2014), are part of the educational strategies and resources, essential for the development of health literacy among young migrants. and autochthonous (Dadaczynski et al., 2020).

Investment in the production of studies within the scope of empowering the school community to promote health literacy among young people allows for a more evidence-based practice, converting knowledge into new practices and improving the quality of care provided to the community.

Carrying out this scope aims to support an empirical study towards improving the quality of care for the community, so the lack of evidence in the context of empowering the school community to promote health literacy among young people was evident, which determines the need for more research that allows us to clearly identify what we understand about the topic and the strategies we use. It is understood that in relation to community empowerment, Melo (2020), created a Community Nursing Assessment and Intervention Model (MAIEC), to understand the health needs of communities, which is why some studies derived from it have emerged, such as examples: "Alto Minho + Inclusive and Community Diagnosis" (Melo et al., 2023); "Assessing Community Empowerment for an Innovative Epidemiologic" (Melo et al., 2020) and "Focuses of attention in community nursing and community empowerment: a qualitative study" (Melo, 2018).

This Scoping Review will follow the recommendations proposed by the Joanna Briggs Institute (JBI), based on the principle that research constitutes a central practice in Nursing and is decisive for its affirmation and recognition as a profession and discipline (Nené & Sequeira, 2022). The objective is to map the evidence relating to the school community in the health decision-making process of indigenous and migrant young people in a school context.

1. METHODS

This scoping review was conducted based on the method proposed by the Joanna Briggs Collaboration (Peters et al., 2020) and was written in compliance with the Preferred Reporting Items for Systematic reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) (Tricco et al., 2018). The protocol for this systematic review was registered on OSF.

The methods proposed by the Joanna Briggs Collaboration have been widely used and recognized in multiple areas of knowledge and by experienced reviewers, representing a primordial approach to support decision-making based on the best available evidence (Khalil et al., 2021).

The PRISMA for Searching extension provides a reporting checklist for this specific type of review proposed by JBI (Aromataris et al., 2024). The steps that must be followed are formulate the review question, define inclusion and exclusion criteria, locate studies through search, select studies for inclusion, extract, analyze and synthesize relevant studies (Aromataris et al., 2024). In this way,

DOI: <https://doi.org/10.29352/mill0227.40142>

the following research question was formulated: “How does the empowerment of the school community influence the health literacy of indigenous and migrant young people?”.

According to the JBI method, it proposes the following eligibility criteria: population, concept and context – PCC method (Peters et al., 2020). Regarding the population, all studies that include the school community, namely teaching/non-teaching staff, were considered. In terms of concept, all studies that address the concept of health literacy were considered. Regarding the context, all studies in a school context were considered, namely in the 3rd cycle of basic education.

The specific objectives are: Identify the school community in health decision-making for migrant and indigenous young people; Characterize the health decision-making process of indigenous and migrant young people in a school context.

1.1 Location of Studies

In this protocol, a two-step research strategy was conducted. The search strategy aims to find published and unpublished studies and carry out in two stages. Firstly, an initial search was carried out limited to the PUBMED and CINAHL databases (via EBSCOhost), followed by an analysis of the words contained in the title and abstract, and the index terms used to describe the articles, using RAYYAN. A second search was performed using all identified keywords and identified index terms, across all included databases. Table 1 shows the final search strategy to be used in the PUBMED, CINAHL Complete (via EBSCOhost), COCHRANE and LILACS databases. Studies published in English, Spanish and Portuguese were considered for inclusion in this review, which allow for an exhaustive search of the most relevant and current studies on the topic. The databases included in the review are: CINAHL Complete (via EBSCOhost); PubMed; COCHRANE and LILACS.

Table 1 – Search strategy for PUBMED, CINAHL Complete (via EBSCOhost), COCHRANE and LILACS on July 19, 2024

| PUBMED STRATEGY | RESULTS |
|--|--------------|
| ((((Educational Personnel [MeSH Terms] OR School Teachers [MeSH Terms] OR Educational Personnel [Title/Abstract] OR School Teachers [Title/Abstract] OR Teachers [Title/Abstract])) AND ((Health literacy [Title/Abstract] OR Health literacy [MeSH Terms] OR Literacy Program [MeSH Terms] OR "literacy Program [Title/Abstract] OR literacy [Title/Abstract])))) AND ((Schools [MeSH Terms] OR school [Title/Abstract])) | 386 articles |
| CINAHL COMPLETE (via EBSCOhost) STRATEGY | RESULTS |
| ((((Educational Personnel [MeSH Terms] OR Teachers [MeSH Terms] OR Educational Personnel [Title/Abstract] OR Teachers [Title/Abstract])) AND ((Health literacy [Title/Abstract] OR Health literacy [MeSH Terms] OR Program Development[MeSH Terms] OR “Program Development [Title/Abstract] OR literacy [Title/Abstract])))) AND ((Schools [MeSH Terms] OR schools[Title/Abstract])) | 538 articles |
| COCHRANE STRATEGY | RESULTS |
| ((educational personnel):kw OR (school teachers):ti,ab,kw OR (educational personnel):ti,ab,kw OR (school teachers):ti,ab,kw OR (teachers, school):ti,ab,kw (Word variations have been searched))) AND (((health literacy):ti,ab,kw OR (health literacy):kw OR (literacy program):kw OR (literacy program):ti,ab,kw OR (literacy):ti,ab,kw))) AND (((schools):kw OR (school):ti,ab,kw))) | 276 articles |
| LILACS STRATEGY | RESULTS |
| ((educational personnel):kw OR (school teachers):ti,ab,kw OR (educational personnel):ti,ab,kw OR (school teachers):ti,ab,kw OR (teachers, school):ti,ab,kw (Word variations have been searched))) AND (((health literacy):ti,ab,kw OR (health literacy):kw OR (literacy program):kw OR (literacy program):ti,ab,kw OR (literacy):ti,ab,kw))) AND (((schools):kw OR (school):ti,ab,kw))) | 0 articles |

The search for unpublished studies, namely grey literature, were carried out in the following databases: RCAAP, Google Scholar and B-ON. The keywords and indexed terms to be used in the search will be adapted for each source of information included (Table 2).

Table 2 – Search strategy for RCAAP, Google Scholar and B-ON on July 19, 2024

| RCAAP STRATEGY | RESULTS |
|---|------------|
| ((((Educational Personnel [MeSH Terms] OR School Teachers [MeSH Terms] OR Educational Personnel [Title/Abstract] OR School Teachers [Title/Abstract] OR Teachers [Title/Abstract])) AND ((Health literacy [Title/Abstract] OR Health literacy [MeSH Terms] OR Literacy Program [MeSH Terms] OR "literacy Program [Title/Abstract] OR literacy [Title/Abstract])))) AND ((Schools [MeSH Terms] OR school [Title/Abstract])) | 0 articles |
| B-ON STRATEGY | RESULTS |
| ((((Educational Personnel [MeSH Terms] OR School Teachers [MeSH Terms] OR Educational Personnel [Title/Abstract] OR School Teachers [Title/Abstract] OR Teachers [Title/Abstract])) AND ((Health literacy [Title/Abstract] OR Health literacy [MeSH Terms] OR Literacy Program [MeSH Terms] OR "literacy Programs [Title/Abstract] OR literacy [Title/Abstract])))) AND ((Schools [MeSH Terms] OR school [Title/Abstract])) | 0 articles |
| GOOGLE SCHOLAR STRATEGY | RESULTS |
| ((((Educational Personnel [MeSH Terms] OR School Teachers [MeSH Terms] OR Educational Personnel [Title/Abstract] OR School Teachers [Title/Abstract] OR Teachers [Title/Abstract])) AND ((Health literacy [Title/Abstract] OR Health literacy [MeSH Terms] OR Literacy Program [MeSH Terms] OR "literacy Program [Title/Abstract] OR literacy [Title/Abstract])))) AND ((Schools [MeSH Terms] OR school [Title/Abstract])) | 0 articles |

DOI: <https://doi.org/10.29352/mill0227.40142>

1.2 Study Selection Process

Regarding the type of study, all existing studies were considered. Quantitative studies include any experimental study designs (including randomized controlled trials, non-randomized controlled studies, or other quasi-experimental studies, including before and after), and observational designs (descriptive studies, cohort studies, cross-sectional studies, cases and case series studies). Qualitative studies include any studies that focus on qualitative data, among others, phenomenology, grounded theory, and ethnographic studies. Abstracts and posters published at conferences, as well as opinion articles, were excluded. No time limits were applied to the research as the aim was to have an integrated view of all available evidence on the topic under consideration. The studies were selected by three independent reviewers, according to the inclusion criteria, with a third reviewer evaluating, in case of disagreement, using the Rayyan® platform (Qatar Computing Research Institute, Doha, Qatar). This analysis of the full text was carried out by two independent reviewers (JM and CA). Any disagreements between reviewers at each stage of the selection process were mitigated through constructive discussion or by using a third reviewer (AS). In the first phase, articles were included based on the information provided by the title and abstract. All studies that meet the inclusion criteria have full text analysis.

Figure 1, PRISMA-ScR diagram, highlights the detailed article selection process, outlining three crucial steps: identification, analysis and inclusion (Page et al., 2021).

In the first phase of PRISMA, the number of articles found in the database was identified, 924 articles. 181 duplicates were removed. Totalling 745 articles.

The analysis constitutes the second phase of PRISMA, where, after analyzing the title of the article and the abstract, those that do not meet the previously defined inclusion criteria must be rejected, in accordance with the PCC method, namely the inclusion criteria relating to the participants. Thus, of the 735 articles in the second phase, 725 articles were rejected, 18 articles were read in full. 13 articles were rejected, taking into account the exclusion criteria: Non-teaching/non-teaching population and other teaching cycles other than the 3rd cycle. Thus, the third phase of PRISMA “Included” appears. At this stage, 5 articles remained, of which 2 were qualitative, 2 were quantitative and 1 was mixed.

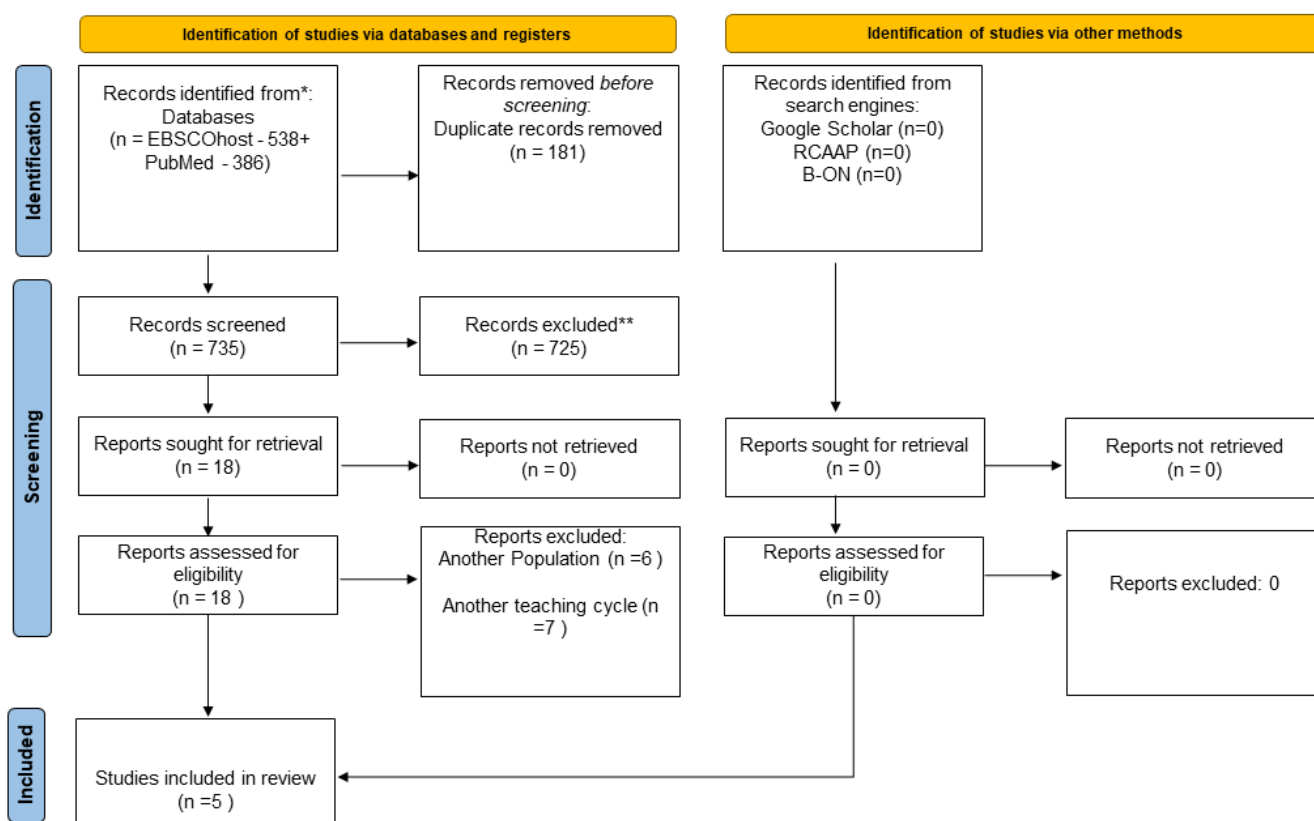


Figure 1 – Prisma Flow Diagram. Adapted: Page et al., 2021

1.3 Data Extraction and Synthesis

Our data are extracted after selecting the studies, which in scoping reviews provides a logical and descriptive summary of the results that respond to the objectives and research questions (Peters et al., 2020). Data are extracted using a table aligned with the objective and questions of this scoping review, as recommended and developed by JBI (Peters et al., 2020). Based on the same

DOI: <https://doi.org/10.29352/mill0227.40142>

author, a data extraction instrument was developed (Table 3). In this scoping review, following the JBI guidelines (Peters et al., 2020), the studies were selected by three independent reviewers, according to the inclusion criteria, with a third reviewer evaluating, in case of disagreement, using the Rayyan® platform (Qatar Computing Research Institute, Doha, Qatar). This analysis of the full text was carried out by two independent reviewers (JM and CA). Any disagreements between reviewers at each stage of the selection process were mitigated through constructive discussion or by using a third reviewer (AS). In the first phase, articles were included based on the information provided by the title and abstract. All studies that meet the inclusion criteria will have full text analysis.

Table 3– Characteristics of the included studies

| REFERENCES | GOAL | METHODOLOGY | RESULTS | CONCLUSIONS AND MAIN FINDINGS |
|--|---|--|--|---|
| A1. Bichoualne et., 2023 | To evaluate the impact of a mental health training program on the knowledge, attitudes and self-efficacy of high school teachers. | Quasi-experimental quantitative study with 36 teachers from 11 urban schools. Application of a mental health literacy program. | There was a significant improvement in teachers' knowledge, attitudes and self-efficacy regarding mental health after the intervention. | -Teachers must be trained to support students' well-being in the school setting. -Including them in health intervention programs is essential. -Early intervention strengthens teachers' confidence to guide students. |
| A2. McDiarmid et al., 2021 | Report on the role of schools and teachers in supporting the mental health of young refugees. | Qualitative study with 30 Swedish educators from five schools, through focus groups. The interviews were analyzed reflexively. | Teachers act as a link to other professionals, promoting civic literacy and supporting refugees' mental health. However, they face a lack of external support, emotional overload and unclear roles. | -Teachers are responsible for establishing connections with refugees, but they face barriers and lack of resources. -They feel emotionally overwhelmed and insecure about their roles. -Responses must consider the needs, beliefs and culture of families. -The presence of technicians is necessary to provide language support and overcome communication barriers. |
| A3. Dadaczynski et al., 2020. | To analyze the relationship between health literacy, attitudes and skills of school leaders and the implementation of health-promoting schools. | Cross-sectional study with 680 principals and school board members in Germany, via online questionnaire (2018). | Despite their high educational level, 1/3 had low health literacy. Male directors were less likely to implement health promotion actions. | -School health literacy can drive holistic health promotion initiatives. -Principals have significant influence on school policies and practices. -There is a need for gender-focused training. -Educated principals should be empowered to address health issues in schools. |
| A.4 Moynihan et al., 2015. | Identify essential competencies of health education teachers in strengthening students' health literacy. | Mixed study with Delphi method (3 rounds), using electronic questionnaire. 20 experts from different countries and educational contexts participated. | Twelve key competencies emerged, mainly related to knowledge, attitudes and skills. The growing role of the "teacher-researcher" stands out. | -Mobilizing teacher competencies is complex due to the multiple roles in schools. -There is a lack of clear guidelines on competencies needed for health promotion. -Teachers are expected to be facilitators of school success. -Necessary competencies include: Knowledge of health determinants and promotion; Understanding student characteristics; Ability to plan health interventions. -Health literacy promotion should be evidence-based. -A sense of self-efficacy is essential for teachers to see themselves as health promoters. |
| A5. Desmée & Ceborati, 2023 | Identify the social and emotional needs of migrant children in the learning process in the Belgian education system. | Qualitative study with semi-structured interviews with 12 teachers coordinating transition programs in 4 secondary schools and 4 reception centers in Belgium. | The school community is more attentive to the needs of migrant children. Challenges were identified such as: lack of information and training for teachers; insufficiently guided reception programs; Lack of methodological tools; Heterogeneous groups with children of different ages and unresolved traumas. | It is essential to foster a relationship of trust between teachers and students, creating an environment conducive to learning. Teachers must develop appropriate and well-structured teaching materials and methods. Migrant families must be integrated into the educational process, as key figures of support and responsibility. |

2. RESULTS

In order to guarantee a logical and descriptive organization of the data extracted from the 5 articles under analysis and address the initial question comprehensively, a table was created which included, for each of the articles, the name of the authors, objectives, methodology, results and conclusions (Table 3) (Peters et al., 2020).

2.1. Study Results

After analyzing the 5 studies included for review, and in order to facilitate the understanding of the information obtained, 3 main themes and respective subthemes emerged (Table 4), which will be explored below.

Table 4 – Themes and Subthemes Emerged from the analysis of the 5 articles

| THEME | SUBTHEMES | ARTICLES |
|---|--|------------|
| Theme 1 | Early Intervention | A1, A3, A4 |
| Teacher Involvement | Activities within the scope of health promotion in schools | A1, A3 |
| Theme 2 | Support and monitoring of students | A1, A2, A4 |
| Relationship of Trust with Young People | Responsibility for establishing a relationship | A5 |
| Theme 3 | Directors with more literacy | A2, A5 |
| Knowledge and Leadership Capacity of Teachers | Teachers' Competencies | A4, A5 |

The review includes more than 1000 participants, where the European school context prevails, with some Nordic and central European countries. Revealing a European concern that aligns with the current reality regarding the scourge of migration. The studies involved explore several themes that will be addressed below.

2.1.1. Theme one: Teacher Involvement

The analysis of the selected studies, focused on the analysis of the influence of teachers/non-teachers in the decision-making process of young natives/migrants, revealed that 2 studies addressed the involvement of teachers in this process. In which 2 subthemes emerged: early intervention (Bichoualne et al., 2023; Dadaczynski et al., 2020; Moynihan et al., 2015) and activities within the scope of health promotion in schools (Bichoualne et al., 2023; Dadaczynski et al., 2020).

The majority (Bichoualne et al., 2023; Dadaczynski et al., 2020; Moynihan et al., 2015) support early intervention, that is, alignment in the professional training of teachers towards the creation of professional training strategies to motivate, encourage and guide students in the challenges they face.

In addition to this point, in 2 studies (Bichoualne et al., 2023; Dadaczynski et al., 2020), they consider that teachers are not just carriers of information, but should be incorporated into health intervention programs. And, this process will be enhanced by the teachers' feeling of self-efficacy, that is, the conviction that they are capable of being health promoters (Bichoualne et al., 2023) They also add that activities should focus on implementing a health-promoting approach from a holistic perspective (Dadaczynski et al., 2020).

2.1.2. Theme two: Relationship of Trust with Young People

Based on the 5 studies analyzed, it was possible to identify 2 determining aspects in the relationship between teachers/non-teachers and young people and 2 subthemes emerged: support and monitoring of students (Bichoualne et al., 2023; Dadaczynski et al., 2020; Moynihan et al., 2015; McDiarmid et al., 2021; Desmée & Ceborati, 2023) and the responsibility for establishing a relationship (McDiarmid et al., 2021; Desmée & Ceborati, 2023).

Most of the studies (Bichoualne et al., 2023; Moynihan et al., 2015; McDiarmid et al., 2021; Desmée & Ceborati, 2023) analyzed reveal that the support and monitoring of teachers with young people are important, where each person contributes in a unique way. Since the school context should be a space that promotes an environment favorable to learning and teachers have responsibilities in establishing a relationship of trust that allows the development of literacy and the transformation of migrants into informed and civically engaged citizens (Bichoualne et al., 2023; Moynihan et al., 2015; McDiarmid et al., 2021; Desmée & Ceborati, 2023).

However, schools and teachers are not always able to implement integration measures due to associated barriers, such as unclear roles – lack of coordination with other professionals; lack of resources - allocation of technicians to provide linguistic support and avoid language barriers; the lack of policies and the emotional overload of teachers (McDiarmid et al., 2021).

Two studies (McDiarmid et al., 2021; Desmée & Ceborati, 2023) also revealed that a decent learning environment must be provided for these children, where a trusting teacher-student relationship is promoted. Only in this way will it be possible to offer a response adjusted to the needs and diversity of each person, taking into account the beliefs, habits and culture of each family

DOI: <https://doi.org/10.29352/mill0227.40142>

(McDiarmid et al., 2021). Family members are also preponderant figures alongside migrants and teachers in terms of commitment and accountability, which is why they must be an integral part of the process (McDiarmid et al., 2021; Desmée & Ceborati, 2023).

2.1.3. Theme three: Knowledge and Leadership Capacity of Teachers

Of the 5 studies that emerged from the review, 2 referred to the topic of leadership. Where the subthemes emerged: more literate principals (Dadaczynski et al., 2020; Moynihan et al., 2015) and teacher skills (Moynihan et al., 2015; McDiarmid et al., 2021; Desmée & Ceborati, 2023).

The results of studies, Dadaczynski et al. (2020) and Moynihan et al. (2015), highlight school principals as a reference, having enormous responsibility in the school they manage and influence in the implementation of health promotion projects – policies and organizational structures.

According to study, Dadaczynski et al. (2020), more literate principals support the implementation of this type of projects and, therefore, their individual capabilities should be strengthened and seek to deal with health-related problems through the school. In this study, the results demonstrate that 1/3 of the principals surveyed reveal very limited levels of literacy (Dadaczynski et al., 2020). Furthermore, it must be taken into account that there are specific gender needs to reinforce literacy as there were significantly higher values in males (Dadaczynski et al., 2020).

On the other hand, in studies Moynihan et al. (2015) and Desmée & Ceborati (2023), they state that in this process there must be an alignment in the operationalization of processes, where teachers must allocate learning materials and well-designed teaching and didactics methods.

Mobilizing their skills can be complex due to the numerous roles they have at school, but they are expected to facilitate the process (Desmée & Ceborati, 2023). This author also adds that the lack of guidelines on teachers' skills for health promotion constitutes a barrier to the implementation of these programs in schools (Desmée & Ceborati, 2023).

There is a need to develop skills among teachers that allow them to assume greater responsibilities in the future, both from a personal, social and community point of view, through the implementation of health intervention programs (Desmée & Ceborati, 2023). However, it must be understood that to promote health literacy in young people, there are gaps on the part of teachers. The dimensions to be developed by teachers emerge as: knowledge about health determinants and health in general and health promotion models; the assessment of students' individual characteristics and skills to plan an intervention and health promotion project (Desmée & Ceborati, 2023). On the other hand, the author also adds that, nowadays, to promote health literacy the education process will have to be based on evidence, with the teacher being a researcher (Desmée & Ceborati, 2023).

3. DISCUSSION

Current society reflects school contexts with events of great educational complexity representing great multiculturalism (CNE, 2023). The school reality can be very variable between educational establishments, either due to the school groups it hosts, or due to the origin and expectations of the population that attends them (DGS, 2015).

The five selected studies point to the school as a privileged place for health promotion (Bichoualne et al., 2023; Dadaczynski et al., 2020; Moynihan et al., 2015; McDiarmid et al., 2021; Desmée & Ceborati, 2023). For DGS (2021), inequalities should be reduced as well as the promotion of healthy behaviors, cultures and communities through the promotion of health literacy and health-promoting environments.

In this aspect, it is necessary to create strategies that favor inclusion, promoting enriching diversity. Results will be better if school systems promote integration, providing them with additional support, ensuring school accessibility and quality (Banco Internacional para a Reconstrução e Desenvolvimento, 2023). There is an urgent need for the school to be an inclusive place, regardless of personal, social or cultural condition and to be a space that allows the acquisition of skills, strengthening health literacy (Dadaczynski, et al., 2020).

The definition of guidelines, the development of health promotion activities and the integration of the school community in its holistic form will be preponderant (Bichoualne et al., 2023; Dadaczynski et al., 2020; Moynihan et al., 2015; McDiarmid et al., 2021; Desmée & Ceborati, 2023). Therefore, there must be an alignment, from a holistic perspective, of the incorporation of health literacy in schools, to enable students, teachers, directors, coordinators, assistants and school technicians to implement and seek, within schools, measures and objectives according to their own needs and adapt the skills acquired to daily life (Okan et al., 2020). The school should be a space that promotes an environment favorable to learning where teachers have responsibilities in establishing a relationship of trust that allows the development of literacy and the transformation of migrants into informed and civically engaged citizens (Bichoualne et al., 2023; McDiarmid et al., 2021; Desmée & Ceborati, 2023).

The involvement of teaching/non-teaching staff in the decision-making process is a deliberate and relational process involving their involvement and self-awareness of their capabilities in each situation which means that teachers' skills and early professionalization cannot be disregarded (Bichoualne et al., 2023; Dadaczynski et al., 2020; Moynihan et al., 2015; McDiarmid et al., 2021; Desmée & Ceborati, 2023). Empowering the community of indigenous and migrant young people is fundamental to

DOI: <https://doi.org/10.29352/mill0227.40142>

strengthening health literacy WHO (2019) and the evidence tells us that teachers/non-teachers have influence in this process (Bichoualne et al., 2023; Dadaczynski et al., 2020; Desmée & Ceborati, 2023). Empowering communities is assumed as a premise, in the context of community empowerment, from a systemic perspective (Melo, 2020). In this context, the Nurse Specialist in Community Nursing and Public Health has the community as its main focus and its main pillars are the Health Planning methodology and the MAIEC (Melo, 2020; Ordem dos Enfermeiros, 2018).

MAIEC is a model that integrates a prescriptive clinical decision system and constitutes a fundamental role for the practice of nurses specializing in Community Nursing (Melo, 2020). Community management is the central focus according to the MAIEC clinical decision matrix and integrates three diagnostic dimensions: community participation, community process and community leadership (Melo, 2020).

The focuses of community process and community participation, associated with the interaction of community members, are associated with the dimensions of community empowerment. Since community empowerment allows us to obtain more effective results as a process in community intervention (Melo, 2020), the figure below (Figure 2) presents the relationship between the categories (diagnosis dimensions of the model), the subthemes emerging from the articles analyzed (cataloging) and interventions from the MAIEC clinical decision matrix.

In the literature, it is consistent that the school community is increasingly aware and aware of the needs of migrant children (Bichoualne et al., 2023; Dadaczynski et al., 2020; Moynihan et al., 2015; McDiarmid et al., 2021; Desmée & Ceborati, 2023). However, there is still a need to develop the areas of knowledge of teachers and school directors and overcome existing barriers (Bichoualne et al., 2023; Dadaczynski et al., 2020; Moynihan et al., 2015; McDiarmid et al., 2021; Desmée & Ceborati, 2023). Therefore, in this context, Health Diagnosis is extremely important, as it allows us to obtain knowledge of the community by identifying its problems, needs, risk groups and available resources. Consequently, Health Planning will allow the promotion of healthy behaviors and lifestyles and promote the correct use of health services (Melo, 2020; Imperatori & Giraldes, 1982). Community nursing is responsible for transforming the school community's power of participation and decision-making, so that the community responses developed are appropriate to the real needs and interests.

| DIAGNOSTIC DIMENSIONS IN THE MAIEC CLINICAL DECISION MATRIX | COMMUNITY LEADERSHIP (value attributed to the importance of identifying the community leader, who allows effective participation and accountability in decision-making processes. This is achieved through the development of skills) | COMMUNITY PROCESS (interactions and relationships, promoting adaptation and development of strengths and resources (coping) between community members) | COMMUNITY PARTICIPATION (ability of teachers/non-teachers to assume, with varying degrees of commitment, the responsibility for assessing their needs and problems, and for planning and acting in the search for solutions) |
|--|---|---|--|
| | TEACHERS' KNOWLEDGE AND LEADERSHIP CAPACITY Influence/Knowledge/Beliefs | RELATIONSHIP OF TRUST WITH YOUNG PEOPLE Interaction/Relationship/Coping | TEACHER INVOLVEMENT Communication/ Partnerships/ Organizational Structures |
| INTERVENTIONS THAT ENHANCE COMMUNITY MANAGEMENT (articles emerged) | <ul style="list-style-type: none"> Enhance teachers' feelings of self-efficacy as health promoters (A1). Encourage the school director to implement health promotion projects (A3 and A4). Encourage teachers to mobilize skills (A5). Enhance the development of knowledge about health determinants and promotion: Professor-researcher (A5). | <ul style="list-style-type: none"> Promote, together with teachers, the monitoring and support of young people and the establishment of a relationship of trust (A1, A2, A4, A5). Promote a worthy learning environment that responds to the habits, beliefs and culture of each child (A2, A5). Encourage family integration as part of the process (A2, A5). Optimize the allocation of technicians to provide language support (A2). | <ul style="list-style-type: none"> Align the professional training of teachers towards the creation of professional training strategies to motivate, encourage and guide students in the challenges they face (A1, A3, A4). Incorporate teachers into intervention programs (A1 and A3). Optimize teaching strategies and learning materials (A4 and A5). |

Figure 2 – Relationship between the nurses' main focus of attention with the diagnostic dimensions, interventions in the MAIEC clinical decision matrix - articles emerging from the scoping review. Adapted from Melo (2020).

There is a need for more studies, research needs to be focused on evidence of interventions and, evaluating the different educational strategies used to promote the health decision-making process in young people, thus repairing young people to become civically aware decision-making adults in health.

DOI: <https://doi.org/10.29352/mill0227.40142>

3.1. Limitations

This Scoping Review may have some limitations in relation to the amount of evidence found, since the coverage of a greater number of databases, particularly in other languages, could have provided other important contributions to the analysis of the results. On the other hand, with regard to the quality of the data emerged, we suggest investing in studies focusing on teachers and non-teaching staff on established practices, since these are among the resources with the greatest support and proximity to students. We also add the possibility of carrying out community studies, with groups of teachers/non-teaching staff, to evaluate the strategies used to promote health literacy among native and migrant young people.

CONCLUSION

This review highlights the potential for empowering teaching/non-teaching staff among young migrants. The evidence found corroborates that teachers play a preponderant role in the decision-making of young natives and migrants, making it necessary to build an educational environment providing the construction of a partnership relationship with students, in order to provide them with knowledge and skills to effectively manage health/illness processes. On the other hand, non-teaching staff, as a source of support and cultural support network, where family members should also be part of the process. In this context, community health teams have a fundamental and privileged role in: understanding the knowledge and skills of teaching/non-teaching staff and enabling teaching/non-teaching staff to mobilize their knowledge and skills, raising awareness for the promotion of health, contributing to increasing health literacy.

For young migrants, in particular, these influences are fundamental for integration and adaptation to new social and cultural contexts. Interactions with these figures provide a sense of belonging and identity, helping them to balance cultural expectations of origin with the host country.

In short, the synergy between the influences of teachers and non-teachers is essential to empower young people, promoting more informed and conscious decision-making. Recognizing and valuing these dynamics can contribute to more inclusive and effective educational and social policies, which respect diversity and promote the integral development of young migrants.

AUTHORS' CONTRIBUTION

Conceptualization, J.M., C.A. and A.S.; data curation, J.M., C.A. and A.S.; formal analysis, J.M., C.A. and A.S.; investigation, J.M., C.A. and A.S.; methodology, J.M., C.A. and A.S.; project administration, J.M., C.A. and A.S.; resources, J.M., C.A. and A.S.; software J.M., C.A. and A.S.; supervision, J.M., C.A. and A.S.; validation, J.M., C.A. and A.S.; visualization, J.M., C.A. and A.S.; writing-original draft, J.M., C.A. and A.S.; writing-review and editing, J.M., C.A. and A.S.

CONFLICT OF INTEREST

The authors declare no conflicts of interest.

REFERENCES

- Aromataris, E., Lockwood, C., Porritt, K., Pilla, B., & Jordan, Z. (Eds.). (2024). *JB1 manual for evidence synthesis*. JBI. <https://doi.org/10.46658/JBIMES-24-01>
- Banco Internacional para a Reconstrução e Desenvolvimento. (2023). *Migrantes, refugiados e sociedade*. Banco Mundial. <https://www.fami2030.gov.pt/wp-content/uploads/sites/20/2024/01/Overview-booklet-Portuguese.pdf>
- Bichoualne, A., Oubibi, M., & Rong, Y. (2023). The impact of mental health literacy intervention on in-service teachers' knowledge attitude and self-efficacy. *Global Mental Health (Cambridge, England)*, 10, e88. <https://doi.org/10.1017/gmh.2023.77>
- Conselho Nacional da Educação. (2023). *Estado da educação 2022*. https://www.cnedu.pt/content/EE_2022/Versao_Integral/EE2022-_versaointegral.pdf
- Dadaczynski, K., Rathmann, K., Hering, T., & Okan, O. (2020). The role of school leaders' health literacy for the implementation of health promoting schools. *International Journal of Environmental Research and Public Health*, 17(6), 1855. <https://doi.org/10.3390/ijerph17061855>
- Desmée, L., & Ceborati, V. (2023). School integration of immigrant children in Belgium. *Children & Society*, 37(5), 1462–1483. <https://doi.org/10.1111/chso.12764>
- Direção-Geral da Saúde. (2015). *Programa Nacional de Saúde Escolar: 2015*. Direção-Geral da Saúde. <https://www.dgs.pt/directrizes-da-dgs/normas-e-circulares-normativas/norma-n-0152015-de-12082015-pdf.aspx>

DOI: <https://doi.org/10.29352/mill0227.40142>

- Direção-Geral da Saúde. (2021). *Plano Nacional de Saúde 2021–2030*. Direção-Geral da Saúde. <https://pns.dgs.pt/files/2023/09/PNS-2030-publicado-em-RCM.pdf>
- Hockenberry, M. J., & Wilson, D. (2014). *Wong: Enfermagem da criança e do adolescente* (9ª ed.). Lusociência.
- Imperatori, E., & Giraldes, M. (1982). *Metodologia do planeamento da saúde: Manual para uso em serviços centrais, regionais e locais*. Escola Nacional de Saúde Pública. <https://run.unl.pt/handle/10362/166217>
- Khalil, H., Peters, M. D. J., Tricco, A. C., Pollock, D., Alexander, L., McInerney, P., Godfrey, C. M., & Munn, Z. (2021). Conducting high quality scoping reviews—Challenges and solutions. *Journal of Clinical Epidemiology*, 130, 156–160. <https://doi.org/10.1016/j.jclinepi.2020.10.009>
- Martins, T., & Borges, E. (2023). *Saúde escolar – Intervenções de promoção da saúde* (1ª ed.). Lidel.
- McDiarmid, S., Durbeej, N., Sarkadi, A., & Osman, F. (2021). Schools' and teachers' roles and challenges in supporting the mental wellbeing of refugee youths: A qualitative study with Swedish teachers. *International Journal of Qualitative Studies on Health and Well-being*, 17(1), 2007568. <https://doi.org/10.1080/17482631.2021.2007568>
- Melo, P., Silva, R., & Figueiredo, H. (2018). Os focos de atenção em enfermagem comunitária e o empoderamento comunitário: Um estudo qualitativo. *Referência*, 19(4), 81–90. <https://doi.org/10.12707/RIV18045>
- Melo, P., Neves-Amado, J., Pereira, A., Maciel, C., Vieira Pinto, T., & Cardoso, T. (2020). Assessing community empowerment for an innovative epidemiologic approach. *Healthcare*, 8(2), 173. <https://doi.org/10.3390/healthcare8020173>
- Melo, P., Alves, O., Santos, P., Brito, L., Rodrigues, O., Ferro, M., Andrade, N., Barbosa, P., Freitas, C., & Silva, R. (2023). Alto Minho + Inclusivo para um envelhecimento ativo e saudável: Diagnóstico orientado para as comunidades ERPI com o Protocolo MAIEC. *Revista Ibero-Americana de Gerontologia*, 4. <https://doi.org/10.61415/riage.70>
- Melo, P. (2020). *Enfermagem de saúde comunitária e de saúde pública*. Lidel.
- Moynihan, S., Paakkari, L., Välimaa, R., Jourdan, D., & Mannix-McNamara, P. (2015). Teacher competencies in health education: Results of a Delphi study. *PLOS ONE*, 10(12), e0143703. <https://doi.org/10.1371/journal.pone.0143703>
- Néné, M., & Sequeira, C. (2022). *Investigação em enfermagem – Teoria e prática* (1ª ed.). Lidel.
- Nutbeam, D. (1998). Evaluating health promotion: Progress, problems, and solutions. *Health Promotion International*, 13(1), 27–44. <https://doi.org/10.1093/heapro/13.1.27>
- Okan, O., Paakkari, L., & Dadaczynski, K. (2020). *Literacia em saúde nas escolas – Estado da arte*. Schools for Health in Europe. https://www.schoolsforhealth.org/sites/default/files/factsheet_2020_portuguese.pdf
- World Health Organization. (2019). *Addressing health literacy in schools in the WHO European Region*. Public Health Panorama, 5(2–3), 186–190. <https://iris.who.int/handle/10665/327055>
- World Health Organization. (2022). *World report on the health of refugees and migrants*. World Health Organization. <https://abrir.link/RMIEy>
- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., ... Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*, 372, n71. <https://doi.org/10.1136/bmj.n71>
- Peters, M. D. J., Marnie, C., Tricco, A. C., Pollock, D., Munn, Z., Alexander, L., McInerney, P., Godfrey, C. M., & Khalil, H. (2020). Updated methodological guidance for the conduct of scoping reviews. *JBIM Evidence Synthesis*, 18(10), 2119–2126. <https://doi.org/10.11124/JBIES-20-00167>
- Ramos, A., & Barbieri-Figueiredo, M. (2020). *Enfermagem em saúde da criança e do jovem* (1ª ed.). Lidel.
- Regulamento n.º 428/2018 da OE. (2018). Regulamento de competências específicas do enfermeiro especialista em enfermagem comunitária na área de enfermagem de saúde comunitária e de saúde pública e na área de enfermagem de saúde familiar. Diário da República: II Série, n.º 135. <https://dre.pt/pesquisa/-/search/115698616/details/normal?l=1>
- Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., Lewin, S., ... Straus, S. E. (2018). PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine*, 169(7), 467–473. <https://doi.org/10.7326/M18-0850>