

## INTEGRATION OF THEORIES OF HUMAN CARE AND INTERPERSONAL RELATIONSHIPS IN SCHOOL NURSING: A REFLECTIVE STUDY

INTEGRAÇÃO DAS TEORIAS DO CUIDADO HUMANO E DO RELACIONAMENTO INTERPESSOAL NA ENFERMAGEM ESCOLAR: ESTUDO REFLEXIVO

INTEGRACIÓN DE LAS TEORÍAS DEL CUIDADO HUMANO Y DE LAS RELACIONES INTERPERSONALES EN LA ENFERMERÍA ESCOLAR: ESTUDIO REFLEXIVO

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### ABSTRACT

**Objective:** to reflect on the role of school nursing through the integration of Humanistic Care Theory and Interpersonal Relationship Theory. **Methods:** this is a theoretical-reflective essay that discusses, through thematic areas, the integration of elements from Watson's and Peplau's theories into school nursing practice. **Results:** the articulation between the Caritas Processes, theoretical elements proposed by Jean Watson for humanized care, and the phases of the interpersonal relationship described by Peplau offers a theoretical framework for school nursing care. This integration enables the development of therapeutic bonds, skilled listening, the promotion of adolescents' autonomy, and the design of educational interventions with an integrative approach. **Final considerations:** The incorporation of Watson and Peplau's theories into school nursing allows for the improvement of student care, strengthening nursing practice and contributing to the promotion of adolescents' comprehensive health in the educational context.

**Keywords:** Health Literacy; Professional-Patient Relationship; Student Health; School Health Services; Nursing Theory; Interpersonal Relationships; Humanization of Assistance.

### RESUMO

**Objetivo:** refletir sobre a atuação da enfermagem escolar a partir da integração da Teoria do Cuidado Humano e da Teoria do Relacionamento Interpessoal. **Métodos:** trata-se de um ensaio teórico-reflexivo que discute, por meio de eixos temáticos, a integração de elementos das teorias de Watson e de Peplau na prática da enfermagem escolar. **Resultados:** a articulação entre os Caritas Processes, elementos teóricos propostos por Jean Watson para o cuidado humanizado, e as fases do relacionamento interpessoal descritas por Peplau oferece uma estrutura teórica para o atendimento na enfermagem escolar. Essa integração possibilita o desenvolvimento de vínculos terapêuticos, a escuta qualificada, a promoção da autonomia dos adolescentes e a construção de intervenções educativas com uma abordagem integrativa. **Considerações finais:** a incorporação das teorias de Watson e de Peplau à enfermagem escolar possibilita o aperfeiçoamento do cuidado ao estudante, fortalecendo a atuação do enfermeiro e contribuindo para a promoção da saúde integral dos adolescentes no contexto educacional.

**Palavras-chave:** Literacia para a Saúde; Relações Profissional-Paciente; Saúde do Estudante; Serviços de Saúde Escolar; Teoria de Enfermagem; Relações Interpessoais; Humanização da Assistência.

### RESUMEN

**Objetivo:** reflexionar sobre la actuación de la enfermería escolar a partir de la integración de la Teoría del Cuidado Humano y la Teoría de la Relación Interpersonal. **Métodos:** se trata de un ensayo teórico-reflexivo que discute, mediante ejes temáticos, la integración de elementos de las teorias de Watson y Peplau en la práctica de la enfermería escolar. **Resultados:** la articulación entre los Caritas Processes, elementos teóricos propuestos por Jean Watson para el cuidado humanizado, y las fases de la relación interpersonal descritas por Peplau ofrece una estructura teórica para la atención en enfermería escolar. Esta integración possibilita el desarrollo de vínculos terapéuticos, la escucha cualificada, la promoción de la autonomía de los adolescentes y la construcción de intervenciones educativas con un enfoque integrador. **Consideraciones finales:** la incorporación de las teorías de Watson y Peplau a la enfermería escolar permite el perfeccionamiento del cuidado al estudiante, fortaleciendo la actuación de la enfermería y contribuyendo a la promoción de la salud integral de los adolescentes en el contexto educativo.

**Palabras clave:** Alfabetización en Salud; Relaciones Profesional-Paciente; Salud del Estudiante; Servicios de Salud Escolar; Teoría de Enfermería; Relaciones Interpersonales; Humanización de la Atención.

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## INTRODUCTION

The construction of nursing as a scientific process of care permeates the theoretical and philosophical foundations of the profession. Nursing theories enable the strengthening of the professional field and the advancement of knowledge<sup>(1)</sup>. The evolution of nursing theories is marked by historical and social periods, responding to the needs and possibilities of the era in which they developed<sup>(2)</sup>. Florence Nightingale developed her theory by recognizing and transforming the care environment amidst war; Dorothea Orem sought strategies to educate patients and promote autonomy; and Don Nutbeam, in the field of Health Literacy, proposed approaches aimed at strengthening access to, understanding of, and the qualified use of health information<sup>(3,4)</sup>. Thus, theories can and should guide nurses' critical thinking and clinical practice, contributing to the achievement of the Sustainable Development Goals and to qualified practice at both the individual and collective levels<sup>(3,4)</sup>.

Grounding practice in nursing theories enables reflection and the development of specific resources suited to the realities of the profession. In Brazil, nursing practice is broad and diverse; nurses work in settings of high technical and surgical complexity using advanced practices, in management positions, in public policy formulation, and in scenarios with multiple demands, such as Primary Health Care. In the school setting, nurses serve as a link between health and education<sup>(5)</sup>, and theories guide the development of care plans.

School Health Services, which have existed for decades in developed countries, include school nursing as a primary means of providing ongoing care for the health needs of children and adolescents<sup>(5,6)</sup>. In the United States and Australia, school nurses work in structured units within schools, focusing on prevention, screening, and disease management; these countries have national policies and organizations dedicated to school nursing, such as the National Association of School Nurses. In Egypt, school units are integrated into the primary care system, and in South Africa, national legislation mandates one school nurse for every 2,000 students<sup>(5)</sup>.

In Brazil, school nursing is guided by the Health in Schools Program (PSE), and the placement of nurses in educational institutions has existed since 1910, inspired by U.S. models, with the creation of school infirmaries and outpatient clinics<sup>(7,8)</sup>. Typically, universities and federal educational institutions rely on nurses dedicated to promoting the health and well-being of students in high school, technical school, and higher education, in accordance with the National Student Assistance Program<sup>(9)</sup>.

Beyond their direct care role, school nurses serve as liaisons with other professionals at the institution to develop intersectoral health interventions. When guided by nursing theories, these initiatives yield significant results, such as increased self-efficacy, improved quality of life, and enhanced student well-being<sup>(4,10)</sup>.

The school nurse's work involves monitoring students throughout their education in elementary or high school, accompanying them from childhood through late adolescence, periods characterized by intense development and the formation of lifestyle and health habits<sup>(4)</sup>. The school nurse addresses both immediate needs (e.g., accidents, hypoglycemia, asthma attacks, and anxiety episodes) and the management of chronic conditions (such as diabetes and epilepsy), while also developing care plans focused on health education and the promotion of healthy behaviors through individual consultations<sup>(6)</sup>.

School nurses may encounter barriers arising from a lack of systematization, administrative overload, and limited resources, challenges underscoring the need for theoretical frameworks that support comprehensive and relational practices. In this context, the theories of Watson and Peplau may be employed, as they emphasize humanized care and the therapeutic relationship, highlighting their alignment with the demands of the educational environment<sup>(3,4-8)</sup>. Thus, this study aimed to reflect on the practice of school nursing based on the integration of the Theory of Human Care and the Theory of Interpersonal Relations.

## METHODS

This reflective theoretical essay was developed during the preparation of a doctoral dissertation in the Graduate Program in Nursing at Universidade Estadual Paulista "Júlio de Mesquita Filho." It addresses school nursing and its connection to Margaret Jean Watson's Theory of Human Care and Hildegard Elizabeth Peplau's Theory of Interpersonal Relations, seeking to answer the following question: How can the perspectives of human care and interpersonal relations be integrated into school nursing?

The choice of these theories is based on their relevance to the reality of school nursing, particularly concerning the principles of humanized care, the building of bonds, and the therapeutic relationship with adolescents in an educational setting. Exploring this interaction reinforces the innovative nature of the approach and its theoretical and practical contributions to school nursing.

The propositions of this essay are grounded in national and international literature on the topic, as well as the

authors' practical experience. As this is a reflective article, inclusion and exclusion criteria were not established for literature selection; studies were included based on their relevance to the topic, irrespective of publication date. Data analysis was organized in the discussion around key themes and their interrelationships.

### The Theory of Human Care

Margaret Jean Watson developed the Theory of Human Care in 1979 in the United States<sup>(11)</sup>. The theory was conceived to guide the science of nursing by incorporating humanitarian aspects as inherent elements of care. Watson advocates the idea of "human care, for humans." Her theory centers on the relationships between nurse and patient through transpersonal care, which arises from the recognition of the subjective aspects of each participant in the care process. She developed the Caritas Process, or factors of care, which establishes ten elements that nurses must employ for authentic and holistic care<sup>(12)</sup>.

These include: care with love and compassion; person-centered care; interpersonal care relationships; facilitation of development and growth; effective communication and active listening; healing and transformation practices; a holistic approach to care; creation of welcoming and restorative environments; meeting basic human needs; and promoting ongoing education and self-development. The theory continues to be refined, incorporating resources such as meditation techniques and educational programs for nursing professionals<sup>(13)</sup>.

The emphasis of the Theory of Human Care is on care that transcends technicality and values subjectivity, distinguishing it from other theoretical approaches that prioritize physical recovery or external nursing interventions. For Watson, caring arises from an internal structure guided by the Caritas principles, resulting in a caring relationship based on bonding and the strengthening of human interactions<sup>(13)</sup>.

Interactions between the school nurse and the student typically extend over several years, depending on the duration of the student's time in the school setting. In this scenario, Watson's approach supports ongoing monitoring, the development of bonds, and continuity of care<sup>(12)</sup>.

Aspects of the Caritas Process, such as respect for individuality, promotion of autonomy, and the building of trusting relationships, are closely aligned with nursing interventions focused on adolescents in schools. This developmental stage presents unique needs for active listening due to the processes of self-discovery and the experience of physical, emotional, and social changes.

Watson's assumptions provide a theoretical foundation for addressing the distinct characteristics of adolescence in the context of nurse-patient relationships<sup>(12)</sup>.

### The Theory of Interpersonal Relations

Interpersonal relationships as a space for care are explored in Hildegard Elizabeth Peplau's theory. Her publications, beginning in 1952, laid the groundwork for its development, encompassing communication strategies and therapeutic relationships derived from Sullivan's theory, psychotherapy, and other nursing theories<sup>(14)</sup>. Peplau posits that nursing must understand human behavior to enable mutual collaboration in problem-solving and the development of interpersonal relationships. This relationship becomes therapeutic when it is intentionally used as a tool in the care process<sup>(14)</sup>, meaning the relationship serves as both means and instrument for care.

Peplau's theory asserts that the nurse's training and attitude directly influence patient learning during care, with one of nursing's functions being to stimulate personality development and foster individual maturation. This educational process permeates school nursing practice and should be present in every nurse-adolescent interaction to promote self-management and self-care. The theory outlines four stages of relationship development: orientation, identification, exploration, and resolution. Orientation involves the initial contact, typically when the patient seeks care for a health concern and is informed about care, treatment, and follow-up plans. In the identification stage, the patient recognizes the potential to receive help from the nurse, and both parties collaborate to establish goals and therapeutic agreements. The exploration stage consists of educational activities and the assessment of the patient's adaptation and resource utilization. The final, resolution stage is reached when health issues or behaviors are managed or resolved, and the patient demonstrates the ability to self-manage a healthy lifestyle<sup>(14)</sup>. These stages are continuous and interrelated, and can be integrated with the Caritas Process in the school setting.

In the school setting, the orientation phase corresponds to the nurse's first contact with the student, marked by welcoming, trust-building, and needs assessment; this might occur during situations such as anxiety over assessments, school-related concerns, or chronic condition management. In the following phase, the nurse is recognized as a support figure, both physically (through their institutional role) and symbolically (as an adult capable of providing guidance), with shared care objectives. During

exploration, the student is encouraged to actively participate in proposed actions, such as educational activities and health monitoring. Resolution is manifested by strengthening adolescent autonomy and self-care<sup>(14)</sup>.

### Therapeutic Relationships and the Caritas Process in School Nursing

Within the school setting, nurses strive to build trust and rapport with adolescents, creating opportunities through these relationships to address major adolescent issues, such as self-identity development, self-esteem, group behaviors, and tensions linked to growing autonomy. This process involves therapeutic communication, forming agreements, and active listening. Throughout the history of school nursing, various approaches have influenced practice; Rasche and Santos<sup>(7)</sup> summarized how Brazil's first school nursing services had regulatory and public health aspects, a model still present in some facets of the biological conception of health but one that should be transcended. In contemporary school health, an integrated understanding of health and education underlies activity development.

Public policies, including the PSE, assign nurses the responsibilities of disease and health condition prevention, health education, vulnerability identification, and intersectoral coordination<sup>(4,7)</sup>. However, implementation remains challenged by the absence of systematized practices and limited incorporation of theoretical frameworks. Guiding school nurses' practice by the theories of Watson and Peplau may enhance these actions by grounding them in connection, active listening, and the promotion of autonomy.

In PSE activities, the integration of these theories is evident in health education, chronic condition management, and in addressing emotional needs. Peplau's phases structure the care process from initial reception to the strengthening of self-care, while Watson's assumptions support sensitive listening, respect for subjectivity, and the construction of trusting relationships, favoring adolescent-centered practices<sup>(11,14)</sup>. Elements of the Caritas Process<sup>(11)</sup> can thus be incorporated into the stages of interpersonal relationships<sup>(14)</sup> to generate resources for nursing interventions, as illustrated in Figure 1.

By developing a therapeutic relationship integrated with the Caritas Process, the school nurse becomes a primary healthcare reference for adolescents, enabling the clarification of doubts, offering guidance on risk factors, and encouraging informed decision-making. In some contexts, such as rural schools, the school nurse may be the

first healthcare professional with whom an adolescent has contact. For these reasons, within school health, there is both the opportunity and the responsibility to coordinate with the Health Care Network and the Unified Social Assistance System, ensuring that adolescents are aware of, have access to, and receive the care they require.

The school is a privileged space for actions focused on health and citizenship, a role recognized and endorsed by the World Health Organization<sup>(5)</sup>. School practice, as defined by the Organization, includes health education activities, screening for health conditions, preventive interventions, and clinical assessment, all actions historically carried out by nursing. Thus, the school nurse has a strategic role in building a healthier community engaged in health issues, employing the integration of theories as a resource for care within and beyond the educational context<sup>(6)</sup>. In addition to using the theoretical frameworks of Peplau and Watson, the school nurse must remain current with the latest evidence in the field, applying Evidence-Based Practices in conjunction with these theoretical elements.

Although the integration of Watson's and Peplau's theories is still underexplored in school nursing, evidence supports the applicability of these frameworks in enhancing care for children and adolescents<sup>(2-4)</sup>. Within school health, research indicates that nursing practice is improved when guided by theoretical frameworks that value subjectivity and youth agency<sup>(8,10)</sup>, reinforcing the importance of adapting these theoretical constructs to educational contexts.

Moreover, the school years constitute a window of opportunity for fostering adolescents' social-emotional skills<sup>(4)</sup>. Such skills can be developed in an environment of collaboration, meaningful care, and trust, processes built upon the integrated elements of the theories discussed here. In this sense, the therapeutic relationship in school settings also serves as a space for developing self-care skills.

Although no studies have been identified that simultaneously integrate the theories of Watson and Peplau in the care of children and adolescents, there is evidence regarding the application of theoretical nursing frameworks in this population<sup>(15)</sup>. A systematic review in pediatric settings demonstrated that, among various theories used to guide care, Watson's Theory of Human Care was one of the most widely adopted, particularly in highly complex situations such as the care of critically ill adolescents<sup>(15)</sup>.

Conversely, a qualitative study of children and adolescents with cancer described how interventions guided by

Figure 1 - Integration of interpersonal relationships and the Caritas Process in school nursing.

Phases of the Theory of Interpersonal Relationships	Caritas Process	Example in School Nursing
Guidance	<ul style="list-style-type: none"> <li>Care with love and compassion: empathy and understanding.</li> <li>Person-centered care: active listening to identify needs.</li> <li>Creating welcoming and restorative environments.</li> </ul>	A teenager seeks care with a complaint of insomnia during exam week. The nurse practices active listening and clinical empathy.
Identification	<ul style="list-style-type: none"> <li>Interpersonal care relationship: a bond of trust and respect.</li> <li>Holistic approach to care: considering physical, psychological, social, and spiritual aspects.</li> <li>Development and growth: establishing collaborative therapeutic goals.</li> </ul>	<p>The nurse establishes a relationship of trust with the adolescent, reviews their medical history, and assesses the need for referral to psychological care at the primary health care unit or the psychosocial care center.</p> <p>The nurse provides guidance on where to find reliable health information.</p> <p>Together, therapeutic goals are set based on cooperation, with a focus on managing anxiety and promoting healthy lifestyle habits.</p>
Assessment	<ul style="list-style-type: none"> <li>Effective communication and active listening: to understand adherence to goals and support the adolescent.</li> <li>Recovery and transformation practices: guidance and encouragement for healthy habits.</li> </ul>	<p>Adolescents use the resources of the therapeutic relationship to adapt their health behaviors.</p> <p>The nurse provides active listening, guidance, and health education to support the student and promote the acquisition of health literacy skills.</p> <p>If an adolescent begins treatment with a psychologist, the nurse monitors and encourages adherence.</p>
Resolution	<ul style="list-style-type: none"> <li>Promotion of continuing education and self-development: encouragement of autonomy and self-management of health.</li> <li>Care with love and compassion: respectful detachment.</li> </ul>	As the adolescent develops the ability to manage their own health and cope with stressful situations, the follow-up is concluded.

Source: Prepared by the authors (2025).

Peplau's concepts promoted emotional expression, disease coping, bond strengthening, and engagement in symptom management<sup>(14)</sup>. The study also reported positive effects on psychosocial adjustment and the construction of meaning regarding the illness experience<sup>(14)</sup>, highlighting this theory's potential to guide adolescent-centered therapeutic practices.

The integration of the Caritas Process<sup>(11)</sup> into interpersonal relationships constitutes a valuable resource for strengthening young people's health and autonomy. The collaborative development of goals and agreements acts as a mechanism to stimulate self-management, self-care, and the adoption of healthy habits, establishing itself as an applicable strategy in nurse-student care. Therefore, incorporating Watson's and Peplau's theories into school nursing practice represents an advance in care improvement, provides theoretical foundations for professional practice, and contributes to strengthening school nursing itself.

By linking these theories with school health guidelines, this study proposes a path toward the systematization of nursing care in schools and offers a framework that guides intentional, relational, and student-centered practices. This approach helps transform normative guidelines into concrete actions, strengthens the role of the school nurse, and expands the reach of health interventions among adolescents.

Additionally, viewing school services in Brazil as strategic, well-founded spaces for promoting school health may facilitate the establishment of school health units in more educational institutions, in coordination with primary health care, following successful international models<sup>(5)</sup>. Theoretical integration, as proposed in this essay, demonstrates innovative potential by repositioning the school nurse as an active agent in developing student-centered care practices<sup>(3)</sup>. From this perspective, the nurse's scope of practice expands beyond isolated

interventions, incorporating actions that value listening, bonding, autonomy, and youth agency in healthcare.

It is acknowledged that, although beneficial, this integration may face challenges in the Brazilian context, particularly regarding the lack of full-time school nurses, deficiencies in intersectoral coordination, and gaps in training concerning the application of theoretical frameworks. Nonetheless, it represents a promising approach for strengthening methods that address the comprehensiveness of care for adolescents and young people.

As this is a theoretical essay, this study does not present experimental or observational analyses, which may limit the generalizability of its conclusions. Practical application of the proposal also depends on the specificities of the school context, operational resources, and the availability of integrated school-based health teams.

## FINAL CONSIDERATIONS

This study synthesized data on the theories of Peplau and Watson and presented a framework for their integration in school nursing. Student-centered care practices that can be developed via therapeutic relationship were addressed, here advocated as an essential nursing tool. This relationship, grounded in the Caritas Process and the stages of interpersonal relationships, enables the establishment of agreements and goals that foster adolescents' self-management, health literacy, and adoption of health-promoting behaviors. Thus, the integration of these theories can contribute to the strengthening of school nursing by providing consolidated theoretical and practical foundations that underpin the specialty's interventions with adolescents.

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