

# From Battlefield Bandages to Schoolyard Triage: Reimagining the Role of School Nurse in a War-Torn World

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## 1. Dear Editor

In a world increasingly scarred by armed conflicts, from Ukraine to Sudan and Gaza, the traditional image of a school nurse dispensing bandages for scraped knees or administering routine vaccinations seems almost quaint. Yet, as conflicts displace millions and disrupt education, schools often become sanctuaries amid chaos, making the role of school nurse pivotal. This letter talks about the necessity of reimagining this position, transforming school nurses from mere health aides into multifaceted guardians of physical, mental, and community well-being. By drawing on experiences from conflict zones, it argues that an expanded role not only addresses immediate crises but also fosters long-term resilience, though it demands enhanced training, resources, and protection (1).

Traditionally, school nurses focus on preventive care, managing chronic conditions, and promoting health education within stable environments. In war-torn regions; however, these duties collide with extraordinary challenges. Violence infiltrates schools, turning them into targets or makeshift shelters, where nurses confront trauma, malnutrition, and infectious diseases exacerbated by displacement. For instance, in Lebanon, a rise in mental health disorders among children highlights how prolonged conflict erodes psychological stability, with schools serving as critical intervention points. Similarly, in Sudan, ongoing warfare has disrupted medical training and health services,

leaving educational institutions to fill gaps in care. These contexts reveal a gap including conventional nursing models fail to account for the volatility of war, where nurses must navigate bombed infrastructure, scarce supplies, and constant threats to their safety (2).

Reimagining the role begins with expanding emergency preparedness. In humanitarian crises, school nurses often become first responders, managing life-threatening situations like shrapnel wounds or dehydration from sieges. A study by Muthanna and colleagues in post-World War II conflicts shows they reduced morbidity through adaptive care in austere settings. In modern terms, this could mean training in triage, basic surgery, and coordination with aid organizations like UNICEF, which emphasizes protecting children's access to health amid blockades. For example, in Gaza, nurses in overwhelmed hospitals describe operating without anesthesia, a scenario that could extend to schools if reimagined as health hubs. Analytically, this shift from reactive to proactive care enhances survival rates but risks overburdening nurses, who already face emotional exhaustion (3).

Mental health support emerges as a core reimagined function. Conflict zones breed trauma, with children witnessing atrocities that manifest as anxiety, post-traumatic stress disorder (PTSD), or behavioral issues. A framework for school-based programs in Lebanon proposes integrating social-emotional learning and resilience-building, where nurses could lead screenings and interventions.

Many asylum-seeking children are fleeing wars. Nurses who work with these children show empathy, help reduce cultural stigma about therapy, and collaborate with families. This family-centered approach is vital. Although nurses report challenges such as language barriers, they find reward in building hope. Schools that fail to change risk becoming places where trauma is ignored and violence continues. But if school nurses are given more authority, they can help break this cycle by teaching emotional skills and building connections with the community (4).

Furthermore, school nurses in war-torn areas must evolve into community liaisons and advocates. In Ukraine, nurses have adapted to field conditions, emphasizing compassionate care amid chaos. Reimagined, they could coordinate with international bodies to distribute aid, educate on hygiene to prevent outbreaks, and monitor nutrition in famine-prone regions. Historical precedents, like U.S. Army nurses in wars, demonstrate how such roles save lives through innovation. Protection is crucial because attacks on health facilities increased sharply in 2023, showing why international humanitarian law must provide legal safeguards (5).

To realize this vision, investments in training are essential. Nurses in conflict areas report feelings of inadequacy; specialized education in trauma care, cultural competence, and disaster management could empower them. Webinars and reports advocate for using international law to protect staff, ensuring they can operate without fear. Moreover, integrating nurses into education reimagination efforts as in calls for decolonizing emergency education could align health with learning continuity (6).

In conclusion, reimagining the school nurse's role in a war-torn world is not optional but imperative for safeguarding future generations. Nurses can become experts in emergencies, supporters of mental health, and pillars of the community. In this way, they can turn schools into places of hope, even in difficult times. However, this demands robust support systems to protect and equip them. As conflicts persist, investing in this reimagination could heal not just bodies but societies, ensuring education endures as a pathway to peace.

## Authors' Contribution

Reza Abdollahi: Contributed to the conception of the work; drafted the work. Iman Nosratabadi: Contributed to the design of the work; reviewed the work critically for important intellectual content. All authors have read and approved the final manuscript and agree to be accountable for all aspects of the work, such as the questions related to the accuracy or integrity of any part of the work.

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