

**IDENTIFYING THE  
CLINICAL PRACTICE COMPONENTS  
OF THE  
SCHOOL HEALTH NURSE'S ROLE**

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## 1.0 EXECUTIVE SUMMARY

The traditional role of the high school based community nurse has changed considerably over recent decades. Thus, the aim of this study was to identify the dimensions of the high school nurse's role that make it a distinct specialty along with the accepted generalist role. Specifically, the study sought to provide a detailed description of the nurse's practice, activities and involvement in the school community. This report describes a qualitative study, in which nine community health nurses from eight different high schools completed a diary of the interventions and events during the course of two working days. This was also supported by a focus group where the researchers sought verification of the interpretation of the data.

Data analysis indicated that the role of the community health nurses (CHN) consisted of seven-categories. These were provider of care, counsellor/mediator, advocate and support, liaison/referral, health promotion/ education and resource agent, and professional role. The findings of the study highlight the complex and multifaceted role of the high school nurse and articulates the importance of such practitioners in the promotion of health among school children.

Several recommendations emerge from the findings of the study.

- It is recommended that a public relations program to highlight and formally recognise the role of the school health nurse be initiated during the week of 'International Nurses Day' in 2001. This could be achieved through organised school meetings, publication of activities in the print media and publication in the professional literature. This would assist to highlight the important role of these advanced nurse practitioners and engage community support for their continued function and responsibility for health in schools. It is considered essential that the profile of school health nurses be raised and the complexity of their role understood.
- As the nurse's role is complex and diverse the education needs of these advanced practitioners cannot go unrecognised. Specialised knowledge and a high skill level are required in school health nursing and it is recommended that in the future tertiary post-graduate education courses be developed, for entry to the

role. Students present with varied and complicated health issues in the school environment and it is deemed necessary that nurses are adequately prepared. Nurses have an active role in the health of school children and this responsibility also needs to be supported with continued professional education.

- It is recommended that nurses be promoted as a valuable resource in the education system. The school nurse is a specialist within the discipline of nursing and has a specific body of knowledge, often with many years of experience. It is suggested nurses be promoted as experts able to provide in service education to school teachers and parents in their role as family practitioners.
- Further research is recommended to explore the perceptions of teachers and parents regarding the role of the school health nurse. This is important to support the nurses' continued position given the ongoing threat to fiscal resources in school health and the potential erosion of the school nurse's role by other health professionals.

## **2.0 INTRODUCTION**

The role of the community health nurse, who works in a high school context, has increased in complexity over recent decades. The expansion of the role is the result of changes in the health problems faced by the current student population. Students attend school with disability, stress, mental health problems, chronic illness and behavioural disorders, more than ever before. Although community health nurses work tirelessly to meet the needs of students, teachers, parents and the larger community, often little recognition or understanding of the advanced practice role that they perform is acknowledged. Moreover, the difficulties in the role are coupled with a steady decline in government funding for schools (Morgan, 2000) and an increasing demand from a cost-conscious health care system that insists on accountability and demonstration of effectiveness of outcomes (Denehy, 2000). Thus, the importance of gaining a clear insight into the multi-dimensional aspects of the school health nurse's role is timely considering the threats to ever decreasing services.

## **3.0 BACKGROUND**

As a qualitative study was proposed to investigate the topic only a preliminary review of the literature was conducted initially. This suggested that the role and focus of school health nurses has become extensive in recent years and now involves roles such as primary care provider, manager and educator in addition to more typical nursing roles (Proctor, Lordi & Zaiger, 1993). In a quantitative study that aimed to delineate the diverse roles and responsibilities of 165 school nurses in the United States, participants identified six to nine major areas of responsibility. These included direct service to students and staff, provision of health education, teacher inservice, health screening, counselling, clerical work, co-ordination and policy making (Periard Knecht & Birchmeier, 1999). Similarly, Pavelka, McCarthy and Denehy (1999) surveyed 78 practising school nurses and found that they performed a very large number of nursing interventions (114) from month to month. The authors concluded that school health nurses needed an extensive knowledge base for their complex and broad nursing role.

Unfortunately, when economic resources diminish, school nurses and related services seem feasible to replace or delete because they are not perceived as being directly related to client educational outcomes (Periard, et al., 1999; Thurber, Berry & Cameron, 1991). The most striking example of this funding policy is the decline in public spending on schools (Morgan, 2000) which is placing pressure on such services. School health nurses are being challenged to measure outcomes and show that interventions make a difference, which is difficult for practitioners in many areas of primary health care. The reluctance of nurses to measure outcomes occurs sometimes because of nurse's poor evaluative skills but more often because evidence of effectiveness of interventions is often not available in the short term (Denehy, 2000). While these facts present a challenge to all community health nurses, they are, nevertheless, even more difficult when the impact of client care is the school population. Community health nurses who work in the high school context have competing demands from parents, teachers, health professionals and others, and face enormous pressure in their day-to-day work as they cater for the health needs of large numbers of students.

However, there is little evidence of the different dimensions of the role of the community health nurse in this environment. Thus, the first step in managing the potential demise of the school health nurse's role is to seek a better understanding and articulation of the contribution of nursing to the health of school children. Consequently, the research described in this report seeks to uncover the role of the community health nurse working in a high school context. It is anticipated that this knowledge coupled with an appreciation of the difficulties faced in this demanding context will contribute to a reaffirmation that school health nurse's do make a difference.

Thus, the aim of this study was to identify the dimensions of the high school nurse's role that make it a distinct specialty along with the accepted generalist role. Specifically, the study sought to provide a detailed description of the nurse's practice, activities and involvement in the school community.

#### **4.0 METHOD**

This inquiry was an interpretative analysis of the written diaries of a group of nine nurse participants. This descriptive qualitative study of community health nurses was conducted between September 1998 and April 2000. The research sought to identify and describe the role of the community health nurses working with high school children. The choice of the method was determined by the desire to gather descriptive data from the participants using their own words when describing their roles', activities and decision-making. This method allowed the researchers to identify the role of community health nurses working in high schools. The opportunity to gather data from the participants every day working environment led to the examination and description of the participants' roles.

##### **Data Collection**

Approval to conduct the study was obtained from the Co-ordinator of Community Health Nursing of the Fremantle Health Service. As this study was a quality improvement activity ethical approval was not necessary. However, participants were approached to request their participation and confidentiality was ensured. Nine community health nurses' voluntarily participated in the study and these nurses worked in eight different high schools in the metropolitan area of Perth, Western Australia.

Participants were requested to complete a detailed diary of interactions and events that occurred during the course of two working days. The nurse's were allocated which days they were to record their nursing practice and daily activities in the school. This direction ensured that nurses did not bias the recording by choosing either their quiet or busy days. Diaries were hand written by the participants then typed and checked by the researchers. The data obtained from some diaries were relatively rich but others were brief and contained superficial information. Furthermore, the participants were requested to complete two (2) open ended questions regarding their professional issues and concerns and their main activities and role within the school. Seven participants completed a demographic data questionnaire.

The participants ranged in age from 42 to 55 years. Furthermore, their educational level ranged from hospital certificate to Bachelors degree in nursing. All participants had completed various professional educational short courses related to their area of expertise and, at the time of the study, two were enrolled in professional education courses. The remainder had no immediate desire to return to study. The nurse's experience in working with high school children ranged from two years to 16 years and all were involved in high schools with student numbers ranging from 800 to 1390. One person indicated that two nurses were employed in their school, whereas the rest indicated that they were the only registered nurse working in the school.

### **Data analysis**

All the diaries (9) and the transcripts from a get-together focus group were the sources for data analysed by the two researchers. Data analysis commenced with the diaries and was supplemented by the information gained during the focus group. However, most of the data for this study was extracted from the diaries of the community health nurses. These data were analysed following the standards of qualitative data analysis procedure, that is: coding, finding categories and clustering (Streubert and Carpenter, 1999). Diaries were read line by line and significant words and phrases were identified. Following this procedure the major thrust or intent of the diaries was conceptualised (Field & Morse, 1992). The next step was clustering these concepts and comparing them again with each other to ensure that they were mutually exclusive. Finally, a list of categories was created.

Following the content analysis procedure, the written interpretation of the data was sent to the participants as a group to enable them to read and consider the findings prior to the get-together. This focus group was one way in which the researchers and participants could share information and verify data. During the get-together, the researchers shared the preliminary research findings with the group and sought verification of the interpretation. As a result of this discussion a few changes to the findings were made. Participants suggested changes in wording to more accurately reflect their roles. The discussion included open-ended questions being asked of the participants, promoting an environment that was conducive to the sharing of experiences. All of the participants were acquainted with each other. Field notes



were taken during this session. Furthermore, following feedback from this group, the seven categories were revisited and reordered.

### **Trustworthiness**

Trustworthiness of the data was ensured by member checks. Data were presented to the participants for information and verification. An audit trail was maintained to document all aspects of the study, data analysis and description of the findings. In addition, journalising was used throughout the analysis, that is, the researchers kept diaries of their thoughts and ideas related to the study.

## **5.0 FINDINGS**

Analysis of the data indicated that the role of the community health nurses (CHN) consisted of seven-categories. These were provider of care, counsellor/mediator, advocate and support, liaison/referral, health promotion/education and resource agent and professional role. Although these categories appeared as separate and individual items, it is important to emphasise that each component of the CHN role was enmeshed with other components. For example, the category of 'provider of care' involved the nurse not only delivering 'hands on' treatment but included counselling, referral, liaison, health education and the professional role. Furthermore, the findings themselves are not placed in any order of importance but in such a way as to allow the data to speak for itself.

### **Provider of care**

Analysis of the data revealed that although the provision of care focused on the student population, frequent references to others were found. For example, when the client was a member of staff a participant wrote:

*Part of (the) School Nurse role is to support staff members as well as students...*

Participants demonstrated in various ways that providing care was central to their role. Nurses provided the initial care and made a referral to a doctor or the most appropriate professional required for the situation when necessary. For example:

*Trauma assessment of a 15 year old girl who has been hit in the mouth by or thrown a cricket ball. Initial assessment; girl shocked –*

*reassured, frightened – facial damage – reassured and told extent of injury to her face. Given first aid. Parents advised to arrange dental appointment today as teeth have been pushed out of alignment.*

The CHN clients' presented at the health centre for many and varied reasons. For instance the following extract is just one example of the reasons clients presented to the CHN:

*Mr A presented with abdominal pain and vomiting and requesting something for it. Mr A is a regular in the Health Centre- was previously a heroin addict. He is 15 years old and ceased using (heroin) two-three months ago.*

The CHN's based the provision of care on their ability to assess their client group and to observe individual situations. Their nursing assessment encompassed the collection of both objective and subjective data. For example:

*...checked range of movement (ROM)...*

One participant stated:

*Sensible year 10 (student). (He has) been to (the) health centre twice in 3 years. Looked unwell. Pulse and temperature satisfactory. Nil neck stiffness. Nil blows to head. No improvement after rest. Couldn't tolerate fluids...*

Another participant noted:

*14-year-old girl escorted to the Health Centre by concerned friends after she had fallen down and hit head against a metal pole. Neuro assessment done (basic only) as girl observed on presentation, walking, smiling, no L.O.C. (loss of conscience), no skin breaks, bruise but feelings giddy and with headache. Observed while resting 1/24. Presented as vague, uncertain, wanting to rest, pale: questioned by me for her present state and girl observed that she had previous falls recently and usually didn't realise she was falling – Blood pressure checked and normal. Also stated she has been having lots of tests at doctors. Vague about why. Back to class after sleep, food and reassessment.*

On completion of the initial assessment the CHN implemented many and varied nursing interventions such as the administration of over the counter (OTC) medications after discussion with parents. As mentioned earlier, the provision of care involved health education and health promotion activities that were conducted with all members of the school community. The following participant wrote:

*I presented him with a range of common triggers for a headache (low blood sugar level, dehydration, injury, fever) and explained that by identifying the possible trigger(s) and dealing with them was the best way to lose the pain. I explained that paracetamol does not generally do anything to stop the cause of the pain but is designed to try to break the pain message...*

The clients that the CHN encountered presented with a variety of problems including such complaints as headaches, nausea, hay fever, tiredness dysmenorrhoea, stress, hypertension, family conflicts, abdominal pain, lacerations, occupational health and safety, and health education issues. However, injuries were a usual complaint. For instance, data revealed that participants were frequently taking care of students with hand or knee injuries due to falling and sport activities. The delivery of first aid was an aspect of the nurse's role but only reflected a small component of their work. Data revealed that first aid was conducted following an individualised nursing assessment, with the nurses's description of their decision-making revealing the use of advanced nursing skills in the delivery of care. The following excerpt demonstrated the delivery of first aid:

*...presented with pain and swelling over lateral side of left ankle – an old injury aggravated by stair climbing... Ice pack applied for 20 minutes. Ankle strapped. Advised to return to physiotherapist...*

Another participant stated:

*13 year old boy. Red and itchy right eye. No history of allergies on health card. Saline eyewash. Antihistamine eye drops instilled.*

Data revealed that as part of the CHN decision-making process all nursing interventions were evaluated. As evidenced by the previous participant's notes:

*Only mild relief from itching. Reduction in redness and itching in five minutes...*

Although students presented to the centre with different complaints, such as the ones previously mentioned, headaches were another usual problem. A simple headache alerted the nurse to the necessity to observe the student further. The students often used a headache as a reason to attend the Health Centre. Participants also reported that students often attended the health centre when they wanted to be reassured, to ask questions or just simply to chat. Participants indicated that they used this

opportunity to assess, treat and advise students regarding their complaint. One participant reported:

*The student did not appear too distressed by his headache. It was appropriate to spend time discussing headaches, their causes and management and the appropriate use of analgesics.*

### **Counsellor/ Mediator**

One of the major components of the CHN role involved counselling. Many clients attended the CHN with problems and concerns related to their well being. The participants showed interest and concern and listened to the problems of their clients and offered support and understanding. For example, one participant wrote:

*Mary (pseudonym) and I have a good rapport with each other. I have known her since primary school, which is probably why she came to the Health Centre. She is quite able to identify her feelings and associate them with anxiety rather than physical illness.*

Another participant indicated that he had a “general discussion (with a) year 12 student and (his) mother regarding a (chronic) condition.” He also indicated that this was an ongoing support counselling process where the discussion focussed on “hospitalisation over holidays, ongoing management and future conditions.” Another example of the counselling role of the CHN's is illustrated in the following statement:

*(A) 14-year-old girl with (a) previous appointment arrived. Dialogue encouraged to allow her to relate her experience of yesterday's three-way agreement with me and peer with whom she is having conflict. Girl's social skills sometimes (are) inappropriate-counselled. (I have) encouraged (student) to continue to talk things over with her mother.*

Moreover, the data revealed that the nurses were dealing with time consuming and complex situations. The following account illustrates this point:

*Because I have built up a rapport with Mr A over the past two months, I knew there was more to it. Having then established what the cause of the problem was, it was then necessary to take steps to try and avoid it happening again. Mr A does not want to use heroin again but because he was an addict, drug taking had become a lifestyle for him and it is necessary to try and work through with him*

*to enable him to forge a new lifestyle. As part of this lifestyle change, this camp is a big part. It was necessary to still encourage him in this case. He got "cold feet" and decided not to go.*

Another participant wrote:

*Miss C came to see me a few weeks ago with depression ++ and some suicide ideation. I had managed to see her today to see how the strategies we had put in place were working.*

The counselling skills, of the CHN's, were not only available to the student population but also to the teaching staff. CHN clients' came from all levels of the school population. Often members of the teaching staff approached the CHN to discuss personal issues. One participant wrote:

*Administrator requested consultation with me regarding a staff member experiencing stress attending to family duties of looking after elderly sick relative and her job responsibilities. My ongoing counselling of (the) staff and her inability to change (was) stated ...I ascertained that the Administrator also was aware of her current problem and advised that staff required professional counselling.*

As mentioned earlier, the CHNs' were always willing to refer clients to a more appropriate resource if they deemed their client's problems were outside their scope of practice. This person could be a general practitioner, psychologist, another staff member or the principal. One participant explained this as:

*I wanted to learn more about her view of the world whether she is already linked to a counselling service. I identified parent-child conflict, problems with peers at present as well as the additional stress of changing schools mid-term. I clarified what counselling services she has or is using... I will notify her year coordinator and our school psychologist of her difficulties so we can monitor progress.*

Other concerns expressed by the participants were counselling issues related to bullying, conflict with parents, family dynamics, drug abuse, and depression. Participant's expressed their dismay at insufficient resources available for services involving psychosocial issues. For instance, one participant stated that the psychologist accepted only appointments and relied on the nurse to fill the gap. The nurse was required to have an open clinic together with a heavy clinical workload. This was aggravated by the constant interruptions during counselling sessions.

## **Advocate and Support**

The role of advocate involved support and assistance of the students in varied circumstances including coping with classroom situations and supporting current health promotion initiatives such as the immunisation program. Data revealed that this component of the role of the CHN was intertwined with all other aspects. For example, a major part of the role of liaison was that of advocate. Although nurses reported to the teacher about the student's physical health often they acted as an advocate of the student. The advocacy role involved talking to others on behalf of the student, explaining difficult situations and 'being there' for the student. As one participant stated:

*Whilst working closely with the members of the school administration, year coordinators and class teachers as a school nurse I am aware that my main role is an advocate for the student. Although it is necessary to share information I practise "need to know" sharing.*

The supportive aspect of the role referred to having time to listen to students or making themselves available. One participant wrote:

*Inflamed swelling. Have only seen it when opened by student. I dress it but he takes it off and comes back to the health centre, sometimes three times a day, always on class time. Student has a history of faecal incontinence, transferred out from last school because of bullying related to same. Gossip has carried his history to this school. Recently another student has started telling him he stinks. The student comes to me to have confirmation that he does not smell. It gives him confidence to ignore or resist as he sees appropriate...I remain available...*

Furthermore, one participant indicated that the major concern in her work was getting the teachers to understand the youth issues and gaining their support. Another indicated that the need to keep parents and guardians well informed caused difficulties because of the constraints of time.

## **Liaison/Referral**

This part of the CHN role was grounded in a broad and specialised knowledge base and was directed at all members of the school community. The role of liaison focussed on the provision of specialised knowledge to help in the care of the school

population. Some examples of the specialised problems the CHN encountered were family conflict, drug users and sexual abuse. Other areas involved were the assessment and management of students who were suicidal and making nursing diagnoses of students who were suffering states of depression and panic attacks. Intrinsic within this role was the necessity for the CHN to contact and liaise with a variety of health care and community professionals. One participant stated:

*...I discussed this with Dr Smith (pseudonym), head of adolescent ward and I suggested (that) a staff member ... could do this...*

Another example was:

*Phone conversation with (the) Cancer Foundation re: speaker for a parent's morning tea.*

The analysis of the transcripts revealed that community health nurses (CHN) interacted with all members of the school community including students, parents, and staff members. Furthermore, they needed to interact with people and agencies outside the school such as, general practitioners, independent counsellors and the communicable disease control branch of the Health Department. For example one participant reported:

*Phone call to Communicable Disease Control Branch to discuss problems with collecting immunisation history from our overseas students.*

When the CHNs exercised this aspect of the role they worked closely with family members, medical practitioners, health services, the school's chaplain, counsellors and teaching staff, as well as other community support groups. For example, one of the participants of this study indicated:

*(I had a) phone call from a parent concerned about the local drug group meeting held yesterday.*

The same participant added:

*(I had another) phone call from (a) Health Education teacher wanting some information on drugs.*

The diary of another participant indicated the following:

*(I had a) phone call from the year 12 coordinator to set up an appointment for a year 12 girl who is having problems with stress.*

This liaison role required the CHN to conduct follow-up interviews with the students, their families and professional bodies outside the school. In some cases, the CHN had to organise home visits in order to liaise with parents, to assess the home environment and to provide support to the student. Other activities were related to making appointments and discussing areas of concern, such as student problems and occupational health and safety issues, with teaching staff. As mentioned previously, liaison with outside sources such as general practitioners, psychologists and community resources was an important component of the participant's work.

The following example illustrates this point. A participant stated a recent case of child abuse and suicide ideation. Her immediate role was to assess the child and ensure his safety. Then the necessary arrangements had to be made to discuss the situation with the parents. Furthermore, she contacted the social worker from the Adolescent Psychiatric Services. The situation was reported and discussed with the school Principal. The same participant added that she had to discuss the student's situation with the psychologist. Following this, she organised a family meeting to discuss the admission of the student to the hospital.

The role of liaison meant that the school nurse had to respond to requests for help and advice. Furthermore, they needed to discuss issues with teaching staff, organise appointments for the students, to conduct home visits and or interview students. Frequently these participants had to refer these cases to other professionals

### **Health Promotion /Education and Resource Agent**

The CHN acted as a resource agent for the school community. The participants mentioned utilising such things as the QUIT program with clients and demonstrating how it can be used. One participant stated:

*Sixteen-year-old girl requested support and help to quit smoking... discussed her motives to give up. Went through QUIT package with her. Confirmed who her QUIT buddy will be.*

Another aspect of the health promotion role involved the organisation of health promotion activities within the school to maximise the health departments campaigns.



The CHNs were also a resource agent at the school administrative level where they attended student services meetings. Most of those meetings involved the planning of the utilisation of health resources to enable students to reach both their educational and personal potential. A participant discussed this as:

*Present at health committee meeting as chairperson. Discussion took place (9 present). .... 2. Invitation of guest speaker for staff on skin cancer. 3. Asthma promotion...*

Or:

*Case conference with parents of year 9 girl, psychologist, deputy, year coordinator and myself (nurse) and district social worker...*

Health education was a relevant aspect of the role of the community health nurse. Health education involved the nurse in preparing teaching sessions for high school students about topics relevant to their health. Participants gave examples of the topics discussed with the students. These included: smoking, eating disorders, grieving, use of contraceptive and drugs just to mention a few. This aspect of the role also involved sharing health information with teachers, students and parents. Moreover, health education meant keeping up with new information and preparing relevant educational material. Often health education activities were incorporated on a one to one basis with the provision of care. However, it was also reported that some teachers had difficulties with the role of the nurse in a high school. For instance, one participant wrote:

*Teachers have difficulty seeing nurses do more than first aid. In particular, I spoke on the role of the nurse in a high school and what we can help with.*

A few participants mentioned their concern regarding the level of motivation of health promotion activities among students. One participant saw that the busy students as being more at risk. For some, it was a challenge to find ways of motivating students to take care of their health.

### **Professional role**

This aspect of the role included several activities that were an intrinsic part of the role of the CHN. It refers to the components of professional accountability and responsibility. School nurses often spent time reporting situations derived from their job to the Principal or Deputy Principal. Several notes revealed that

participants discussed students' situations with the school administrator. For instance one participant stated:

*I am on a student services committee. One of the roles of this committee is to follow up with the students who are at academic risk usually due to non-attendance. An example of the one of these is one student who has missed a lot of class, so I interviewed her and found out that she had previously been diagnosed with depression. Had been on medications but had ceased that herself and now refused to see any counsellor. With this in mind, we worked out a plan where she would come and see me at regular interviews to work out on strategies to help her attend school and deal with her depression as well. The depression was largely relational and there was polydrug used involved as well at some bulimia. It is an ongoing situation with unfolding dramas almost weekly. However, for the most part, she is attending school.*

Often these reports were related to incidents involving the well being of the students. The professional role covered aspects of administration such as attending staff meetings as well as participating and contributing to those meetings. In addition, the data indicated that the CHN were expected to participate and contribute in their position as a member of the school in student services meetings and were actively involved in the development of school policies. One participant stated this:

*School does not have a drug policy. I have negotiated with principal a team to write one. We are at the end of a four-month writing process. Our draft has been circulated to teachers for comment. This meeting is to review the feedback and adopt it if appropriate...*

Furthermore, it is noteworthy to indicate that some participants, as part of their professional role, were involved in research activities. The purposes of these activities were to find information about relevant topics affecting the school population. Such topics included minor sports injuries, back care and community needs assessment. For example one participant recorded:

*I am part of an inter-agency group, which conducted a survey of residents...last year. (The) key findings were that there is precious little for the youth to do in this area outside school...I see community development as part of my role as health educator...*

## 6.0 DISCUSSION

There is little doubt that the community health nurse (high school based) has a complex and comprehensive role to fulfil. As described by Pavelka et al., (1999) school nurse's care for clients with a wide range of health related needs. Thus, to work in this specialty requires an extensive knowledge base and advanced nursing skills. Traditionally, the role of the school nurse involved the control of communicable diseases, keeping records and providing first aid (Kozlak, 1992). However, the role has expanded in recent times and although this is still a function of school health the results of this study demonstrate that these nurse participants have a variety of roles in addition to this. The results of the study confirm previous research that described school nurse's activities according to five major categories. A survey found activities were related to physical care, facilitation, instruction, administration and clerical (White, 1985). Replication of this study by Thurber et al., (1991) supported the initial findings. However, the authors argued that the inability of school health nurse's to clearly document and articulate their role to others, results in misinformation. This current research shows that the role of the CHN has indeed expanded and the researchers consider that it is essential that the complexity of the role be understood.

The central role of the nurse is as a provider of care, therefore, it is not surprising to find that this aspect of the role emerged as a strong category. In providing care nurses essentially assess the client, provide care, evaluate their care and make referrals. The findings of the research emphasise the need for CHN's to possess a broad knowledge base and a high skill level. This knowledge base and skill level includes training and education in counselling, high level communication skills both written and verbal and advanced assessment skills. This finding is consistent with earlier studies that confirm that school nurses must be current in their diagnostic and technical skills concerning an array of issues because students come to school with complex and varied health problems (Kozlak, 2000). This finding is also supported by a study conducted by Calabrese, Nanda, Huss, Winkelstein, Quartey and Rand (1999). The researchers found that school nurses spent a considerable amount of time caring for children with asthma and educating their families and staff, for example. Given the findings of the current study it is time school nurses were

acknowledged for their expertise, skill level and advanced practice role within nursing.

Another significant finding of the study is the role that community nurses play in counselling students and members of the staff. On some occasions these clients faced dramatic life situations involving the well being of others. The CHN's spent some time listening to the clients and offering support and understanding. This finding is supported by the work of Nelson (1997) who claims that among the challenges confronted by school nurses is the need to listen to adolescents that usually are searching for adults whom they consider to have special knowledge. Earlier studies also support the concerns reported by CHN's regarding issues affecting high school children. Shelton (2000) cites the work of Bryant, Rivard, Cowan, Wright and Hinkle who found that neglect, abuse, poor parenting skills, family dysfunction and substance abuse predispose children to poor life outcomes, all situations frequently encountered by the nurse.

The findings of the current study parallel those of Bradley (1997), who claimed that school nurses make a positive impact on patterns of health behaviour. However, she states that although nurses provide health education to clients, the role of school nurses in health education is less well defined. Bradley continues saying that health education is part of a comprehensive school health program and that health promotion is a responsibility shared with other school staff to ensure that the school environment is safe. The participants of this study emphatically claim that their role was in health promotion and not only in health education.

Bradley also proposes a specific role in advocacy. She claims that the school nurse has an advocacy role in health education that can be achieved by participating in committees and sharing data related to health behaviours and needs of students. This role can be extended to the community at large and in particular being involved in activities at the community local, state and federal level. This proposition is supported by an earlier study that claimed that advocacy in nursing is political (Orb, 1993). In this current study, the role of advocacy is contained within the boundaries of the school and the relationship of the CHN with their clients, parents, staffs and professionals.

Furthermore, although the various roles of the CHN emerged from the data as individual categories these roles were usually interrelated and multifaceted. For example, several nurses reported that when they were providing care at the same time they were involved in health education or making referrals to other health care professionals. Moreover, in the get-together group session, participants spoke at length of their involvement in conflict resolution and mediation. Often this mediator role overlapped with their counselling role. For example, many participants talked of their experiences in helping students, trying to mediate and counsel them at the same time. In some of the cases, the enactment of this role usually occurred with junior high school students making the task very difficult.

The findings of this current study indicate that the various CHN roles reveal high contact with students who had a high suicide risk. These findings are of particular importance when Leane and Shute's study (cited in King, Price, Telljohann and Wahl, 1999) found that Australian high school teachers had a low knowledge of recognising students at risk of suicide. With these findings in mind, the CHN has a significant role in the development of educational programs for teachers.

## **7.0 CONCLUSION**

In conclusion, this study highlights the complex and multifaceted role of the high school nurse and articulates the importance of such practitioners in the promotion of health among school children. It indicates that community health nurses are practising in an area that requires the application of advanced knowledge and skills. It is hoped this report provides insight into the demanding role of these nurses and demonstrates that indeed, community health nurses do make a significant difference. Moreover, it is important to emphasise that we have reached the point where we cannot ignore the current involvement and responsibilities of community health nurses in the provision of health care for school children; our most valuable resource. Although it is difficult to measure outcomes and substantiate financial expenditure in some settings, the role of the high school nurse should no longer be undervalued, as nurses make a substantial contribution to the health of the community. Therefore, attention should move from an emphasis on cost-savings, and focus towards the

effectiveness and high quality of care provided by community health nurses in high school's where they make a difference.

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**IDENTIFYING THE CLINICAL PRACTICE COMPONENTS OF THE SCHOOL HEALTH NURSE'S ROLE**

1. Nurse's name \_\_\_\_\_

2. School \_\_\_\_\_

3. Number of children attending the school \_\_\_\_\_

4. What are the main issues of concern for you in the school in which you work?

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5. What are the main activities, outside your clinical role, you are involved in at the School? eg. teaching commitments, committees, student services etc.

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**Thankyou for your time. Please return this page with your 'diary' to Sue Ogilvie.**