



AUTHOR(S):

TITLE:

YEAR:

Publisher citation:

OpenAIR citation:

Publisher copyright statement:

This is the _____ version of an article originally published by _____
in _____
(ISSN _____; eISSN _____).

OpenAIR takedown statement:

Section 6 of the "Repository policy for OpenAIR @ RGU" (available from <http://www.rgu.ac.uk/staff-and-current-students/library/library-policies/repository-policies>) provides guidance on the criteria under which RGU will consider withdrawing material from OpenAIR. If you believe that this item is subject to any of these criteria, or for any other reason should not be held on OpenAIR, then please contact openair-help@rgu.ac.uk with the details of the item and the nature of your complaint.

This publication is distributed under a CC _____ license.

" Comparison of school nurses' roles in supporting schoolchildren who are bullied in two European countries and the United States" _

Terese Blakeslee MSN Ed., RN
Nursing Instructor and Advisor
University of Wisconsin Oshkosh College of Nursing
800 Algoma Blvd
Oshkosh, WI 54901
Email: blakeslt@uwosh.edu

Winifred Oluchukwu Eboh RN RM PgCert. TLT PhD
School of Nursing and Midwifery
Faculty of Health & Social Care/
Institute of Health Wellbeing Research
Robert Gordon University
Garthdee Road
Garthdee Campus
AB10 7QG
Scotland UK
Email: w.eboh@rgu.ac.uk

Karen A. Monsen, FAAN PhD, RN,
Associate Professor School of Nursing
Co-Director
Center for Nursing Informatics
Director Omaha System Partnership
University of Minnesota
Email; mons0122@umn.edu

Lisbeth Gravdal Kvarme, Associate Professor, PhD, PHN, RN
Oslo and Akershus University College
Faculty of Health Sciences
Department of Nursing and Health Promotion
Pilestredet 32, 0130 Oslo, Norway
E-mail: lisbeth.gravdal-kvarme@hioa.no

Abstract

This systematic literature review explores the role of school nurses in helping children being bullied in three countries, Norway, Scotland and the United States.(US) Comparisons were made of the way school nurses were trained and employed to better understand how this reflects their roles and responsibilities within the context of bullying amongst school children.

Different systems used to support children affected by bullying were explored and examples of good practice shared. The challenges faced by school nurses due to their limited numbers compared to pupils they support was a common phenomenon in all three countries. This in itself challenges school nurses to explore more creative ways of working to ensure that the needs of school children are being met. Recommendations were made on possible cross-cultural research that can explore existing best practice creating a community of learning. This systematic literature review could provide a starting point for future collaborations in this field.

Keywords

School nurse bullying role and responsibilities anti-bullying interventions cross-cultural comparison

Bullying is a considerable problem in schools because of its complex nature and the serious negative health consequences for the child victims (Analitis et al, 2009; Cassidy, 2009). Bullying is defined as a systematic and repeated set of hostile behaviours towards an individual who cannot properly defend him/herself (Olweus, 1994). Schools should be places of learning and development, and can promote the healthy development of schoolchildren if that environment is conducive and free from bullying (Glew et al. 2005).

Cultural diversity accounts for many differences in behaviour across age continuums but bullying amongst schoolchildren cuts through all societies and cultures globally (Weale 2015). Likewise the definition of bullying as defined by Olweus (1994) as a systematic and repeated set of hostile behaviours towards an individual who cannot properly defend him or herself means the same world over. Such hostility manifests itself in different forms, as physical (violence), verbal (teasing, name-calling or spreading malicious rumours) or psychological (rejection or exclusion from a group) (Thorberg, 2010; Kvarme, Helseth, Sæteren and Natvig, 2010) all amounting to immense physical and psychological pain for the victim. This form of abuse against adolescents within the school environment is further complicated by normal physiological and psychological changes that occur in puberty. Such victimisation can have an untold effect on the health of these children who may experience serious emotional problems such as depression, antisocial behaviour poor educational outcomes and ultimately suicide (Dresler-Hawke & Whitehead, 2009).

Background

The school nurse's role is to promote health, prevent illness, and support children with social, emotional, or physical problems at school. The school nurse is in an ideal position to conceptualise steps toward a safe school environment to address bullying (Jacobson et al, 2011). Since the school nurse is not in a disciplinary or academic role, children are more likely to confide in the nurse (Cooper, Clements and Holt, 2012).

The purpose of this paper is to present a collation of evidence gathered through the literature about the roles and responsibilities of school nurses in two European countries, Norway and Scotland and in the US in identifying and supporting school children subjected to bullying. The authors through this discussion paper will present recommendations that with the aim of supporting future cross-cultural community of practice. It is acknowledged that language and terminologies used by the different countries may vary, however, the overarching concepts and ideologies are similar. School Nurse International (2013) advocates the exchange of experiences amongst school nurses worldwide, sharing examples of best practices whilst caring for schoolchildren within differing educational and cultural contexts with the aim of enhancing their lives.

Literature review

This literature review compared and contrasted the role of school nurses within the three identified societies looking specifically at their interventions when caring for children who are being bullied. To gain a fuller understanding of what these roles entailed, the education, professional regulations and the capacity of these nurses to intervene in such situations will be discussed.

Aim

Identify roles and responsibilities of school nurses within the identified cultures and how their remit allows them to support children experiencing bullying in school.

Methods

Searches using the keywords school nurse bull* role AND responsibilities anti-bullying interventions global were conducted on CINAHL, Medline, Science Direct, PubMed and grey literature which included Government policy documents, leaflets and websites. The overarching aim of the review was the principle driver however, it was important to contextualise the environment in which these nurses worked by looking at the training provided by the respective professional bodies and the regulations that guided practice.

Results

Norway had the most favourable school nurse ratios of the three countries researched (1:589) (Dolonen, 2013), higher ratios were reported in Scotland (1:2,728) (Ball and Pike, 2005) and the United States (a range from 1:750 to 1:4,000) (Robert Wood Johnson Foundation [RWJF], 2010). School nurses in Norway and Scotland have similar funding sources, qualifications, and national policies to mandate school nursing presence (see Table 1), however differed greatly in nurse: pupil ratio.

Depending on the body that employ school nurses, it is anticipated that their roles will in part determined by the requirements of these respective employers. In Scotland as with the rest of the United Kingdom (UK) school nurses are employed in the main by the National Health Service

(NHS), in Norway by municipalities and in US by agencies, school district or local public health departments which reflects other States in the US. Although the employers have different names, they all come under the umbrella of public sector workers accountable to Government legislation for their practice.

The preparation of these nurses also varied from country to country, in Norway school nurses are educated to Master's degree level after finishing bachelor in nursing although this is not exclusive, in some areas where it is not currently the case, there are plans to bring the education up to this standard (Directorate of Health 2010). However, in Scotland school nurses are educated to Bachelor degree level. educational preparation for nurses in US schools ranges from licensed/practical nursing, to associate, baccalaureate or Master's degree levels (RWJ, 2010.) The education and training of school nurses can ultimately determine the level of responsibilities and autonomy the nurse is legally allowed to exercise and be sufficiently confident to put in practice.

Perhaps the most challenging aspect of the role of the school nurse in all three countries is the demand on their time. What was evident in the literature is that no amount of education or training can help manage an increasing workload and statistics as shown in Table 1 demonstrates the high ratio of children to school nurse which places an enormous demand on what school nurses are realistically able to do including supporting children who are victims of bullying. The suggested ratio of nurse to pupil in the US is a maximum of 1:750 (RWJF, 2010). In the UK, a survey conducted by Ball (2009) found that although the workload of schoolnurses in State schools had come down, the reduction was not significant from 2768 in

2005 to 2590 in 2009 for one school nurse which far exceeds the acceptable figure quoted for the US and by UK standards.

In Norway school nurses usually have the title public health nurses and look after healthy and at risk children and young people aged from 0-20 years and their families. In the US school nurses are employed under a variety of models such as school-hired nurses who only work in school settings, public health nurses who only work in the community and provide consultations to school districts, public health nurses with both community and school roles and school nurses who provide regional consultations. Overall, the pupil population and aggregate health promotion and safety, along with health maintenance for Children with Special Healthcare Needs (CSHCN), is the focus of the role of the school nurse in the US (National Association of School Nurses [NASN], 2011). In Scotland school nurses have the primary role of safeguarding the health and welfare of children, health promotion, and confidante for children and family support. This role can vary with some school nurses being involved in sex education and support for children experiencing psychological health problems (Haddad et al, 2010).

Given these ratios of nurse to pupils, looking at the role of school nurses under challenging situations, the literature shows that between the countries reviewed the roles had many similarities but also some differences which in part could be attributed to cultural specific needs. Table 2 provides a summary of the findings. What was reassuring was that school nurses in all three countries did engage in helping children who were bullied. Norway and Scotland have a national policy against bullying however the US does

not have a federal anti-bullying law, although but 49 states have anti-bullying legislation (U.S. Department of Health & Human Services, n.d.).

The main remit of school nurses in the two European countries and the US is to promote health and illness prevention. The Royal College of Nursing in a survey of it's members conducted by Ball (2009) identified 22 activities undertaken by school nurses; the five that topped this list included health promotion, educating school staff, providing sex education, addressing obesity and pupil counselling and attending child protection case conferences. The 15th most cited activity was managing bullying issues; this issue as serious as the consequences is amongst the competing responsibilities of the school nurse which requires a more creative way of working across other disciplines within the school setting.

In Norway, school nurses are involved with anti-bullying programmes; they collaborate with other disciplines such as teachers, guidance counsellors and psychologists to support school children who report that they are being bullied. They work with different school based anti-bully program and individual intervention. One examples of interventions include the solution focused brief therapy which uses the role of friendship to promote social and emotional support system for children (Kvarme et al. 2013; Young and Holdorf 2003; Young 2009).

Discussion

The purpose of this literature review was to ascertain the main aspects of the school nurses' role and responsibilities in three countries, looking at this in the context of bullying amongst school children. From the literature

examined it is clear that there are many similarities in roles but slight differences depending on the legislation that governs the role of the school-nurse. Despite the differences the role of school-nurses in Norway, Scotland and US, on the main include health promotion and prevention of bullying.

As a rule the Norwegian public health nurses work with healthy children and young people 0 to 20 years of age and their families (Norwegian Directorate of Health 2004). School nurses work mostly at the individual level by using support groups, individual talk to improve children's self-esteem and help the bullied child to make supportive friends (Kvarme 1998, 2013). In addition to school based anti-bullying program towards the whole school environment in collaboration with school staff.

School nurse practice models and staffing policies vary widely in the US. Regardless of the practice model, school nurses in the US provide outreach and collaboration with families, community members and children within the school population (NASN, 2011). School nurses are expected to be leaders in providing care and promoting safe school environments, including implementing plans for prevention and management of bullying (2011).

Within the Norwegian system school nurses are employed by municipals and from a legal perspective, school health services are mandatory but free. Within the literature reviewed an exemplary system found in Norway is demonstrated through that some school nurse working with children using the solution-focused brief therapy (SFBT) that are designed to find solutions rather than focus on specific problems. The SFBT has been used to help the victims of bullying, for example, in the 'no-blame' programme (Kvarme et al 2013, Young 2009; Young and Holdorf 2003,).

In Scotland school nurses may be employed directly by schools but mainly by the National Health Service (NHS) (RCN, 2012). School nurses, when made aware of bullying, are able to offer counseling and group support for these children. Their role in the prevention and support of children who have been bullied varies depending on their caseload and the scope of their role. In addition in Norway there are about 589 school children per nurse (Norwegian Ministry of Health 2006-2007), while in Scotland and in US as shown earlier these statistics are much higher. The lack of support for school children can result in missed cases or lack of time to provide appropriate support for affected children in all the countries. Even though the school-nurse pupil ratio was the lowest in Norway, a current study showed that 73% of school nurse in Norway stated that they do not have time for prevention work even though it is a major part of their role. They reported only having 5 minutes per school children per year (Dolonen, 2013). No one countries' system has all the answers; the review has shown that involvement of the school nurse varies by availability of their time.

Implications for practice

This literature review has provided some insight into school nurses' remit in the three countries and the governance of their role and remit. Overall, there are positives and drawbacks in all three systems; however, there were good practices that can inform care for children being bullied.

What is evident from discussions is that school nurses have a unique position within the school environment to address bullying, as they are ideally placed to empower children who are victims of bullying by providing direct help and support. For the fact that the school nurse is not part of the school staff, children can confide in the nurse (Cooper et al. 2012). In

addition it is important to collaborate with the school staff and parents to prevent bullying

Further research

This small scale systematic literature review has shown that there are similar challenges in the three countries in supporting children being bullied at school but the role of the school-nurse is pivotal. As technology advances the means by which children can become victims to bullying increases. Likewise, the world is becoming a smaller place as technology can provide instant connection for school-nurses to collaborate in research and share best practice in ways to make the school environment a safer place for children to excel in their studies without the fear of bullying. More research is needed in this field.

Conclusions

This literature review found many similarities in the way school nurses work against bullying in the three countries

The main differences were in the way school nurse are employed and the school-nurse pupil ratio which impacts on workload. There is a need for a consistent minimal practice in relation to support offered to children who experience bullying in schools; children affected by bullying should receive the same level of help whatever their environment, however for this to be realised governments have to be committed to providing the training, resources and legislation to guide school-nurse practice.

Table 1. Characteristics of School Nursing in Norway, Scotland, and US

	Norway	Scotland	US
Population served	Children, adolescents, and families	Children, adolescents, and families	Children, adolescents, and families, staff
Policy regarding school nursing	National law states that all schools must have a school nurse. There are 2,069 public health nurses employed in municipalities in Norway (Statistics Norway, 2012).	Scottish Government policy that all schools must have a designated school nurse.	School nurses are provided at the discretion of the school district. School districts may choose whether or not to have a school nurse, unless required by state law.
Education of school nurses	School nurses require a 3-year Bachelor's degree and 1 year of further education to receive public health nursing credentials. Currently, a Master's level degree is required in some areas, and will be throughout Norway in the near future.	Public health nurses must be a first-level nurse, i.e., Bachelor of Nursing, with a short top-up course, e.g., a 15-week online course. This may vary.	School nurses may have either an Associate or Bachelor's degree in nursing. Certification requirements vary with school district.

Organisational model	The school nurse is employed by the municipality.	Some school nurses are employed by the National Health Service; a smaller percentage by their local education authorities or directly by state schools.	A school nurse is employed by the school district, local health department, Cooperative Educational Service Agency, or agency.
Scope of practice	Health promotion and illness prevention.	Health promotion and illness prevention.	Health promotion and illness prevention.
School nurse workload	The school health service has insufficient capacity in many of Norway's municipalities. Not all children and adolescents receive adequate psychological care ; approximately one nurse per 589 pupils.	State sector school nurses can be responsible for up to eight schools, one at secondary and 6–7 at primary school level, equating to one nurse with a case load of 2,728 pupils, which often results in school nurses working beyond their contracted hours	In the US, the National Association of School Nurses (NASN) found the ratio ranged from 1: 750 to 1: 4,000) Robert Wood Johnson Foundation (RWJF, 2010). The recommendation of NASN is one nurse per 750 pupils.

Table 2. Characteristics of Bullying in Schools and the School Nurse’s Role in Norway, Scotland, and US

	Norway	Scotland	US
Prevalence of bullying in schools	About 10%–15% of schoolchildren are exposed to bullying in Norway	About 8 % of schoolchildren are exposed to bullying in Scotland	In the 2013 US Youth Risk Behaviour Survey, 19.6% of schoolchildren grades 9-12 reported having been bullied
Policy regarding bullying	National law against bullying in schools, for health promotion and prevention in school health services. The school nurse collaborate with the school to create a good psychosocial environment for children.	Scottish Government policy: <i>A National Approach to Anti-bullying for Scotland’s Children and Young People</i> is committed to eradicating bullying in schools.	Forty-nine of 50 states have enacted laws and /or school district policies against bullying
School nurse’s role in bullying	Differs from school to school. All schools are supposed to have an anti-bullying program. Some schools include school nurses in the anti-bullying program and some do not.	As in Norway.	Varies by school and State
School nurse’s goals	Join in the schools anti-bullying program and promote healthy school environment. Help increase the child’s self-esteem; help him/her to reject the victim role and to find friends. At the individual level as well as school level.	As in Norway, but there is a more collective goal of making the school environment bullying-free and a safe place in which to promote learning.	Help increase the child’s self-esteem by helping him/her to reject the victim role, and to find friends.

Bullying interventions—community	Participation in the school anti-bullying program. Collaboration with teachers and parents as an interdisciplinary team. Add bullying information to the curriculum (collaboration, health teaching).	Work with parents and teachers to look for solutions to bullying (collaboration, consultation).	Participation in the school anti-bullying program. Collaboration with teachers and parents as an interdisciplinary team. Add bullying information to the curriculum (collaboration, health teaching).
Bullying interventions—system	Inform politicians of the need for more school nurse time to address bullying prevention and interventions (advocacy, policy development).	Scottish Government has been proactive in setting anti-bullying policies using a multidisciplinary approach, including school nurses (policy development).	Inform politicians of the need for more school nurse time to address bullying prevention and interventions (advocacy, policy development).

References

- Analitis F., Velderman M. K., Ravens-Sieberer, U., Detmar, S., Erhart, M., Herdman, M. M., Rajmil, L. (2009). Being bullied: Associated factors in children and adolescents 8 to 18 years old in 11 European countries. *Pediatrics*, **123** (2), 569–577.
- Ball J, Pike G (2005) School Nurses: Results From a Census Survey of RCN School Nurses. Royal College of Nursing, London.
https://www2.rcn.org.uk/__data/assets/pdf_file/0005/78674/002793.pdf (accessed 23 April 2016)
- Ball J (2009) Results from a Survey of RCN members working in Schools in 2009. Royal College of Nursing, London.
https://www2.rcn.org.uk/__data/assets/pdf_file/0007/275857/003552.pdf (accessed 23 April 2016)
- Cassidy T (2009) Bullying and victimisation in school children: The role of social identity, problem-solving style, and family and school context. *Social Psychology of Education*, **12** (1), 63–76
- Cooper G D, Clements P T, Holt K E (2012) Examining childhood bullying and adolescent suicide: Implication for school nurses. *The Journal of School Nursing*, **28**(4), 275–283
- Dolonen, K. A. (2013) Helsesøstre slår alarm. [Public health nurses are alarming] *Sykepleien*, [*The Nurse*] (2), 16–24.
- Dresler-Hawke, E. & Whitehead, D. (2009). The behavioral ecological model as a framework for school-based anti-bullying health promotion interventions. *Journal of School Nursing*, **25** (3), 195–204.
- Glew G M, Fan M (2005) Bullying Psychosocial Adjustment and Academic Performance in Elementary School. *Archives of Pediatrics and Adolescent Medicine* 59: 1026-1031
- Haddad M, Butler G S, Tylee A (2010) School nurses' involvement, attitudes and training needs for mental health work: a UK-wide cross-sectional study. *Journal of Advanced Nursing* **66**(11), 2471–2480
- Helsedirektoratet. Utviklingsstrategi for helsestasjons- og skolehelsetjenesten In Norwegian, (Directorate of Health. Strategy for well-baby clinics and school health service). 2010.

- Kvarme L. G., Aabø, L. S., Sæteren B., (2013) "I feel I mean something for someone" Solution-focus support-group for bullied school children. *Educational Psychology in Practice*, **29**, 4;416-431.
- Kvarme, L. G. (1998). School health service—School nurse and bullying in children's school. *Tidsskriftet Sykepleien*, **86**(2), 59–61.
- Kvarme, L. G., Helseth, S., Sæteren, B., & Natvig, G. K. (2010). School children's experiences of being bullied, and how they envisage their dream day. *Scandinavian Journal of Caring Science*, **24**(4), 791–798.
- Kvarme L.G., Eboh, W, Monsen K (2013) Evidence-Based Solution-Focussed Care for School-Age Children Experiencing Cyberbullying: Using the Omaha System to Guide and Document Psychiatric Nursing Interventions *Journal of Psychosocial Nursing and Mental Health Service* **3** (52): 34-41 DOI: 10.3928/02793695-20131029-02
- National Association of School Nurses (2011). *The role of the school nurse*. Retrieved from <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/87/Role-of-the-School-Nurse-Revised-2011>
- Norwegian Directorate of Health (2004). *The municipalities' work for health promotion and prevention in well baby clinics and school health services* (Kommunenes helsefremmende og forebyggende arbeid i helsestasjons og skolehelsetjenesten). Veiledertilforskriftav 3.April 2003 nr. 450. Norway (in Norwegian).
- Olweus, D. (1994). Annotation: Bullying at school: Basic facts and effects of a school based intervention program. *Journal of Child Psychology and Psychiatry*, **35**(7), 1171–1190.
- RCN 2012 The RCN's UK Position on School Nursing. Royal College of Nursing, London. https://www2.rcn.org.uk/__data/assets/pdf_file/0004/433282/School_nursing_position_statement_V5FINAL.pdf (accessed 23 April 2016)

School Nurses International (SNI). Available:

http://www.schoolnursesinternational.com/SNI_History.html

Accessed 04th March 2013

Statistics Norway, (2012). Available: <http://www.ssb.no/helsetjko/tab-2012-07-06-07.html> Accessed 14th December 2012

Thornberg, R (2010) Schoolchildren's social representations on bullying causes. *Psychology in the Schools*, **47**(4), 311–327

U.S. Department of Health and Human Services. (n.d.). Facts about bullying. Retrieved from

<http://www.stopbullying.gov/news/media/facts/#state>

Young, S., & Holdorf, G. (2003). Using solution focused brief therapy in individual referrals for bullying. *Educational Psychology in Practice*, **19** (4), 271–282.

Young, S. (2009). *Solution-Focused Schools Anti-Bullying and Beyond*. BT Press, London.

Waldum-Grevbo, K. S., & Haugland, T. (2015). En kartlegging av helsesøsterbemanningen i skolehelsetjenesten. In Norwegian (Where is the school nurse? A study of the staffing of school nurses) *Sykepleien Forskning, (Nursing Research)* **10** (4)