School-Based Youth Health Nurses: Roles, Responsibilities, Challenges, and Rewards

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Abstract *A case study and focus-group discussions were conducted with 10 youth health nurses (nurses) employed in the recently introduced School-Based Youth Health Nurse Program (SBYHNP) to identify their roles, responsibilities, and professional development needs. Major roles are support, referral, health promotion, and marketing. Clients include high school students, teachers, and parents; the majority of whom are female and aged 1316 years. Health issues addressed during individual consultations are predominantly psychosocial but also include medical, sexual health and sexuality issues, health surveillance, and risk-taking behaviors. Nurses also provide clients with health information and promote enhanced personal skill development during these consultations. Health promotion strategies undertaken by nurses were predominantly health education and health information displays. Nurses reported marketing their role and function within the school to be an essential and often difficult aspect of their role. Professional development through the SBYHNP was excellent; however, there was concern relating to the availability of future educational opportunities. The SBYHNP provides nurses with a new, challenging, autonomous role within the school environment and the opportunity to expand their role to incorporate all aspects of the health-promoting schools' framework.*

The period of adolescence places many young people at increased risk of physical, developmental, psychologic, and/or behavioral problems. Challenges facing adolescents include drug and alcohol use, sexual behavior, eating disorders, delinquency and violence, stress, depression, and suicide. During the 1990s, a consistent increase in the use of tobacco, hazardous alcohol use, and most categories of illicit drugs for school-based adolescents occurred in Australia, as in most developed countries (Bauman & Phongsavan, 1999). Substance abuse has well-known long-term and short-term effects. In adolescence, the short-term effects are of significant concern; they increase the probability of injury, violence, suicide, teenage pregnancy, sexually transmitted diseases, and adverse mental health (Sells & Blum, 1996).

During the 1990s, the promotion of adolescent health was hindered in Australia by societal ambivalence toward youth, territoriality among disciplines and service sectors, and a lack of political resolve to take effective action (Bennett & Nutbeam, 1993). Governments were called upon to create a healthier environment for youth, an environment that would assist them to make healthy life choices. The first coordinated political response occurred in 1995 with "Here for Life: A National Plan for Youth in Distress," which expanded into the "National Youth Suicide Prevention Strategy." Youth suicide was targeted by these programs through Youth Health and Child and Adolescent Mental Health Services (Webster, 2001). Despite some successes, there

are still major concerns in this area, for example, for every completed suicide there are 10 attempts (Streenkamp & Harrison, 2000) and completed male suicide is four times that of females (Rahman, Moon, & Bhatia, 1998). During the past decade, suicide rates were higher in rural areas than capital cities (14.716.2% versus 12.813.9% per 100,000, respectively) (Australian Bureau of Statistics, 2000).

The school-based youth health nurse program

In 1998, a Queensland Labor Government electoral incentive to place 100 youth health nurses in Queensland State High Schools over a 2-year period was responsible for the development and implementation of the School-Based Youth Health Nurse Program (SBYHNP). This joint project between Queensland Health (QH) and Education Queensland (EQ) was funded by QH and is guided by the Health-Promoting School model. Through the SBYHNP, nurses work with students, school staff, and parents to address concerns and/or problems about health and well being to create a more supportive healthy school environment and to connect school community members with support services inside and outside the school (Education Queensland, 2001). Nurses in the SBYHNP collaboratively provide information, support, and advice on health matters to young people undertaking secondary schooling. The nurses' role includes: providing confidential health consultations to the school community; supporting school health related programs; planning and implementation of health promotion strategies; health-promoting school initiatives, and liaison with relevant community-based and non-government organizations (Education Queensland, 2001).

The specific responsibilities of each nurse employed through the program are determined through negotiation with and monitored by a Local Consultative Team consisting of the Principal(s) or nominees, the nurse, and the designated Health District Supervisor (Education Queensland, 2001).

The introduction of this program has provided an opportunity for nurses to develop a particular nursing role within a unique environment. This paper outlines the roles and responsibilities of this new group of nurses and discusses the challenges and rewards of working in this specialty area.

Study Aims

This study was part of a larger project considering the impact of changes in the health system and services on the roles and responsibilities of child health nurses and to identify professional development needs. Findings reported in this paper refer specifically to one cohort of nurses working within child health services.

Method

Study Design

The study consisted of three phases and used an exploratory, descriptive design involving multiple case study and focus-group discussions. In the first phase, case studies of child health services were developed; the second phase consisted of focus-group interviews with nurses; and the third phase involved a participatory workshop

where issues and concerns identified in earlier phases were discussed with participants and strategies developed. Ethical approval was obtained from Health Service Districts (HSD) and the university ethics committee.

Case Study

As a beginning point, a case study of the SBYHNP was undertaken. This enabled the development of a comprehensive picture of the service and provided initial descriptive data upon which to explore nurse's roles and responsibilities. Data were collected through the examination of documentation regarding the aims and purpose of the program, interviews with two key managerial personnel, and observation within the environment.

Key managerial personnel (youth health nurses with managerial responsibility) were interviewed individually. Field notes were taken and recorded immediately afterwards. Transcripts were returned to interviewees to ensure accuracy of data collection. Utilization of multiple data collection strategies enabled the analysis of the environment to be undertaken, the environment within which these nurses work.

Focus Groups

Focus groups were conducted to explore in depth the role and responsibility of child health nurses. In total, three focus-group interviews were conducted, one of which was specifically with SBYHNs. All youth health nurses from a metropolitan and provincial HSD and those from a child health (CH) clinic in another metropolitan HSD were invited to participate and were potentially eligible for inclusion in the study. All those available at the time of the focus-group discussions (10 nurses) participated. Of these, the majority were female (90%), aged between 40 and 49 years (70%), with a highest qualification of diploma or higher (70%), more than 20 of nursing experience (90%) and between 1 and 4 years youth health experience (80%).

Procedure

Discussions followed an open-ended question guide developed from the literature and areas identified during the case study (Table 1). Each participating nurse received a copy of the questions before the discussion. Probing questions were used to deepen, further develop, or clarify responses. Discussions were audiotaped and simultaneously recorded verbatim by a qualified data reporter and again returned to each participating nurse to ensure data accuracy.

Data Analysis

Initially, transcripts were read to gain a sense of the data. Data were then coded and themes identified, grouped, and critically analyzed. The text was initially analyzed by the moderator and confirmed by the chief investigator. Findings were presented at a workshop for nurses who had participated in the study during phase 3 of the project. The workshop provided the opportunity for participants to confirm the findings. This process of member checking is considered a valuable strategy for establishing the credibility of qualitative data (Lincoln & Guba, 1985; Polit & Hungler, 1999).

Results

Youth Health Nurses' Roles and Responsibilities: "Assisting Young People Through the Process of Adolescence"

Pattern of Activity

The majority of consultation clients are self-referred, females from grades 8 to 10 (aged 13 15 years); teachers and parents refer approximately one sixth of the students. The high proportion of female student consultations may reflect the health needs for this group but may also reflect reluctance for males to consult with female nurses. Nurses perceive the lower consultation numbers for grades 11 and 12 (aged 16 17 years) as a positive outcome of consultations and health educational/promotional sessions during lower grades. In a low-need metropolitan school, it was estimated that nearly 20% of students access a nurse yearly and, of those, more than 25% return for at least one additional consultation.

Participants identified individual consultations as their primary activity. Most consultations (75%) relate to psychosocial concerns, a trend noted to be similar across the state. Other reasons for consultation included medical problems, sexual health, and health surveillance needs. Participants considered a same day service important, as students generally seek assistance when they are in crisis, and need support without delay.

Major Roles

Major roles identified by nurses included support, referral, marketing, and health promotion. Participants commented on the mutually rewarding aspect of the relationships they established with young people.

It is the interaction with young people, the relationship that we form both with not only young people with distinct (individual) teaching staff and the parents.

Support Role. Supporting students, both on an individual and group basis, formed a major role for these nurses. The support was seen as an enabling process, as one participant commented "We are just assisting them through that process of adolescence." Students sometimes feel unappreciated by others at school and/or at home and they consider the nurse the only person aware of their positive qualities.

Nurses reinforce these positive qualities to help students overcome their anxieties, promote feelings of self-respect and self worth, and initiate positive communications with parents. With support and accurate health information, students are equipped to make healthy choices and informed lifestyle decisions. Ethical and moral issues are discussed nonjudgmentally and factually, ensuring personal values are not identified. Support groups targeting specific needs (e.g., young parents and pregnancy support) are conducted to provide group support as needed.

Referring Role. Nurses refer students to appropriate external government and non-government health services. Referral services are discussed with the students and preferred option agreed upon. Nurses also mediate/facilitate discussions between students and parents during the referral process. The range of referral options is highlighted by the comment:

Nurses refer students to parents, allied health professional, 24-hour assist lines and other services including Child and Youth Mental Health Service, GPs, school guidance officers, school chaplain, behavior management teachers, favorite teachers, family services, ATSI (Aboriginal and Torres Strait Islander) workers, NESB (Non-English-Speaking Background) interpreters, help line, crisis care, family planning, pregnancy help, Hot House (drug and alcohol assistance), QCF (Queensland Cancer Fund), and sexual health.

To promote smooth and appropriate referrals, nurses identify appropriate referral sources; market their role; and liaise with general practitioners, community agencies, and government and non-government organizations.

Marketing Role. Marketing involves promotion to students, parents and teachers in order to raise awareness of the SBYHN role, availability and scope of practice, to encourage students to use their services and facilitate their integration into and acceptance within the school community. Participants considered marketing their principal role when commencing in a new school. Strategies used include: "Going around to staff rooms, on assembly, student-free days, introducing yourself to teachers, letters in their pigeon holes about who we are and why." Marketing remains the most difficult aspect of the SBYHNP. Participants commented that, when the program began, gaining acceptance in a school took up to 2 years and, unfortunately, when nurses changed schools, this process continued to take at least

 12 months. Nurses expressed initial difficulty in integrating into the school system and found the staff, administration, and teachers harder to reach than students.

The students know the role of the nurse. It is probably a little bit easier to get to know the students than actually the staff because the staff are a bit harder.

Health Promotion Role. Health education activities are targeted at the whole school community through consultations, classroom presentations, and school-based health-

promoting displays. These displays, with posters, quizzes, and pamphlets, aim to enhance the impact of health education weeks/days (e.g., heart week, domestic violence week, and no tobacco day) and raise the school community's awareness of the health issue, thereby increasing the impact of media coverage. For example, a participant commented:

That's right, we identify it (students' health needs). A lot of young women come to us with sexuality issues. We might identify that they need more (information). We discuss it with the teachers, get that (female sexuality sessions) going within the school.

In a preventive health-promoting role, nurses refer clients to appropriate preventive health services, for example, family planning and immunization clinics, and conduct health checks. Nurses identified that the major challenges to providing health promotion activities were a lack of time to prepare materials, recruit community health speakers, and evaluate newly available health-related materials.

Challenges and Rewards

Participants identified many rewarding aspects of their extensive role and a number of challenges they encountered providing youth health services within schools, in particular, issues of confidentiality and consent, isolated nature of the work, and environmental context.

Issues of Confidentiality and Consent. Nurses, as health professionals, are bound by a confidentiality agreement with their clients. However, they have a duty of care to report to the Department of Family Services issues that could place a student or others at risk and cases of suspected abuse. Nurses endeavor to pre-empt these disclosures and remind students of their confidentiality agreement, reporting responsibilities, and the students' right to terminate a discussion at any time with no consequences. However, nurses have observed that by the time a student has decided to talk about an issue of safety or abuse they are generally prepared to accept assistance.

Consent concerns and confidentiality issues have caused conflict for nurses through the differing approaches taken by QH and EQ sectors to student issues. Participants described situations where student case conferences were conducted without the consent of the student or involvement of the nurse, often the only person with a complete understanding of the student's overall problem. In addition, workplace health and safety regulations restrict nurses taking students from the school grounds for a referral without the principal's knowledge, sometimes preventing access to a necessary service. These situations may limit the nurses' ability to refer and support students. As a participant commented:

There are students who have said 'No, won't do it, Miss. If anyone has to know it's not going to happen.' Sometimes the service has had to be stopped for that reason so that's sometimes obstructing the practice.

While these issues may have impacted nurses' role in the SBYHNP, the trust and respect established by nurses within the school community has led to a positive appraisal of the role by students. Client to client (student to student, teacher, and parent) referral is common with past clients citing trust and confidence in the nurse's professionalism. "Oh, you are the only person in the school that I trust, that I feel as though I can tell anything to (you) and I know it doesn't go any further." Nurses speak of students as "young people" and reported treating them as adults: "We treat them as we would treat the parent so it is a little bit of a conflict, a big conflict." Participants

perceived education staff treated students as children/adolescents. School principals have responsibility for students during school time and sometimes contact parents about student problems, without the students' permission. This contrasts with the nurses' approach where confidentiality is maintained unless the student is at risk or a risk to others. This difference in approach can create conflict; some school staff have difficulty in the nurses' approach and their confidential access to students.

I had a person on staff say 'You might need consent to ring parents but I don't and I will.' regardless of the consequences and to me (the nurse) that's very damaging.

Transition to the Role: Practicing in Isolation and Emotional Burden.

Many nurses felt overwhelmed after their orientation week and had difficulty in identifying their role and integrating into the school. Participants reported varying levels of support offered by teachers; some facilitated acceptance into the school environment, but others seemed to create difficulties or resistance. For example, one participant commented:

That week of orientation is really helpful but at the end of it I had the sense of overwhelming like 'Where to from here? How do I actually get my foot in the door?' Those first few months in the school were a very daunting experience, taking over a school from someone else.

Issues of practicing in an isolated environment were continually highlighted. Nurses are isolated both physically, by their independent health practitioner status in an education environment, and psychologically through their confidentiality agreements with students. Consultations can be emotionally demanding. Debriefing was considered a valuable strategy, but the availability of a debriefing service differed between services. The impact of the practice environment and the relationships developed between nurses and young people are demonstrated by comments such as:

It can be very difficult at times as well with a lot of the traumatic stories that a lot of young people bring to you.

I cannot believe the trauma that some kids have in their everyday lives and what it means for them in their world.

To prevent burnout, a break from the work environment on a regular basis, for example, 6 months every 4 years, was suggested. This together with debriefing was considered important for nurses well being.

The Environmental Context

Nurses are co-located across the health and education sectors. They have a primary office at a community health center as well as office space within the school. The physical environment of the school office is crucial in encouraging students to access the service. Privacy and confidentiality are extremely important to the young people attending. For example, a participant commented on a situation where:

The nurse shared an office with the police and school chaplain. When a student was to consult with the nurse the other occupants in the office had to leave. This nurse negotiated with school administration to use another, rarely used, office.

Nurses employed in the SBYHNP are based within the school environment, a novel experience for both government departments involved. Working and negotiating across two government departments created some difficulties during the initial implementation of the program. Communication problems occurred and nurses perceived a lack of understanding of their role and scope of practice, for example:

I think one of our main complaints is that because we are health people working in an educational environment, the most frustrating thing is that lack of understanding of our professionalism, our qualifications, our expertise and that's something that can take two years to establish in the school.

Education and Professional Development Needs for the Role

The scope of practice for those working in the SBYHNP is vast and necessitates a wide knowledge and skill base. During the 2-year implementation of the program, nurses attended regular, week-long, statewide in-service education programs addressing identified knowledge deficits and planned program topics. Nurses employed in this program address a wide range of health areas, areas influenced by societal change and needs. To address this, participants considered it essential that a program of continuing education be developed and maintained to address educational and support needs as they arise. An example of this occurred, when the program commenced, nurses identified and referred numerous students to mental health services. They thought that by referring students "early" they were acting within their referral role and enabling students to receive necessary assistance. Both nurses and those working in the mental health services identified the increased burden on child and youth mental health services. The two sectors worked together to address the problem, and additional mental health education was provided for the nurses. During focus-group discussions, nurses commented that:

Initially, when the program commenced, they might have referred students too quickly. However, as they have become more comfortable in their new role and developed the necessary skills this is no longer happening.

The impact of the isolated role within the school community was evident in the participant's emphasis on the need for networking and peer discussions. In addition to structured education sessions, nurses perceived the opportunity to discuss practice issues with peers as important for their professional development. One participant commented:

That's what was really valuable. I mean, you know, some of the things in the program I thought I have already gone out and found out myself but the most valuable part was networking with your colleagues and getting ideas. That was great. You just get so motivated when you go and get together. You get strength from other people.

Nurses who participated in the study were satisfied with many aspects of their work, the statewide training, the opportunity to interact with their peers, and the time Queensland Health has allocated the program. However, they voiced concern about proposed changes to infrastructure support that could affect program quality. In particular, concerns were expressed about changes to the centrally coordinated approach, currently adopted, to one of decentralization to the HSD level.

Discussion

Through the SBYHNP, nurses have been given a vital role in promoting the health and well being of adolescents. Health promotion is directed toward enabling people to

increase control over the determinants of health. For adolescents, this involves empowerment through increased autonomy, independence, and self-determination targeted through classroom sessions and consultations (Nutbeam, 1997). Adolescent health behavior is multidimensional and complex, and this group universally underutilizes health services due to cost, access, fear of being judged, concerns about confidentiality, and lack of knowledge about services. Adolescents have difficulty initiating personal conversations with authority figures. Those with suicidal ideation find it difficult raising personal questions and initiating discussions on personal issues with doctors, unless asked specifically (Beckinsale, Martin, & Clark, 2001).

Nurses employed in the SBYHNP perform supportive, referral, health educational, and health promotional roles within publicly funded high schools in Queensland. They are responsible for promoting the health and well being of students, teachers, and parents within their school communities through individual consultations, classroom sessions, and health-promoting displays for the whole school community. The number of days of service provided to each school is dependent upon the socioeconomic catchment area of the school, with high-need schools having a more extensive service than low-need schools.

The response from nurses working in the program and students utilizing the service appears to be positive; however, a number of issues worth further discussion were raised.

The environmental context has provided both opportunities and challenges for nurses beginning in this role. While many of the initial issues relating to the relationship between health and education have been resolved, there remains a need to support and promote the role within the school community. The suggestions made by participants regarding their transition to the new environment are achievable and may reduce burnout and fatigue. In particular, there is a need for a formal system of debriefing or supervision for nurses. The professional isolation and the extent of the emotional work involved may mean a number of casualties, unless adequate support is provided.

While those who participated felt their educational preparation for the role was adequate, a number of the issues raised highlight the necessity of a broad-based comprehensive educational preparation for the role encompassing psychosocial issues and an understanding of primary health care and health promotion. The previous discussion regarding the need for debriefing and the emotional work involved points to the need for in depth preparation in the area of psychosocial health.

In terms of education for primary health care and health promotion, participants focused on their work with young people through individual consultation and health education. There appears to be less emphasis on strategies to create a supportive, healthy school environment within the health-promoting schools' framework. Educational preparation may address this issue; however, it appeared that the significant workload addressing the immediate needs of students has priority over long-term change within the school community.

The introduction of the SBYHNP has provided challenges and opportunities for nurses to practice in an autonomous role within the school environment. This study has not only described the program and the roles and responsibilities of the nurses

involved but has also highlighted concerns and challenges. In order for the role to evolve, and quality services available to young people in schools, continuing research and development is necessary in addition to sustainable methods to resource the program in the future.

Next Steps

From this exploratory research, a number of recommendations can be made to further enhance the nurses' role. These include: a structured process of debriefing or clinical supervision; educational preparation to include a broad psychosocial, health promotion, and counseling base; and development of programs to encourage supportive school environments. Addressing issues raised will promote support for nurses and empower the service provided to young people.

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Footnotes

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