

THE EVERYDAY REALITIES OF THE MULTI-DIMENSIONAL ROLE OF THE HIGH SCHOOL COMMUNITY NURSE

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ABSTRACT

The traditional role of the high school based community health nurse has changed considerably over recent decades. This article 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 in order to identify the dimensions of their role. A short demographic questionnaire was also completed by the nurses and included two open-ended questions concerning their main professional issues and concerns. The researchers sought verification of the interpretation of the data through a focus group interview with the high school nurses. Data analysis indicated that the role of the high school community health nurses (CHN) consisted of seven categories. These were provider of clinical care, counsellor/mediator, advocacy and support, liaison/referral, health promotion/education and resource agent, and professional management and research role. The findings highlight the complex and demanding aspects of the role of the high school nurse and articulate the importance of describing the contribution of such practitioners in to the promotion of health among adolescents.

INTRODUCTION

Current adolescent health problems such as drug and alcohol abuse, injury, bullying, violence, behavioural issues, teenage pregnancy and mental health problems pose a challenge for health professionals (Hawkins and Catalano 1990). There is agreement, however, that health education and health promotion within a primary health care framework is essential to address these adolescent health needs (Hawkins and Catalano 1990; Wainwright et al 2000). High schools are an appropriate site for health service delivery to adolescents and currently high school community health nurses are ideally situated to positively influence adolescent health. As primary health care practitioners, nurses are able to provide primary and secondary prevention, offer support, guidance, counselling and health information (Pike and Forster 1995).

Over recent decades the role of the community health nurse, working in a high school context, has become more sophisticated. The expansion of the role is the result of changes in the complexity of the health problems faced by current student populations (Kozlak 2000). Although community health high school nurses work 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 different dimensions of the role are not clearly defined. Without a clear perception of the nature of the role of the high school nurse, the tendency to see the nurse as someone who is easily replaced is tempting. This is particularly so when there is a steady decline in government funding for schools (Morgan 2000) and an increasing demand from a cost-conscious health care system focussing on accountability and demonstration of effectiveness of outcomes (Denehy 2000). It is important to emphasise that we have reached a point where the

current involvement and responsibilities of community health nurses in the provision of health care for adolescents cannot be ignored as a valuable resource. Thus, the importance of gaining a clear insight into the school health nurse's role is timely considering the threats to ever decreasing services.

BACKGROUND

A qualitative study was proposed to investigate the dimensions of the school nurse's role, and thus a preliminary review of the literature was conducted. This review suggested that the role and focus of school health nurses has become extensive in recent years and now involves such functions as primary care provider, manager and educator in addition to more typical nursing responsibilities (Proctor et al 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 services to students and staff, provision of health education, teacher in-service, health screening, counselling, clerical work, co-ordination and policy making (Periard et al 1999, Knecht and Birchmeier 1999). Similarly, Pavelka et al (1999) surveyed 78 practising school nurses and found that they performed a very large number of nursing interventions (114) varying from month to month. The authors concluded that school health nurses needed an extensive knowledge base for their complex and broad nursing role.

Institutional support for high school nurses needs to be considered, as an ambiguous environment is rich for potential conflict and high stress (Calkin 1988) in the enactment of the nurses' role. Economic constraints may play an important part in the performance of the role of the high school nurse. For example, when economic resources diminish, it seems feasible to replace or delete school nurses and related services because they are not perceived as being directly related to client educational outcomes (Periard et al 1999; Thurber et al 1991). The most striking example of this funding policy is the decline in public spending on schools (Morgan 2000) that is placing pressure on such services. Tension is often experienced as a result of the mobilization of resources away from the school nurse toward less costly options.

School health nurses are being challenged to closely examine their role and, consequently, legitimise their actions. It is expected that competent high school nurses should be able to measure expected outcomes. However, there is some reluctance by nurses to measure outcomes. This reluctance may be as a consequence of their poor evaluative skills, but more often than not, it is because evidence of effectiveness of interventions is not available in the short term (Denehy 2000). With primary preventative activities the outcomes may not be evident

until some years after the intervention, thus it is difficult to measure the value of their contribution to the student's health. Although these facts present a challenge to all community health nurses, they are often more difficult to overcome when the context of the nursing care involves 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 research that has described the different dimensions of the role of the community health nurse in this environment. Thus, the first step in defining the school health nurse's role is to seek a better understanding and articulation of the way in which nurses seek to contribute to the health of school children.

Consequently, this study 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 better understanding of what forms the practice of the high school nurse. Furthermore, the results of this study can be used to develop, implement and evaluate educational programs specifically related to the school health nurse.

The aim of this study was to identify the dimensions of the high school nurse's role. Specifically, the study sought to provide a detailed description of the nurse's practice, activities and involvement in the school community.

METHOD

This inquiry was an interpretative analysis of the written diaries of a group of nine community health nurse study participants. A purposive sample was utilised. The logic and power of purposive sampling lies in selecting information rich cases (Morse 1989; Patton 1990). The study was conducted between September 1998 and April 2000. The research sought to identify and describe the role of 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 processes. This method gave the researchers the opportunity to gather data from the participants' every day working environment and led to an examination and description of the nurses' roles.

Data collection

Ethics approval was obtained from the Health Service and approval to conduct the study was obtained from the co-ordinator of community health nursing of a selected health service in Perth, Western Australia. Information

concerning the study was provided to the participants by two of the research team. These researchers were well known to the community nurses in their research and staff development roles within the health service. The participants were informed at a clinical nursing meeting of the aim, purpose and benefits of the study and given information concerning the format of the study. They were informed before the commencement of the research that their participation or non-participation in the study would not affect their employment in any way. It was also communicated to the nurses that no potential risks were envisaged or anticipated and that while nursing management would receive a copy of the final research report, no individuals would be identified and confidentiality was assured. Nine community health nurses, who worked in eight different high schools in the metropolitan area, voluntarily consented to participate in the study.

The study design included the participants completing a detailed diary of interactions and events that occurred during the course of two working days. A focus group was organised to verify the data and participants were also asked to complete a very short questionnaire outlining demographic characteristics and two open-ended questions concerning their main professional issues and concerns. The nurses were allocated the specific 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 transcribed and checked by the researchers. The data obtained from some diaries were relatively rich but others were brief and contained superficial information.

The focus group was held following the initial interpretation of the data and included seven of the nine participants. The interview was facilitated at the local community health centre by two of the research team to give participants an opportunity to review the researchers interpretation of the data. They were asked to comment on the accuracy of the information presented to them. The participants were also afforded the opportunity to comment further on the complexity of their role in high schools and discuss their main activities within the school.

To ensure adherence to ethical research principles, the diaries, typed transcripts and questionnaires of each of the participants were placed in a locked filing cabinet when not being analysed. Each participant was assigned a code number, as was each diary. All of the diaries, transcripts, information about the participants and codes were kept separately in a locked draw to ensure confidentiality of data.

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 nurses' 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. Two nurses were employed in the same school, whereas the rest indicated that they were the only registered nurse working in the school.

Data analysis

Transcripts of the nine diaries and the focus group were the sources of data analysed by the researchers. Data analysis based on the diaries was supplemented and validated by the information gained during the focus group. 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 and Morse 1990). 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 this interpretive analysis, the written interpretation of the data was sent to the participants to enable them to read and consider the findings prior to the get-together. The focus group consisted of the researchers and seven of the nine participants of the study. This interview was one way in which the researchers and participants could share information and verify data.

During the focus group, the researchers shared the preliminary research findings with the group and sought verification of the interpretation. As a result of this discussion a few issues were clarified and the findings refined. 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 prior to the study thereby creating a relaxed atmosphere. Field notes were taken during this session. Furthermore, following feedback from this group, the seven major 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, journaling was

used throughout the analysis, that is, the researchers kept diaries of their thoughts and ideas related to the study. This assisted in the analysis and ensured a thorough and trustworthy approach to the research.

FINDINGS

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

Provider of clinical care

Analysis of the data revealed that although the provision of care focused on the student population, frequent references to other school personnel 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...

Both student and staff clients that the nurses encountered presented with a variety of problems including such complaints as headaches, nausea and vomiting, hay fever, tiredness, dysmenorrhoea, asthma and respiratory symptoms, obesity, hypertension, abdominal pain, lacerations, sports injuries, occupational health and safety, and health education issues. Students also presented to discuss mental health issues such as stress, bullying, trauma, drug and alcohol problems, family conflicts, pregnancy concerns, depression, sexual abuse or for attention deficit disorder medication. This list is not exhaustive but represents the varied array of student and staff health problems for which the high school nurses provided care. An example of the reasons clients presented to the nurses is reflected in the following extract:

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.

Participants demonstrated in various ways that providing care was central to their role. Nurses provided the initial assessment and care, making a referral, when

necessary, to a doctor or the most appropriate professional required for the situation. For example:

Trauma assessment of a 15-year-old girl who has been hit in the mouth by 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.

Nursing assessment encompassed the collection of both objective and subjective data and provided the basis for the provision of care. The high school nurses' ability to assess their client group and to observe individual situations, was essential to enable them to fulfil their role. Furthermore, the data also revealed that as part of the nurses' decision-making process all nursing assessments and interventions were carefully evaluated. An example of the assessment process is as follows:

Sensible year 10 [student]. [He has] been to [the] health centre twice in three 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 LOC [loss of consciousness], no skin breaks, bruise but feeling 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 high school community health nurses 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...

Significantly, 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, therefore, was an aspect of the nurse's role but reflected only a small component of their work. Data revealed that first aid was conducted following an individualised nursing assessment, with the nurse'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...

Although students presented to the centre with different complaints, such as the ones previously mentioned, headaches were a frequent concern. 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.

As a provider of care the high school nurse was required to have advanced skills in assessment, intervention and evaluation of nursing care with regard to a variety of health issues. It is also evident that the concerns of the school population were varied and across both the physical and psychosocial domains.

Counsellor/mediator

One of the major components of the nurse's role involved counselling. Many clients attended the high school nurse 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'. 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 high school community health nurses, were not only available to the student population but also to the teaching staff. The nurses' clients came from all levels of the school population. Often members of the teaching staff approached the nurse 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 [the] staff [member] required professional counselling.

Other concerns expressed by the participants were counselling issues related to bullying, conflict with parents, family dynamics, drug abuse, and depression. Participants 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 an immunisation program. Data revealed that this component of the high school nurse's role 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 students' physical health often they acted as an advocate of students. The advocacy role involved talking to others on behalf of a student, explaining difficult situations and 'being there' for a 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 practice '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 for her work was getting the teachers to understand youth issues and gaining their support. Another indicated that the need to keep parents and guardians well informed caused difficulties because of time constraints.

Liaison/referral

A liaison/referral aspect of the high school nurses' role was grounded in a broad and specialised knowledge base and was directed at all members of the school community including students, parents, and staff members. The role of liaison focussed on the provision of specialised knowledge to help in the care of the school population. Intrinsic to this role was the necessity for the nurses to contact and liaise with a variety of agencies and health care and community professionals inside and outside the school. This included general practitioners, independent counsellors, adolescent health services, mental health services, family planning, Cancer Foundation, Asthma Foundation 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.

Another participant stated:

Phone conversation with [the] Cancer Foundation re: speaker for a parent's morning tea.

The high school community health nurses 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:

[Had another] phone call from [a] health education teacher wanting some information on drugs.

Another example of liaison function within the role:

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

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.

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 teachers and 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 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 use involved as well as some bulimia. It is an ongoing situation with unfolding dramas almost weekly. However, for the most part, she is attending school.

Some examples of the specialised problems the high school community health nurses encountered were family conflict, drug use 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. As mentioned earlier, the nurses 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:

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.

This liaison role required the nurses to conduct follow-up interviews with the students, their families and professional bodies outside the school. In some cases, the high school nurses 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 participants' work.

The following example illustrates this point. A participant cited 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, the nurses' needed to discuss issues with teaching staff, organise appointments for the students, conduct home visits or interview students. Frequently these participants had to refer these cases to other professionals.

Health promotion/education and resource agent

The high school community health nurses acted as a resource agent for the school community. The participants mentioned utilising resources such as the QUIT program with clients and demonstrating how they could 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 health department campaigns. The high school nurses 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. Participants discussed this in the following ways:

Present at health committee meeting as chairperson. Discussion took place [nine present] ... 2. Invitation of guest speaker for staff on skin cancer. 3. Asthma promotion...

and:

Case conference with parents of year 9 girl, psychologist, deputy, year coordinator and myself [nurse] and district social worker...

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 areas such as smoking, eating disorders, grieving, use of contraceptives and drugs. 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 [at the teachers' meeting] 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 identified the overloaded students to be most at risk. For some, it was a challenge to find ways of motivating students to take care of their health.

Management and research

These aspects of the role included several activities that were an intrinsic part of the role of the high school community health nurse. It refers to the components of professional accountability and responsibility. The management and policy role covered aspects of administration such as documentation, time management, conflict resolution, policy development and implementation. In addition, attending staff meetings as well as participating and contributing to those meetings was also an important element. The data indicated that the school nurses were expected to participate and contribute in their position as a member of the school student services meetings and were actively involved in the development of school policies. One participant stated:

School does not have a drug policy. I have negotiated with [the] 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 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 the following:

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...

DISCUSSION

There is little doubt that the high school community health nurse has a complex and comprehensive role to fulfil. As described by Pavelka et al (1999) school nurses in this study care for clients with a wide range of health related needs. Thus, to work in this specialty area requires an extensive knowledge base and advanced nursing skills to enable the provision of a complex array of nursing interventions.

Traditionally, the role of the school nurse involved the control of communicable diseases, keeping records and providing first aid (Kozlak 1992). However, although this is still a function of school health, the results of this study demonstrate that these nurse participants perform many and varied additional activities while fulfilling their role.

The current study, in demonstrating the seven categories of nursing practice; provider of clinical care, counsellor/mediator, advocacy and support, liaison/referral, health educator/health promoter and resource agent and management and research role, supports Proctor et al's (1993) summary of the extensive role of the school health nurse.

Similarly, the role of the high school nurse reported by Periard et al (1999) is also supported. Indeed today, the high school nurses' role incorporates service provision for both students and staff, health education, teacher in-service, health screening, counselling, clerical work and a valuable contribution to school decision-making and policy making.

The results of the study confirm previous research that described school nurse's activities according to five major categories. The survey found activities were related to physical care, facilitation, instruction, administration and clerical work (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 nurses to clearly document and articulate their role to others, resulted in misinformation about their valuable contribution. This current research shows that the role of the high school nurse is multifaceted and the researchers consider that it is essential that the complexity of the role be understood, so that diminished economic resources in schools does not lead to the misguided belief that others can fulfil the nurses' role.

The central role of all nurses is as a provider of clinical 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 this research study emphasises the need for school nurses to be well educated in order 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). Furthermore, the finding is also supported by a study conducted by Calabrese et al (1999).

The researchers found that school nurses spent a considerable amount of time caring for and educating children, their families and staff. 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 current study is the role that high school community health nurses play in counselling students and members of the staff. On some occasions the students and staff faced dramatic life situations involving the well being of a range of people. The nurses 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 who are often searching for adults whom they consider to have special knowledge.

Earlier studies also support the concerns reported by school nurses regarding issues affecting high school children. Shelton (2000) cites the work of Bryant et al who found that neglect, abuse, poor parenting skills, family dysfunction and substance abuse predispose children to poor life outcomes. These are 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 current study emphatically claim that their role was in health promotion and not only in health education.

Bradley also proposes a specific advocacy role. 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 high school nurse with their clients, parents, staff and other health professionals.

Furthermore, although the various roles of the school nurse emerged from the data as individual categories these roles were usually interrelated and multifaceted. For example, several nurses reported that when they were providing clinical care, they were at the same time involved in health education or making referrals to other health care professionals.

Moreover, in the focus 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 occurred with junior high school students, making the task very difficult because of their immaturity.

The findings of this current study indicate that various high school nurses reveal extensive experience with students who had a high suicide risk. These findings are of particular importance when Leane and Shute's study (cited in King et al 1999) found that Australian high school teachers had a low knowledge of how to recognise students at risk of suicide. With these findings in mind, the school nurse has a significant role in the development of educational programs for teachers.

Limitations of the study

Although this study was limited to a small group of community health nurses, it does indicate the value of the participants' contribution to the care of high school

students. The findings of this study cannot be generalised. The researchers recognise that this study represents a snapshot of one group of high school community health nurses in the Perth metropolitan area.

CONCLUSION

The main goal of the present study was to examine the various aspects of the role of the high school community health nurse and describe the activities derived from their practice. The findings indicate that high school nurses have several components to their role which they perform everyday in their work. Often these roles overlap and are difficult to identify as one dimension. Nurses play a key role in interacting with students, teachers, parents and other bodies outside the school. They participate in health promotion and education activities as well as in the provision of care. Moreover, they tend to fill the gap when resources are not allocated for other health care professionals. The large number of the student population in the every day reality of the job results in a heavy workload.

This study also highlights the complexity and demanding aspect of the 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 that this study provides insight into the demanding role of these nurses and demonstrates that high school community health nurses deal with health issues that are complex in nature. The current role of the high school nurse does not only focus on the students but also on their families and teachers. The descriptions of the role provided in this study substantiate the contribution of the high school nurse to health care and legitimises the importance of the role. This study demonstrates that 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 schools. Although this study serves only as an introduction to the role of the high school community health nurse, it does highlight the different dimensions of the role and its significance in contributing positively to educational outcomes by maintaining and promoting student health. It is important to claim that the roles carried out by high school nurses are consistent with the demands of the student population and the social context of the schools.

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