

Title:- 'Performing school nursing: Narratives of providing support to children and young people'.

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Abstract

Child and adolescent mental health is an important public health issue within the UK. Providing support to young people, to help them cope with everyday life, is a key aspect of the school nurse's role. Yet there is a paucity of published research within the UK and internationally about how this support is provided.

Using a narrative inquiry approach this study set out to address the following research question, '*How do school nurses provide support to young people?*' Stories were gathered from eleven school nurses to explore their experiences of providing support to young people using purposive sampling. Poetic re-presentations were used to tell the stories of individual school nurses; an approach seen to be a novel in school nursing research. Spatiality theory was used as a framework to explore different spaces used when providing support to young people.

This study extends the school nursing current literature about what it means to provide support. The importance of regular support and building trusting relationships is identified. Yet challenges exist in terms of the amount of emotional investment required by the nurses, as well as a lack of workforce capacity and organisational demands.

Key words: School Nurses, Support, Young people, Narrative Inquiry

Introduction

Many children and young people require support for a variety of reasons as they attempt to deal with particularly difficult situations such as peer pressure, parental expectations, family conflict, bullying, low self-esteem, depression abuse, sexual exploitation, (The Children's Society, 2014). Within the United Kingdom one in ten school age children and young people will experience a mental health problem (The Children's Society, 2014). Indeed it has been identified that half of those who have a lifetime mental health problem will have exhibited symptoms before the age of 14 years (DH, 2011). Palfrey et al (2005 p.1121) suggest that mental health and emotional issues within young people have now become so prevalent, that they can be described as the "new millennial morbidity".

School nurses play a vital and important role in providing emotional support to school age children and young people to help reduce the development of potential mental health issues (DH/ DCSF, 2009; DH, 2012). They are often the people to whom young people choose to disclose a wide range of issues to and can facilitate improvements in young people's physical health and psychological wellbeing as well as helping to ensure that as far as possible they are safe (HM Government, 2013).

Literature review

A review of the literature both national and international established that school nurses can and do provide emotional support to young people (Chase et al, 2010; Haddad et al, 2010; Kendal et al, 2011; Membridge et al, 2015). However, much of the literature focuses on 'what' school nurses do and there is a significant gap about 'what it means' to provide support. Little attempt has been made to gain a more nuanced insight into school nurses' everyday experiences at grass roots level, and issues relating to a crisis of identity and a lack of freedom within the role have been identified. Therefore a more focused attempt to capture the dynamism and vitality of their practice; to offer a detailed and contextualised understanding of their everyday experiences, and provide a more authentic and robust evidence base to influence and enhance future practice was needed.

Methodology

This study employed narrative inquiry which focuses on the way in which humans beings make sense of their subjective reality and then attach meaning (Holloway and Wheeler, 2002). Narrative inquiry is a flexible methodology that contextualises nursing practice to make sense of experience, facilitate learning and creates opportunities to illuminate the way ahead (McCance et al, 2001).

The overall aim of this research study was to contribute towards a more insightful and meaningful understanding of how school nurses provide support in the context of their everyday practice. Therefore the following research questions were formulated:-

- 1. What stories do school nurses have to tell about providing support to children and young people?*
- 2. What insights do their stories reveal into how they perform school nursing?*
- 3. How can these stories connect with the school nursing community?*
- 4. What work do the stories do in terms of enhancing and developing practice?*

The study centred on gathering stories from specialist community public health school nurses working for two NHS Trusts. Within qualitative research the focus is on a richer and deeper exploration of a small number of cases in a specific context, as the purpose is not to generalise but to address the research question (Bold, 2012). Purposive sampling was used to identify school nurses with the necessary knowledge and experience of providing support to young people (Bryman, 2008). All qualified school nurses within the two Trusts were invited to participate. The first 12 to volunteer were included in the study. Data was gathered using unstructured interviews and these were then transcribed verbatim.

Ethics

Ethical approval was sought and granted from the University of Wolverhampton Ethics Committee and from the Research and Development Units of two NHS Trusts.

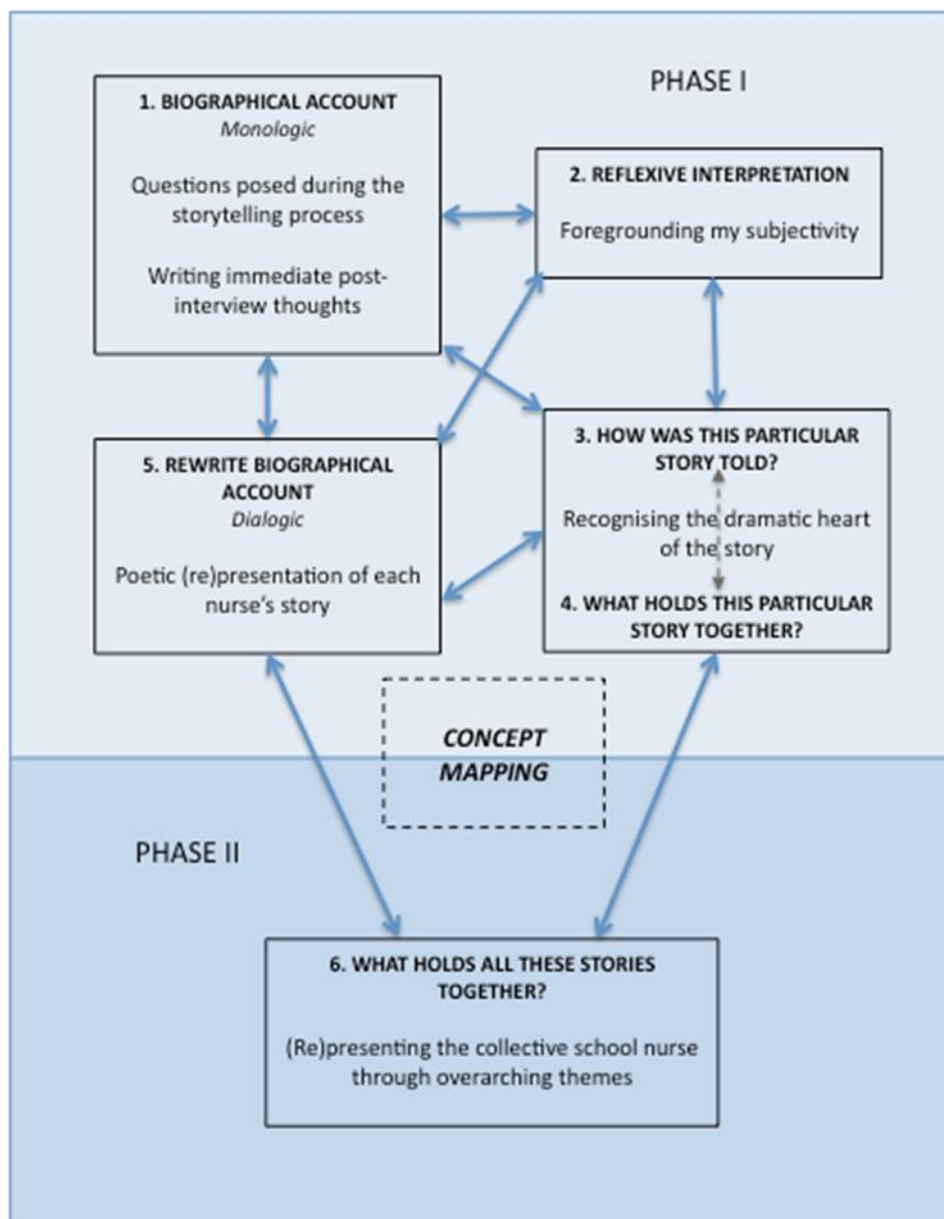
Permission to interview the school nurses was also gained from line managers and

informed consent was obtained. The school nurses were able to withdraw at any time and their names changed to ensure anonymity.

Analysis

A data analysis model (Savin-Baden's Model, 2004) was adapted and revised to deconstruct, reconstruct and interpret the stories (see Figure 1). Its interactionist-interpretivist nature encourages analysis within two phases; analysis of the individual stories and then identifying key themes across all of the stories as a collective whole.

Figure 1: Data analysis model for interpreting stories (Adapted from Savin-Baden, 2004)



Phase 1 of the model requires dialogic interpretation by engaging with the content of the story, including **how the story was told**, and finding the dramatic heart of the story to find out **what holds this particular story together**. Following this is a **biographical rewriting of the story** but the challenge was to present each narrative event in an evocative and memorable way (Richardson and St. Pierre, 2005) using poetic re-presentations. Using poetry can help to gain a deeper understanding of clinical situations to enhance client care (Raingruber, 2004).

For each interview a poem was constructed using the actual words of the school nurse. This provided an overall picture of the interview as opposed to quotes being selected by the researcher, and also allows for the individual's voice to be heard. Two of the poems can be seen in Boxes 1 and 2

Box 1: Susan's Story Please give us more

*I run a drop in clinic in school
It's brilliant
I am getting to know the young people
But lunchtime is not long enough
It's about building relationships
Asking.... "Are you ok?"
A friendly face*

*Our key skill is flexibility
We have a whole load to offer
listening and signposting*

*The young people
Need someone who's always there
Not judging
Be there to support but
We must be reliable*

*The quality of our work
Is about building them up
There isn't one school that couldn't use
More school nurse time.*

*If you take us away there'll be calamities
Please give us more money
I plead for more hours
Please give us more hours*

*The commissioners
Want something measurable
How do we measure success?
We need to ask more young people*

*It's tiring, it's draining
I haven't stopped all day*

*That's what it is like.
You take it all on board
Worry about the young people*

*'Cos no one else does.
I want to make a difference
I can make a difference.*

Box 2: Sophie's Story Who else?

*It took me a while to get used to this job
It's very different from other nursing jobs
Being that support mechanism
Giving help to young people*

*It's been a long time that she's been coming to see me
Mum died when she was 9 years old
Had to go and live with Dad and Step Mum
Felt isolated, low, vulnerable
She was depressed... not coping
With anything*

*It helped her to talk
Most sessions she would cry
Go over the same stuff again and again
Wants to go and live with her sister, but she can't
I feel desperately sorry for her
There's no solution*

*I don't know if I make anything better
Just a shoulder to cry on, I just listen*

*Who else would she go to?
Who else can provide that support?
It's about trust
It's confidential
You do worry who she is going to go to
She leaves school in May
I've done way more than I should have done
Trying to ...help her*

*So she can stand on her own two feet and cope
She's getting better
Really getting better*

*Everyone is individual
The organisation doesn't respect that
They think everyone should only have 6 weeks support
Its rare things can be sorted in 6 weeks
It's complex.*

*Who else would she go to?
Who else can provide that support?*

Constructing the interviews as ‘Poetic re-presentations’, is a powerful way of voicing nurses’ accounts of their own experience telling a story that others can imagine in a more personal way. It allows for engagement both emotionally and intellectually, and it is suggested that it depicts lived and embodied experiences more effectively than other forms of writing (Hanauer, 2010).

Once the stories were analysed individually, the analysis moved to Phase 2 of the model which asks “*what holds these stories together?*” Soja’s (1996) work on spatial theory offered a way to explore the stories collectively. Employing this theory offers a useful, insightful and exciting approach adding a further layer to assist with analysis, interpretation and meaning identifying the different spaces in which school nurses operate in to provide support (see Table 1).

Table 1: The relationship between Soja’s Typology and identified themes

Type of space (Soja’s Typology, 1996)	Identified Theme
Firstspace (physical)	1.The visibility of the school nurse and the need to provide regular and consistent support.
Secondspace (mental)	2.Structure and agency within context of practice. 3.Personal emotional investment.
Thirdspace (Lived)	4.The development of mutually trusting relationships. 5.Role containment versus role diffusion. 6.Being able to make a difference. 7. Political transformation.
Additional space identified from the study Fourthspace (virtual)	8. Use of technology

Collective Findings

Being visible and providing regular, consistent support

The need to be more consistently visible was a recurring theme within all the stories. In order to provide support on a practical level, school nurses need to be physically visible to young people, so they know who to contact and how to access them.

“It is so important to be in your schools and visible to them so they recognise you and say Hi Jo when they see me in school. That means a lot to me” (Joanna).

Although support maybe a one off contact, the increasing complexities of young people’s emotional health needs, suggest that support often needs to be provided consistently and regularly over a period of time (CAMHS, 2008; Prymachuk et al, 2011). However, as there are conflicting demands on their time, school nurses need to consider how they can maximise their potential in schools as the practicalities of providing support regularly can be challenging.

Once support was initiated, it was deemed important to provide it consistently, and to not let young people down because of other workload commitments.

“It is important to be able to consistently work with young people. Problem is we end up having to let them down sometimes as we are called to a child protection conference and so have to go..... If you say I am going to see you next Thursday at 1pm that’s what they expect” (Joanna).

The importance of building trusting relationships was also highlighted. Laura’s story recalled how it took a young teenage girl almost 12 months to tell her she had an eating disorder. Having a trusting and respectful relationship is a key aspect in the provision of support, and to the success in delivering key health promotion messages (Holmstrom et al, 2013).

Being visible was an issue that many highlighted as fundamental to whether young people accessed available support. Several school nurses discussed how they try to raise their visibility with the young people, including putting up posters, speaking at assemblies, working more collaboratively with teachers and other staff, being in the playground when parents fetched their children and walking around the school at lunchtime.

“It is so important to be in your schools and visible to them so they recognise you and say Hi Jo when they see me in school. That means a lot to me” (Joanna).

The British Youth Council (BYC, 2011) identified that young people themselves also want school nurses to be more visible. In response to this some school nursing services are reverting back to wearing traditional nurses’ uniforms to heighten their visibility and raise their profile (Sherwin, 2015).

Structure and agency

Structure and agency are terms often used to describe the levels of power, autonomy and locus of control ascribed or experienced by an individual(s) within a particular situation in practice (Bourdieu, 2000). They are also terms associated with a sense of having a voice, which in this context relates to their collective identity as school nurses within the wider nursing and health community. A key feature within the stories related to beliefs about not being valued by other professionals leading to feelings of disempowerment and taking on additional roles.

Diane focused on how she tried to support parents with learning difficulties, who were struggling to cope with the demands of parenting and everyday family life.

“This is not my job. I’m a School Nurse. I shouldn’t be doing this but there was nobody else who was going to do itI felt frustrated” (Diane).

Joanna indicated that she would like to be more proactive and extend her practice by collaborating with other agencies to raise her profile. However, she appears to face a dilemma:-

“...you are afraid too because that will generate more work and we won’t be able to cope....We just can’t cope with the number of referrals” (Joanna).

Personal emotional investment

Personal emotional investment was a common theme to emerge from the stories. Some spoke about how they worry about the vulnerable young people they support emotionally, and that they often take these worries home with them. It would appear that it is difficult at times for school nurses to be able to detach their own emotions from

some of the complex situations. This can be seen in the poetic representations presented earlier which bear a powerful witness to this difficulty.

Jackie and Daniella for example, share how they worry about the current difficulties that some young people face daily.

"..sometimes she's that distressed that I get upset. She doesn't see I get upset but I do get upset. I feel like there's nothing anybody can do to help her" (Jackie).

"You go home and you hope they're alright and you worry about them and it can be quite difficult" (Daniella).

Empathetic caring and feeling within nursing involves emotional and mental effort, in looking after and supporting others (DH/NHS Commissioning Board, 2012). Diane described how a family were *"pretty much always on my mind and often on my mind even when I wasn't at work"*. At times the emotional investment and labour of nursing can be a sorrowful experience (James, 1993). A variety of terms were used to describe this emotional labour such as: - *"...you just keep going..."* (Daniella), *"...it was a real emotional cost ...to work with such a vulnerable family..."*(Diane). Bolton (2000) suggests that is the emotional involvement with their patients/clients that caused nurses most anxiety, yet paradoxically it is also this that gives them the greatest job satisfaction. Coping with the emotional demands of the role was also acknowledged as being important. Several spoke of how they sought out collegial support to help them cope, some of which was informal as well as that which is formally offered by the organisation but they required more especially as newly qualified school nurses.

Role containment versus role diffusion

The majority of school nurses spoke of a tension in what they could potentially provide as a service and what they were actually able to provide. They felt frustrated that they were 'contained' by restrictions on their role (role containment) and at times they felt this compromised the level of care and support they were able to offer. Yet conversely at policy level, there is a drive to diffuse the school nurse role yet further into more areas of practice for example, supporting 16-19 year olds (DH/DCSF, 2009). There is an expanding need for the school nurse to support the emotional health of young people and this appears to be leading some nurses to provide additional support. This can be

described as '*role diffusion*' i.e. spreading in many directions. As a result, to outsiders, school nurses' work can appear muddled and undefined i.e. "*the swampy lowlands*" of professional practice as identified by Schon (1991). Hence '*role diffusion*' may be a positive characteristic of practice, but one that may not always be congruent with the objectives of the organisation and commissioners.

Making a difference

School nurses told of how they feel they '*make a difference*' by supporting individual young people to help them transform and cope with situations. Making a difference can be intangible, yet helping to make life better for someone and witnessing positive change is very rewarding, and it is why they do what they do (Hudacek, 2004). Laura told a story of how she has supported a 12 year old boy being bullied because of being overweight.

" School were saying, he's just so different now , he's walking along confidently and he's laughing and he's not upset..., which is what I like about school nursing it is about making a difference and it is thinking outside the box" (Laura).

The stories also uncovered that school nurses felt they needed to be more politically active to influence shape services to help meet their population's needs. However, being such a small workforce hindered this. Working at a strategic level can be 'risky' as it can involve speaking out and acting as an advocate for those who are vulnerable. Within this theme school nurses allude to the extent of their freedom (mitigating risk) or perceived lack of it. Yet as qualified school nurses they have a responsibility to work at a more strategic level providing clear leadership to lower band grades within the team to bring about political transformation (NMC, 2004). Therefore School nurses need to decide whether to embrace their role and act as leaders, proactively accepting the challenges that lie before them, or to passively accept their current position. It may be that they require more support themselves after qualifying to assist them to transform into specialist practitioners and leaders.

Virtual Space

It is suggested that school nurses also now operate in and provide support using an additional space to that proposed by Soja (1996) (see Table 1). Virtual space such as using SMART mobile phone technology and the internet are now a means of communicating with and supporting young people.

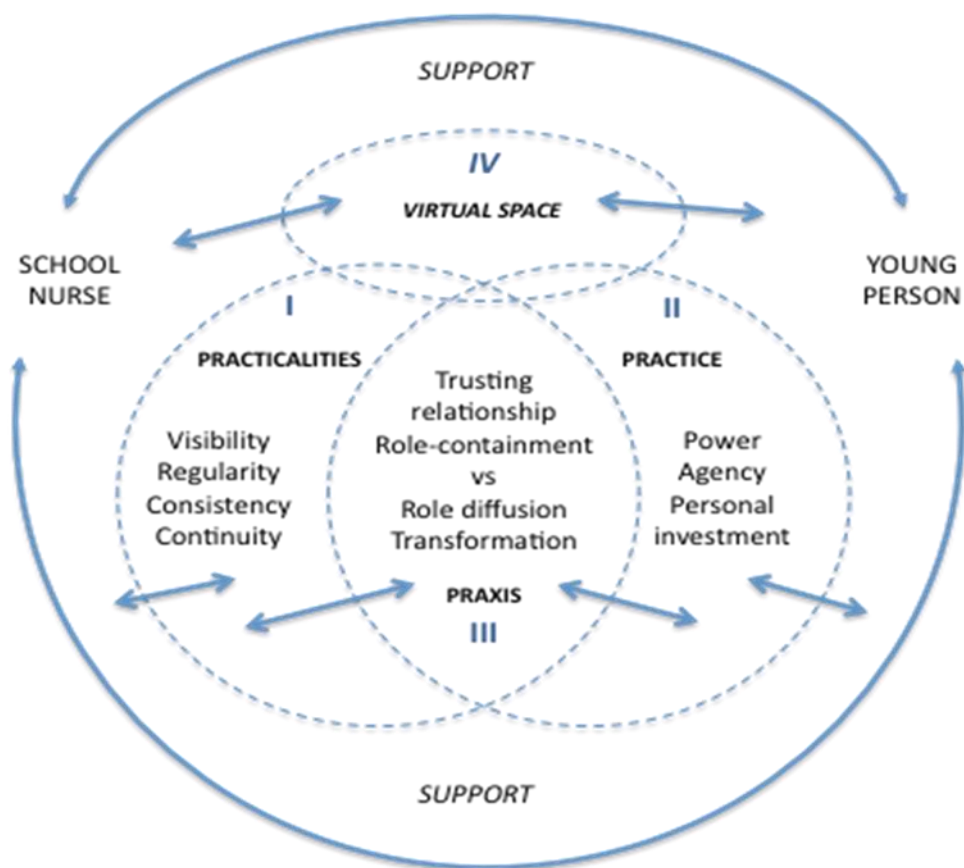
“She has got my work mobile phone number so she knows she can text me if she’s struggling” (Caroline).

Technology is now being used to gather young people’s views about school nursing services, and this a more objective and confidential way of collecting feedback.

“...it’s easier in a way if you’re in front of a screen to say what you genuinely think cos I think sometimes that the young people would may be say what they think we want to them to say when we really want them to be honest” (Susan).

Following analysis of the data, Soja’s ideas and collective themes were then combined and portrayed as a visual representation to demonstrate how school nurses provide support (see Figure.2)

Figure 2: The provision of support within the spatiality of everyday school nursing practice



Conclusion

The aim of this study was to explore how school nurses provide emotional support to children and young people. The findings highlight that although school nurses feel they have suffered from a lack of investment, they play a significant role in supporting young people. The difference they can make in helping young people cope is clearly displayed in the stories they tell. Story telling can aid the development of personal resilience and is recognised as having therapeutic benefits for practitioners (East et al, 2010). The school nurses found telling their stories to be a cathartic experience which speaks to their own need for support and resilience in dealing with highly emotional and complex situations. They recognised that involvement in the study gave them space to reflect and reconceptualise what they do subconsciously on a daily basis. However, school nurses

as a community of practice must imagine their self-belief. This is fundamental to the progression of the profession in terms of influencing commissioning and in the development of future services. To help achieve this school nursing requires further evidence based research (which should also involve service users), clear leadership, firm commitment and the courage to move forward.

Key Points

- One in ten children and young people within the UK experience a mental health problem.
- School nurses make an important difference by providing emotional support to children and young people to help them cope with everyday life.
- A reduced workforce capacity and a relatively invisible service can impact upon the amount of support offered.
- Gathering stories is a useful way of collecting rich and meaningful research data. It can aid the development of personal resilience as well as have a therapeutic benefit for the practitioner.
- Using poetic re-presentations can be a valuable way for practitioners to reflect and enhance their practice.

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