

School nursing in regional and rural Queensland

Abstract

The importance of school health and school health nursing (SHN) continues to be acknowledged within Australia and internationally. Since its inception in Queensland in 1911, SHN has been regarded as an important innovation in public health nursing, particularly in regional and rural settings.

A number of issues that have an impact on the ongoing development and effectiveness of the SHN role can be identified from the available literature, including a lack of standardized position descriptions and corresponding role and function of SHNs; and a lack of overall understanding of and evidence to support the depth and breadth of SHN scope of practice. These factors, in turn, hinder greater recognition and support for the SHN role. Such factors also affect the ability of SHN roles to address key policy and program initiatives in rural and regional areas.

Key words

■ School health nurses ■ Primary health care ■ Health screening
■ Regional and rural ■ Queensland ■ Australia



Current policies clearly acknowledge the benefit of investing into the health of younger age groups and the opportunities associated with service delivery in the school setting

The importance of school health and school health nursing (SHN) continues to be acknowledged in Australia and internationally (Table 1). Recent publications continue to highlight the need for initiatives that focus on the health, wellbeing and development of primary school-aged children. Some of the authors of these documents include:

- World Health Organization (WHO)
- International Union of Health Promotion and Education
- Australian and Queensland Governments
- National Health and Medical Research Council
- Australian Institute for Health and Welfare
- Child Health Research Centre.

Since its inception in Queensland in 1911, SHN has been regarded as an important innovation in public health nursing (Madsen, 2008). In 2009, the Australian Nursing Federation stated:

'School nurses provide a primary health care service to primary school aged children (5-12 years of age) and their families ... and have a broad role

that goes across clinical care, health counselling, health promotion, school community development activities, networking, resource and referral and general health centre management.' (Australian Nursing Federation, 2009)

Emerging policies and recommendations have had varying degrees of influence on the extent to which SHN is offered throughout health service districts within Queensland Health. In order for SHN services to meet the needs of their professional body and their stakeholders

'... expanding the traditional role of the school nurse is clearly one key avenue to shaping the field of school health for the 21st century' (Brindis et al, 1998).

A number of issues that have an impact on the ongoing development and effectiveness of the SHN role can be identified from the available literature namely:

- A lack of standardized position descriptions and corresponding role and function of School Health Nurses (SHNs)
- A lack of overall understanding of and evidence to support, the depth and breadth of SHN scope of practice.

These factors, in turn, hinder greater recognition and

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support for the SHN role, which has an impact on opportunities for professional development and training specific to school health nursing. Ultimately, these issues affect the ability of SHN roles to address key policy and program initiatives across the state (Baigrie, 2011). This discussion paper provides an insight into these current issues faced by SHNs and identifies potential solutions to support this valuable service.

Lack of standardized position descriptions

While traditional childhood diseases have diminished, many health and development issues continue to exist and are linked to modern day social conditions and lifestyle behaviours (Schwartz and Laughlin, 2008; St leger et al, 2000).

In addition, evidence suggests that

'... child development is a powerful determinant of health in adult life, as indicated by the strong relationship between measures of educational attainment and adult disease.' (Ministry of Health, 2008)

Fulfilling stakeholder expectations and meeting organizational priorities is an ever-growing challenge for SHNs. Queensland Health registered nurses working as SHNs are currently employed under broad position descriptions and are working within a climate of ongoing organizational change. Nursing is influenced at many levels within Queensland Health but particularly at the district level. With the amalgamation of health service districts within Queensland Health, many services are undergoing review of health service delivery and discussion abounds regarding universal versus targeted service provision to primary school-aged children. Informal discussions with registered nurses working with this age group found that there was considerable difference in the services provided to this clientele group, even between closely located child and/or community health centres in the same Queensland Health District. In fact, some centres have chosen to withdraw all SHN services.

According to the competencies for the specialist paediatric and child health nurse, first published by the Australian College of Paediatric and child health nurses (ACPCHN) the nurse should demonstrate

'... a comprehensive knowledge of paediatric and child health nursing supported by both experience and utilization of specific postgraduate knowledge.' (Australian Confederation of Paediatric and Child Health Nurses, 2006)

The links between health and the educational outcomes of primary school-aged children are well documented. Likewise an evidence base exists to support the role of SHNs in meeting the health, wellbeing and development needs of primary school-aged children and their families

and carers in the school setting. Indeed, schools serve as an efficient point for community-based primary care delivery (Brindis et al, 1998). Current policies clearly acknowledge the benefit of investing into the health of younger age groups and the opportunities associated with service delivery in the school setting. However, this is not currently reflected in the results from a recent survey with only one of the five position descriptions listing a key accountability specifically relating to working with primary school-aged children.

Review of the key accountabilities and key skill requirements of five position descriptions within the two surveyed Queensland Health Service Districts, reflected the varied and complex role of registered nurses employed in child and/or community health centres. One position description stated that the purpose of the role was to operate:

Table 1. Recent documents acknowledging the importance of school nursing

- Australian Government (2009) *A Healthier Future for All Australians: National Health and Hospitals Reform Commission—Final Report* June 2009. National Health and Hospitals Reform Commission
- Australian Health Promoting Schools Association (2001) *National Framework for Health Promoting Schools 2000-2003*. Australian Health Promoting Schools Association
- Australian Institute of Health and Welfare (2008) *Key national indicators of children's health, development and wellbeing: indicator framework for a picture of Australia's children 2009*. Australian Institute of Health and Welfare, Canberra
- Australian Institute of Health and Welfare (2009) *A Picture of Australia's Children 2009*, AIHW. Cat. No. PHE 112. Canberra, AIHW
- Australian Nursing Federation (2009) *Primary Health Care in Australia. A Nursing and Midwifery Consensus*. Australian Nursing Federation
- Child Health Promotion Research Unit (2006) *Final Report to the Western Australian Health Promotion Foundation—Building the Capacity of School Nurses to implement comprehensive School Health programs*. Edith Cowan University
- National Health and Medical Research Council (2002) *Child Health Screening and Surveillance: A Critical Review of the Evidence*. National Health and Medical Research Council, Melbourne
- National Public Health Partnership (2002) *Child Health Screening and Surveillance: Supplementary Document—Context and Next Steps*. National Health and Medical Research Council, Melbourne
- Public Health Association Australia (2008) *Improving the Health of school aged children and young people policy. Revised*. Public Health Association Australia, Melbourne
- Queensland Government (2004) *Working Together for Healthy Schools: A Queensland Health Position Statement*. Queensland Health, Brisbane
- World Health Organization (2008) *The world health report 2008: primary health care now more than ever*. WHO, Geneva



Registered nurses within the school health nursing field are well aware of the complexity of their positions and the benefits of their efforts focusing on primary school-aged children and their families or carers

'within a Primary Health Care framework and provide a comprehensive range of ... nursing services in an integrated manner that include early detection, intervention and health surveillance, community development and health promotion activities for ... school-aged children and their families/carers ... provision of direct clinical care and expert consultation services for young children and adolescents and to develop relationships with the communities in order to improve access to health services for their children.' (Queensland Health, 2009)

Given the strong link between health and educational outcomes for children an evidence base exists to support the role of SHNs in meeting the health, wellbeing and development needs of primary school-aged children and their families and carers in the school setting. Schools serve as an efficient point for community-based primary health care delivery (Brindis et al, 1998). Current policies clearly acknowledge the benefit of investing into the health of younger age groups and the opportunities associated with service delivery in the school setting. However, this is not currently reflected in position descriptions, with only one of the five position descriptions listing a key accountability specifically relating to working with primary school-aged children (Queensland Health, 2009a; 2009b; 2009c; 2009d; 2009e).

Lack of information about the SHN role and scope of practice

There is limited data on the role and scope of practice of registered nurses who work in the primary school setting, particularly those working in Australia. Registered nurses, across two Queensland health service districts were surveyed in 2009 to investigate the current provision

of primary health care services to primary school-aged children. Vision and hearing issues have been identified as among the important issues for primary school-aged children (DeStefano and Johnson, 2000). The Queensland Health child and youth health nurses' practice manual states that:

'Minimum standards for conducting evidence-based early detection recommend screening for visual acuity defects and permanent hearing impairment around school entry age.' (Queensland Health, 2007)

Given the limits registered nurses face within their job descriptions school nursing programmes around the world are being reviewed and are looking for effective and efficient means to assess children. Greater recognition of the role and scope of practice of SHNs would enhance their value and ensure the health of primary school-aged children receives the same status and allocation of resources as the 0–4 years age group and adolescents supported by the school-based youth health nurse program in Queensland. A recent survey of SHNs in rural Queensland centres identified the importance of the SHN role in fostering collaboration between health and education professionals in the school setting. In addition, many survey respondents outlined a holistic approach to addressing the needs of primary school-aged children. One survey respondent stated:

'... I believe School screening is very important as some parents do not have the capacity/knowledge/interest to know if their child may have a problem.' (Baigrie, 2011)

In addition, health screening enables nurses to explore other growth, development and health concerns; enables parents an opportunity to voice concerns they may not raise with their general practitioner; and facilitates a three way flow of information between the child's teacher, carer and health professional. Survey results revealed, however, that many SHNs continue to offer screening, to school entry-aged children, most commonly as a 'targeted' rather than a 'universal' service. Despite the relationships between risk and demographic variables, the existing state of knowledge is incomplete in relation to all the factors that place children at risk for poor developmental outcomes. Therefore, universal screening rather than targeted screening may 'provide the best opportunity to identify children who need further assessment and early intervention' (Restall and Borton, 2009).

Recent research has also identified ambiguity surrounding the role of the SHN.

'It is recognized that pupils and their families are not always aware of who their school nurse is or their role.' (Crabtree and Davis, 2009)

Limited available evidence suggests that the public and professional perception of SHNs has long been limited to the nurse who checks eyes and ears. Registered nurses within the SHN field are well aware of the complexity of their positions and the benefits of their efforts focusing on primary school-aged children and their families or carers.

Much debate exists regarding the ongoing allocation and provision of SHN services. Moves towards school nurses '... to focus attention on those children who truly need the scarce resources available' are in opposition to those that strive to:

'... strengthen universal services alongside the development of an efficient tiered system of targeted services and treatment services'. (Avant, 2004)

While it is widely acknowledged that children from less advantaged backgrounds are at the greatest risk of eye conditions for example, Barnett and Ford (1991) recognize that: **[AQ3 I assume that the quote is from Barnett and Ford 1991, therefore where should reference 29 and 31 be placed? After 'for example?']**

'... the opportunity to fully audit the health of new school entrants is most important and could be a valuable opportunity for health promotion.'

Research has found school screening by registered nurses to be efficient and accurate and supports continued screening by school nurses with professional support and training (Macfarlane et al, 1998). Proctor (2009) states:

'... a well-done screening, performed by a knowledgeable screener, using the best methods, and engaging in appropriate and personal follow-up, can contribute to a high likelihood that a child will receive treatment.'

However, SHNs are continually pressured to:

'... to justify their existence through the production of evidence of [their] effectiveness. A solid evidence base is also necessary to inform policy makers of the efficiency and effectiveness of School Health Nursing services and influence the allocation of resources'. (Wainwright et al, 2000)

The health sector overall is plagued by shortages in medical, nursing and allied health staff; child and community health nursing sectors are not immune to staffing issues. Queensland Nursing Council statistics and recent survey results indicate an ageing nursing workforce among child and/or community health nurses (Queensland Nursing Council, 2009). This was evident in the two health service districts that were surveyed. Promotion of child and/or community health nursing and greater certification and professional development opportunities for registered nurses wishing to work with primary school-aged children

is required to continually recruit and retain staff to this speciality. Like school-based youth health nurses:

'... a broad and comprehensive educational preparation is needed to enable these nurses to meet the wide range of health needs identified'. (Barnes et al, 2004)

Overall, SHNs indicated uncertainty in the future of their role working as school health nurses with primary school-aged children; the need for greater recognition and support from management for their role; and the need for consistency in training, service delivery and ongoing professional development (Baigrie, 2011).

Recommendations

The Queensland Health (2007) *Strategic Plan 2007–12* advocates for work to improve involvement of internal and external partners in the planning and provision of health services and believes in the investment in research that promotes evidence-based practice and innovation. To meet these objectives, SHN services in Queensland must focus on developing a rigorous evidence-base, which demonstrates their role and function. This will require greater collaboration between health and education sectors and SHN initiated research.

While previous research recommendations include the need to clarify the role, function and importance of SHNs; these have yet to become formalized strategies. SHNs need to focus on identifying clear role-definitions, establishing well-balanced training and mentoring support (Brindis et al, 1998; De Bell, 2006). Marketing the role of the SHN is imperative in ensuring policy makers and school health nursing stakeholders are aware of their role and the essential nature of the service they provide. Such feedback may facilitate quality improvement processes to ensure SHNs are meeting the needs of primary school-aged children, families, carers and other stakeholders. In conjunction with this, the acquisition of stakeholder (school, parent and primary health service) feedback is needed to gain an insight into the perception of SHN services. SHNs may then act to raise awareness of the role and facilitate information sessions with local general practitioners and related health and education providers (Richardson-Todd, 2002). SHNs must also work to promote the establishment of reputable training programs for registered nurses who work with primary school-aged children, similar to existing programs. Approaches may be modelled on existing strategies such as the Deadly Ears

Key Points

- SHN is a nursing speciality.
- Professional development and training for SHNs is paramount.
- Promotion, clarification and standardization of the SHN role is needed for future development.

programme for indigenous health workers. In addition, SHNs need encouragement to become members of professional associations to further promote professional recognition of the role.

Conclusion

School health nursing may then be viewed as a specialty area of nursing requiring a distinct set of skills and knowledge. School health nurses provide a service to primary school-aged children, and their families/carers, in a school setting while working collaboratively with multiple public and private health and education stakeholders. While policy and evidence exists to support the role of school health nurses, many SHNs feel their role is facing an uncertain future. Further promotion, clarification and standardization of SHN position descriptions, roles and functions will both demonstrate the value of this role, as well as broaden the current services that SHNs provide in meeting policy and programme targets to maintain and improve the health and wellbeing of primary school-aged children in Queensland.

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