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# "No One Died Today:" A Naturalistic Inquiry into the Perceptions and Experiences of School Nurses Dealing with Adolescents Who Self-harm

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# "No One Died Today:" A Naturalistic Inquiry into the Perceptions and Experiences of School Nurses Dealing with Adolescents Who Self-harm

**by**

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# Dedication

This dissertation is dedicated to the memory of my parents, Charlie and Marie Bryant, whose endless love, unwavering support, and encouragement were influential not only in my pursuit of higher education, but also my completion.

I miss them every day. Although they were not able to see this dissertation process to its completion, I know that they were with me every step of the way.

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# "No One Died Today:" A Naturalistic Inquiry into the Perceptions and Experiences of School Nurses Dealing with Adolescents Who Self-harm

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There is an increased incidence of self harm among middle and high school age adolescents. The school nurse (SN) is in a position to recognize this behavior (Cooke & James, 2009), but little is known about the school nurse's perceptions and experiences related to adolescents who engage in self harming behaviors. There is a paucity of literature addressing the roles and responsibilities of the school nurse in general as well as school nurses' responsibilities and responses to children who self-harm. The study utilized Naturalistic Inquiry (Erlandson et al., 1993; Lincoln & Guba, 1985) to explore the perceptions and experiences of school nurses who deal with middle- and high-school-age students who self harm. Fourteen school nurses were interviewed face-to-face utilizing web-based video or telephone conferencing. Study findings revealed that the responses of SNs who deal with adolescents who self harm (ASH) are multifaceted. They must triage, treat, and support the adolescent at the time of the event and in the future; they must develop creative strategies for case finding and monitoring. They must deal with their own affective responses and they must educate and support the parents to accept what is going on with the ASH and help them find appropriate treatment. The SN also must educate and support school faculty and staff as well as the community about

the problem of ASH. Although the SNs found themselves frustrated and overwhelmed, their commitment to the people in their care helped to sustain them.

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# List of Abbreviations

| | |
|---|---|
| AA | African American |
| APN | Advanced Practice Nurse |
| ASH | Adolescents who Self-harm |
| BSN | Bachelors of Science Nursing |
| BD | Bipolar Disorder |
| C | Caucasian |
| CGT | Classical Grounded Theory |
| DSM-III | Diagnostic Statistical Manual of Mental Health 3rd ed. |
| DSM-IV | Diagnostic Statistical Manual of Mental Health 4rd ed. |
| DSM-V | Diagnostic Statistical Manual of Mental Health 5rd ed. |
| DNP | Doctor of Nursing Practice |
| GSBS | Graduate School of Biomedical Science |
| H | Hispanic |
| IRB | Institutional Review Board |
| LVN | Licensed Vocational Nurse |
| MEd | Masters of Education |
| MSN | Masters of Science Nursing |
| NI | Naturalistic Inquiry |
| PhD | Doctor of Philosophy |
| RN | Registered Nurse |
| SN | School Nurse |

| | |
|---|---|
| UTMB | The University of Texas Medical Branch |

# Chapter 1: Introduction

## INTRODUCTION

Chapter one introduces this Naturalistic Inquiry (NI) study which explored the perceptions and experiences of school nurses as they come in contact with adolescents who self-harm. Chapter one begins with an overview of self-harm and its relationship to the school nurse. The chapter then describes the study problem, the study aim and research question, the methodology used including data collection and analysis, and significance of the study. Finally, chapter one provides a brief overview of study findings.

## STUDY PROBLEM

Once viewed as only a symptom of mental health issues, self-harm continues to gain attention around the world (McDonald, 2006; Muehlenkamp et al., 2012) Self-harm occurs when an individual intentionally injures his or her body tissue without suicidal intent (Klonsky, 2006; Nixon & Heath, 2009; Walsh, 2009; Whitlock & Knox, 2007). Self-harm describes a wide range of self-inflicted behaviors that damage one's body without the intent to commit suicide including cutting (Gilman, 2012; Klonsky & Mueklenkamp, 2007; Mazelis, 2008; Skegg, 2005; Yip, 2005); scratching (Christenson & Bolt, 2011; Nock, 2010); punching, biting, swallowing toxic substances or foreign objects (Skegg, 2005); pulling or ripping out hair (Christenson & Bolt, 2011); head banging, burning, bruising, and even breaking bones (Adler & Adler, 2011).

Self-harm is considered a significant physical and mental health concern, especially among the adolescent population worldwide (Nock, 2010) and is the fastest

growing adolescent problem (Alfonso & Dedrick, 2010; Cooke, 2009; Wood, 2009). Although the cause of self-harm is relatively unknown, demographic factors may place people at risk (Skegg, 2005): for example, people of any age may self-harm, females are more likely to self-harm than males, and people of low socioeconomic status are more likely to self-harm (Catledge, 2012).

The concern about adolescents who self-harm extends to the school setting. School comprises the largest part of the day for children and adolescents, and in the school setting, adolescents' mental health and physical health fall within the responsibilities of the school nurse (Cooke & James, 2009). The school nurse functions as the leader of all health services within the school setting, making the school nurse central to adolescent mental health (Cooke & James, 2009). The increasing numbers of children and adolescents who self-harm have caused school nurses to recognize inadequacies in their own knowledge and skills in identifying and intervening with such adolescents. An increase in the numbers of children who self-harm has prompted school nurses to call for extra training (Cooke & James, 2009).

## RESEARCH QUESTION AND AIM OF THE STUDY

The study aimed to explore the perceptions and experiences of school nurses who care for students who engage in self-harm in middle and/or high school settings. The study used Naturalistic Inquiry (Erlandson et al., 1993; Lincoln & Guba, 1985) to answer the question: What are the perceptions and experiences of school nurses who come in contact with middle and high school-aged adolescents who self-harm?

## NATURALISTIC INQUIRY

Naturalistic Inquiry (NI), based on the work of Lincoln and Guba (1985) and elaborated by Erlandson et al. (1993), was utilized for this study. According to Lincoln and Guba (1985), NI attempts to describe, understand and/or interpret daily life experiences within a particular context. Naturalistic Inquiry researchers believe that a phenomenon should focus on the way people behave in real life situations. NI is based on the assumption that human beings construct knowledge rather than discover knowledge. NI posits that there are multiple realities that all aspects of reality are interrelated, and isolation of a phenomenon from its context will destroy much of the meaning (Erlandson et al., 1993).

## SIGNIFICANCE OF STUDY

There is an increased incidence of self-harm among middle and high school age adolescents. The school nurse (SN) is in a position to recognize this behavior (Cooke & James, 2009), but little is known about the school nurse's experiences related to adolescents who engage in self-harming behaviors.

## DATA COLLECTION AND DATA ANALYSIS

Data collection for this study occurred during synchronous on-line face-to-face video conferencing or telephone conferencing interactions between the researcher and participant. Each participant was encouraged to choose a location for the interview where there would be minimal chance of interruption and one that afforded privacy. The researcher collected all data from her private home office using her own password-protected computer. The interviews were tape recorded using two tape recorders. The

researcher transcribed the tape recorded interviews then checked the transcription for accuracy by reading the transcript while listening to the taped recordings. Data was analyzed using the process described by Lincoln and Guba (1985): unitizing data, emergent category designation, and negative case analysis. Data analysis also was supported by use of the Constant Comparative Method (Glaser & Strauss, 1967) so that the items of data that were identified could be sorted into categories which then were labeled to reflect the category; no negative cases were identified.

### Overview of Study Findings

This Naturalistic Inquiry study (Erlandson et al., 1993; Lincoln & Guba, 1985) explored the perceptions and experiences of school nurses who deal with middle- and high-school-age students who self-harm. Study findings revealed that the responses of school nurses who deal with adolescents who self-harm (ASH) are multifaceted. School nurses must triage, treat, and support the adolescent at the time of the event and in the future; they must develop creative strategies for case finding and monitoring. They must deal with their own affective responses; they must educate and support the adolescent's parents to accept what is going on with the ASH and help them find appropriate treatment. In addition, the school nurse must educate and support school faculty and staff, as well as the community, about the problem of ASH.

### Summary of Introduction

Chapter one has introduced the study by providing an overview of self-harm and school nurses who care for adolescents who self-harm in the middle and/or high school setting. Chapter one also described the study problem, aim and research question. The

methodology was presented including data collection and analysis, and the significance of the study. Finally, chapter one provided a brief overview of study findings.

## PLAN FOR REMAINING CHAPTERS

Chapter two will provide a detailed review of the literature on self-harm and the relationship of adolescent self-harm to the school nurse. Chapter three will discuss the application of Naturalistic Inquiry Methodology (Erlandson et al., 1993; Lincoln & Guba, 1985) to this study which explored the perceptions and experiences of school nurses who dealt with adolescents who self-harm. Chapter four will present the study findings and chapter five will present the discussion of the study findings, implications of the study, and conclusions.

# Chapter 2: Review of Literature

## Introduction

Chapter two provides a review of literature related to self-harm, the role of the school nurse, and what is known about school nurses in relation to adolescents who self-harm. The chapter begins with an overview of self-harm, including historical aspects of self-harm, definitions and distinctions, and types of self-harm.; then continues with an examination of the prevalence, demographic factors, and risks factors for self-harm. Finally, the chapter discusses the role of school nurses and the literature addressing school nurses and adolescents who self-harm.

## Historical Aspects of Self-harm

Although self-harm may seem to be a modern phenomenon, references to self-harm appear in literature thousands of years old (Long et al., 2010). As an example, Nock (2010) relates a Biblical story of a man who was believed to be possessed by demons and was "crying out and cutting himself with stones" (p. 340). Favazza (1996) describes Saint Anthony's choice to live in an isolated pit for twenty years eating once every six months, refusing to wash, and wearing a coarse garment that caused wounds and pain. Favazza (1996) also tells of the Shamans who healed through contact with the spirit world; in order to become healers, they had to be cured of all illnesses themselves, a process that involved torture, dismemberment, and scraping away the flesh.

Self-harm became of clinical interest in the early 1900s. Case records of British asylums the mid to late nineteenth century described patients who engaged in acts of self-mutilation including eye enucleation, castration, amputation, hair plucking, skin picking,

burning, and head banging (Chaney, 2012). George Gould and Walter Pyle, who were physicians in the mid to late 1900s, documented that women all over Europe were puncturing themselves with sewing needles. The physicians called women who practiced this form of self-torture needle girls (Chaney, 2013).

Self-mutilation appeared in the psychiatric literature during the early 20th century. Emerson (1913) reported on a single case study, which he entitled "The Case of Miss A" (Roe-Sepowitz, 2007; Shaw, 2002). The study described a twenty-three year-old female patient who was admitted to the hospital with deliberate and repetitive self-inflicted cuts and scarring over her left arm. Emerson concluded that Miss A's cutting was a symbolic substitute for psychological pain.

Karl Menninger, an American psychiatrist is credited as being the first person to distinguish self-mutilation from suicide in the psychiatric literature (Christenson & Bolt, 2011). Menninger's book, "Man Against Himself" (1938), is recognized as the first major psychiatric publication focusing on the significance of self-harm. Menninger attributes self-mutilation to an unconscious attempt to avert suicide (Favazza, 1987; Rissanen et al., 2011).

Discussions related to self-harm after Menninger's (1938) book were sparse with self-poisoning and suicide gaining more attention (Shaw, 2002). Approximately three decades later, a new chronic self-mutilating behavior drew attention when Graff and Malin (1967) introduced the syndrome they labeled "wrist slashers" (p. 74) and concluded that the new "wrist slasher" behavior pattern stemmed from maternal deprivation and the inability to communicate meaningfully.

Psychiatrists in the late twentieth to the early twenty-first century began attempting to define self-harm and refine understanding of the phenomenon of self-harm (Angolotta, 2015). Diagnostic Statistical Manual of Mental Disorders III (DSM-III) (American Psychiatric Association [APA], 1980) suggested that self-harm might be a symptom of borderline personality disorder (Angolotta, 2015). The current Diagnostic and Statistical Manual of Mental Disorders (DSM-V) (APA, 2013) says that non-suicidal self-injury is not a symptom of borderline personality disorder, but views self-harm a diagnosis. Angolotta says, "although the exact definition and psychological meaning attributed to self-harm has not been static over history, there is a clear thread that connects Western asylum psychiatrists' thinking about self-harm to the current standing diagnostic category of non-suicidal self-injury" (p. 75).

## WHAT IS SELF-HARM

A variety of terms appear in the literature to refer to self-harm. American and British psychiatrists in the mid to late 19th century coined the term, self-mutilation, to refer to self-inflicted minor to disabling injuries (Chaney, 2011). Other authors have used terms such as self-injurious behavior (Christenson & Bolt, 2011; Starr, 2008; Whitlock & Knox, 2007); self-inflicted violence (Mezalis, 2008); deliberate self-injury (Alfonso & Kaur, 2012); non-suicidal self-injury (Diagnostic Statistical Manual of Mental Disorders, 5th ed., APA, 2013; Jacobson & Gould, 2007; Klonsky & Muehlenkamp, 2007; Lloyd-Richardson, 2007); self-mutilation (Hicks & Hinck, 2008; Favazza, 1987,1996, 2011; Menninger, 1937; Roe-Sepowitz, 2007; Shapiro, 1987; Suyemoto & MacDonald, 1995). The term, *self-harm*, is used in the present research study.

Self-inflicted injuries result from a wide range of behaviors. Self-harm can be the results of cutting (Gilman, 2012; Klonsky & Mueklenkamp, 2007; Mazelis, 2008; Skegg, 2005; Yip, 2005); scratching (Christenson & Bolt, 2011; Nock, 2010); punching, biting, swallowing toxic substances or foreign objects (Skegg, 2005); pulling or ripping out hair (Christenson & Bolt, 2011); head banging, burning, bruising, and even breaking bones (Adler & Adler, 2011). The American Psychiatric Association Dictionary of Psychology (2006) says that the most common type of self-harm is cutting which occurs in 14-65% of the samples of community based adolescent who self-harm (Swenson et al., 2008). Hands, arms, and legs are the most common locations, selected for self-cutting, in part because the marks can be concealed with clothing. Self-inflicted cuts are usually light to superficial (Yip, 2005), but can be deep; and the cuts typically are inflicted with instruments such as razor blades or knives (Austin & Kortum, 2004).

A strong case has been made by researchers who differentiate self-harm from suicide (Brierre & Gil, 1998); most researchers agree that self-harm does not involve lethal intent. Winchel & Stanley (1991) define self-harm as commission of deliberate self-harm without suicide intent. Muehlenkamp (2005) says that self-harm consists of low-lethality actions causing damage to the body in the absence of suicidal intent. Nock (2009) describes self-harm as a perplexing behavior in which individuals deliberately injure themselves without lethal intent. Nock (2010) later qualifies the definition adding that although self-harm is intentional, the person does not realize that the behavior will result in physical or psychological injury. Walsh and Rosen (1988) describe self-harm as the direct socially unacceptable behavior causing physical injury in the absence of suicide attempt but add that the person who is self-harming is psychologically disturbed. Other

authors (Favazza, 1996; Klonsky, 2006; Muehlenkamp, 2005; Nock et al., 2006; Rissanen et al., 2011; Whitlock & Knox, 2007) agree, deeming self- harm as the intentional injury of one's own body tissue without suicidal intent. It is important to note that although most researchers agree that self-harm does not involve suicidal intent, the definition does not mean that the person who self-harms never will be suicidal or never will report suicidal ideation; moreover, suicidal individuals may self-harm, or they may use self-harm as a practice run for future suicide attempts (Brierre & Gil, 1998).

The idea of self-harm is difficult for many to conceptualize (Swales, 2009); many people do not view intentionally injuring one's own body for any reason to be acceptable behavior (McDonald et al., 2007). Nevertheless, destructive acts toward the body are socially sanctioned and considered acceptable in some cultures. Tanttam and Hubband (2009) give several examples of socially accepted forms of self- harm. These include body modifications such as tattooing, piercings, scarification, and self-flagellation. The authors comment that cutting, piercing or abrading the skin for decoration is common in every culture, and tattoos and piercings have become so popular that parlors and shops can be found in or near most shopping centers around the world. The researchers add self-harm can serve a social function and give the example of scarification of the abdomen of women in the Congo which is used to demonstrate the woman's willingness to become a mother because the ability to tolerate pain shows maturity. The researchers also mention other forms of self-harm that do not draw negative attention in society; these include eating too much of the wrong foods, smoking tobacco or drinking too much alcohol, and not exercising. On the other hand, self-harm usually is considered to be symptomatic of psychiatric disorder (Alfonso & Dedrick, 2010; Burton, 2014; Hicks &

Hinck, 2008; Jarvis, 2012; Klonsky & Muehlenkamp, 2007; Muehlenkamp et al., 2012; Rissanen et al, 2011; Skegg, 2005).

People may harm themselves as a way of coping. Starr (2004) says that self-harm provides both a psychological release from painful emotions and a physiologic release due to the release of endorphins which help the person feel more in control; therefore, self-harm can be a coping mechanism. Carroll (2012) suggests that self-harm is a way to protect the self from overwhelming feelings such as feelings of extreme sadness, failure, self-hatred; self-harm also can be a way of coping with feelings of helplessness following trauma.

Adolescents may engage in self-harming behaviors for a variety of reasons. Adolescents may self-harm in response to such things as a history of, or ongoing, sexual and physical abuse, neglect, separation, loss. Nock (2010) says that overwhelming feelings of loneliness and sadness, coupled with the fact that many adolescents have poorly developed problem-solving and coping skills, may contribute to the behavior. Contagion might be a part of the constellation of factors that predispose adolescents to self-harm: children observe the behavior in others and are led to trying it themselves (Christenson & Bolt, 2011; Gratz, 2006). Yip (2005) posits that adolescents may use self-harm to relieve tension, to gain attention, or to express anger when they feel a loss of control. Lloyd-Richardson et al. (2007) agree that adolescents self-harm for a variety of reasons including reaction to negative emotions, unpleasant thoughts or feelings; to release anger; to provide a sense of security or control; to self-punish; to set boundaries with others; to end flashbacks to traumatic events; or to rein in racing thoughts.

The American Academy of Pediatrics reports that more than 14 million children and adolescents in the United States (US) have a diagnosable mental disorder. "The proportion of youth with mental health problems has continued to increase, with an estimated 21% of America's children, ages 9-17, affected by a mental health or addictive disorder" (DeSocio & Hootman, 2004, p. 190). One-half of all lifetime cases of mental illness begin as early as age 14 (Kessler et al., 2005). The National Mental Health Association (2008) says one in five children and adolescents experience mental health problems. Mental health problems interfere with developmental functioning and academic performance and achievement.

Most of the literature addressing the topic of self-harm reflects a relationship between self-harm and psychological or psychiatric conditions. Moreover, most of the articles addressing self-harm appear in psychological or psychiatric journals. Modern-day researchers and authors seem to concur that self- harm, particularly when it is repetitive, is some sort of psychiatric disorder. Suyemoto (1998) says the person who is self-harming is "psychologically disturbed" (p. 532) during the self-harming act. Darche's (1990) study concluded that self-harm is not uncommon among psychiatric patients, ranging from 4.3-20% among all psychiatric patients. Some authors associate self-harm with borderline personality disorder (BPD). For example, Yip (2005) reported that self-harm occurs with 70-80% of adolescents who meet the DSM-IV (APA, 1994) criteria for borderline personality disorder. Mangnall and Yurkovich's (2008) review of literature around the topic of deliberate self-harm in all age groups concludes that although deliberate self-harm is associated with BPD and meets the criteria for BPD in the DSM-IV, Revised Edition (DSM-IV-TR) (APA, 2000), self-harm also is associated with other

psychiatric disorders. The DSM-V (APA, 2013; Zetterqvist, 2015) recognizes deliberate self-harm, which is labeled, non-suicidal self-injury disorder (NSSID), as a separate diagnostic category.

## PREVALENCE AND DEMOGRAPHICS

The topic of self-harm and issues related to self-harm have elicited concern and attention around the world (Christenson & Bolt, 2011; Muehlenkamp et al., 2012). Statistics reporting the prevalence of self-harm vary widely (Nock, 2010) and such statistics usually are obtained from healthcare data bases, interviews, and surveys. Each of these data collection strategies utilizes data derived from self-reported incidents; therefore, the validity of those statistics may be questionable because self-harm historically is a hidden behavior (Alfonso & Detrick, 2010; Long et al., 2013). Moreover, prevalence rates can vary according to definitions of the term, the time frames and ages of subjects examined in the studies, and the approaches and instruments used to gather the data for the studies (Lloyd-Richardson et al. 2007; Muehlenkamp et al., 2012).

Many researchers agree that self-harm is most prevalent in adolescents beginning between the ages of thirteen and sixteen (DSM-V, APA, 2013; Klonsky, 2011; Klonsky & Muehlenkamp, 2007; Rodham & Hawton, 2009; Skegg, 2005). The greatest growth in the numbers of people who self-harm occurs among adolescents (Alfonso & Dedrick, 2010; Christenson & Bolt, 2011; Cooke, 2009; DSM-V, APA, 2013; Hawton et al., 2012; Klonsky & Muehlenkamp, 2007; Lloyd-Richardson et al., 2012; Walsh & Rosen, 1988; Whitlock et al., 2015; Wood, 2009). Data from the Centers for Disease Control and Prevention (CDC) for the years of 2003-2011 reveal that a total of 207,932 male and females between the ages of ten and nineteen presented to emergency rooms in the

United States for episodes of cutting/piercing; females outnumbered males by over 2:1 (141,097: 66,835); those statistics do not include other forms of self-harm.

Estimates of the prevalence of self-harm vary, but the behavior is not uncommon (McDonald, 2006; Nock. 2010). Menninger (1937) and Mazelis (2008) contend that everyone engages in some type of self-harm behavior at some point in their lives. Favazza and Conterio (1989) report that of every 100,000 individuals in the US, 750 (0.0075%) self-harm; Briere and Gil (1998) believe that self-harm occurs among 4% of the adult population. Gratz et al. (2002) estimate that 38% of college students self-harm and Lloyd-Richardson et al. (2007) say that 46.5% of adolescents self-harm.

Studies exploring the incidence of self-harm have been conducted in countries across the world, including England (Hawton et al., 2012); Japan (Matsumoto et al., 2004); Mexico (Gonzalez-Forteza et al., 2003); Finland (Laukkanen et al., 2007); Scotland (O'Connor & Rasmussen. 2009); Germany (Resch et al., 2008); China (You et al., 2013); and Latin America (Thyssen & von Comp, 2014). One of the largest epidemiological studies investigating prevalence and psychosocial correlates of adolescent direct self-injurious behavior was conducted in eleven European countries: Austria, Estonia, France, Germany, Hungary, Ireland, Israel, Italy, Romania, Slovenia, and Spain with Sweden serving as the coordinating center (Brunner et al., 2014). This cross-sectional assessment was a part of the European-funded project called *Saving and Empowering Young Lives in Europe (SEYLE)*. The study sample consisted of non-randomly selected boys and girls with an average age of fourteen who were recruited from 179 European schools. The overall prevalence of self-injury among the adolescent participants ranged from 17.1% to 38.0% across the eleven countries. Estonia, France,

Germany, and Italy had the highest lifetime rate (33.6%-38.6%) while Hungary, Ireland, and Italy had the lowest (17.1%-20.9%). The researchers concluded that their study results suggest high prevalence of deliberate self-injurious behavior in European adolescents. Three studies were identified that examined prevalence of self-harm among adolescents in England. Hawton et al. (2002) conducted a cross-sectional survey of forty-one schools in England using anonymous self-report questionnaires. The researchers' aim was to determine the prevalence of deliberate self-harm in adolescents and the factors associated with the behavior. Study participants were 6,020 students with an average age of fifteen to sixteen years. The study reported that 13.2% of the participants had a history of deliberate self-harm and 6.9% of the participants had committed an act of self-harm in the previous year; girls were more likely to self-harm than boys (11.2% girls, 3.2% boys). Hall et al. (2010) explored the incidence of self-cutting among students in their $7^{th}$, $8^{th}$, and $9^{th}$ years of school in four northern England schools. The study revealed that the numbers of boys who admitted to cutting themselves was greater than girls in the $7^{th}$ year (boys: 24.6%, girls: 21.3%) and $8^{th}$ year (boys: 25.3%, girls: 20.1%) of school; but more girls in the $9^{th}$ year admitted to cutting themselves than did boys (girls: 23.1%, boys: 16.9 %). Stallard et al. (2013) investigated onset and continuation of self-harm in 3,964 adolescents aged twelve to sixteen who were attending eight secondary schools in the Midlands and South West of England. Study data consisted of self-report questionnaires completed during class and repeated six months later. Twenty-seven percent of the adolescents reported thoughts of self-harm while 15% reported at least one act of self-harm during the study period.

Shek (2011) explored the prevalence of adolescent self-harm in Hong Kong. Of the 3,328 secondary students who participated in the study, 1,087 (32.7%) admitted to an act of at least one form of self-harm, leading the researcher to conclude that self-harm is common among adolescents in Hong Kong.

Research investigating the prevalence of self-harm in Latin America is sparse. The two studies investigated the prevalence of self-harm among adolescents in Mexico concluded that the incidence of self-harm among Mexican adolescents is high. Albores-Gailo et al. (2014) found that 17/1% of the adolescents in their study self-harmed; while Gonzalez-Forteza et al. (2003) found an incidence of 7.2%.

De Leo and Heller (2004) conducted a study in Gold Coast, Queensland (a state in North-East Australia) examined the prevalence of self-harm in adolescents as well as the types of self-harm and associated factors. Study participants were 3,757 students in tenth and eleventh grades from fourteen high schools. The researchers concluded that self-harm is common in Australian youth (6.2%).

Opinions vary as to whether self-harm can be linked to any given demographic factor. Alfonso and Detrick (2010) comment, "Traditionally, self-harm has been reported to be a white, female, middle-to-upper class issue" (p. 75). Hicks and Hinck (2009) believe that self-harm is not limited to any race, gender, age, ethnicity, education level, religious affiliation, or socioeconomic status. Christenson and Bolt (2011) concur, stating that self-harm is not restricted to specific ethnicities. On the other hand, Klonsky and Muekelkamp (2007) say that self-harm does vary by ethnicity, suggesting that rates of self-harm are greater in Caucasians than in Non-Caucasians.

Although the cause of self- harm is relatively unknown, several factors have been identified as being associated with increased risk that a person will self-harm (Gmitrowicz et al., 2014; Skegg, 2005). For example, Catledge (2012) found that although people of any age may self-harm, females are more likely to self-harm than males, and people of low socioeconomic status are more likely to self-harm. Other potential risk factors for self-harm include sexual or physical abuse (Favazza & Conterio, 1989; Klonsky & Moyer, 2008); alcoholism, family violence, and intimacy problems (Gratz, 2006); poor impulse control (Caroll, 2012; Magnall & Yurkovich, 2008) Sociocultural factors such as peer pressure and increasing media attention to self-harm also may increase the incidence of self-harm (Dyl, 2008; Wilkinson, 2010).

## SCHOOL NURSES AND ADOLESCENTS WHO SELF-HARM

The literature has supported the contention that adolescents are a population with an increased risk of self-harm; moreover, adolescents who self-harm tend to do so repetitively. The concern about adolescents who self-harm extends to the school setting because school comprises the largest part of most days for children and adolescents. Most health professionals who work in middle and high school settings will encounter students who self-harm. The physical and mental health of adolescents who are at school fall within the responsibilities of the school nurse (Cooke & James, 2009). The school nurse role is crucial to the provision of comprehensive health services to adolescents (Council on School Health, 2008) and the school nurse's response to an adolescent who self-harms may be critical to the student's physical and emotional safety (Lukomski & Folmer, 2006).

The school nurse is considered an expert in health care within the school setting and functions as the leader of health services in the school, making the school nurse central to adolescent mental health (Cooke & James, 2009). The role of the school nurse includes providing medication and first aid when needed and encompasses preventive services, early identification of problems, intervention, and referrals (Lee, 2011). The school nurse takes the lead with programs assisting in the development and evaluation of school health policies (Council on School Health, 2008). Maughan (2003) says school nurses are able to decrease student absenteeism by identifying problems early. The school nurse also is instrumental in helping adolescents develop problem-solving and conflict resolution skills, serving as advocate, facilitator, and counselor to any student with mental health issues in the school environment and in the community (National Association of School Nurses, 2005). The school nurse is faced on a daily basis with the challenge of caring for students with physical as well as mental health conditions (National Association of School Nurses, 2005), and may be the first adult to recognize and react to self-harm behaviors in the adolescent (McDonald, 2006).

Self-harm is a recognized phenomenon among the adolescent population, yet there is a limited amount of literature focusing on the role of the school nurse when caring for adolescents who self-harm (McDonald, 2006). School nurses must identify early warning signs of self-harm among children and adolescents in their charge and make appropriate decisions about how to intervene and make referrals (National Association of School Nurses, 2008). School nurses feel frustrated and inadequate when dealing with adolescents who self-harm (McDonald, 2006). Moreover, the increasing numbers of children and adolescents who self-harm have caused school nurses to

recognize inadequacies in their own knowledge and skills in identifying and intervening with such adolescents (Cooke & James, 2009).

Cooke and James (2009) conducted a study to identify school nurses' training needs related to self-harm. The researchers interviewed ten school nurses focusing on whether training about children was important to the nurses, and if the nurses thought such training was important, what types of training the nurses believed they needed. Eight of the ten school nurses believed they lacked sufficient knowledge about self-harm. Although some of the school nurses thought training increased their confidence about caring for children or adolescents who self-harm, others thought they lacked the knowledge and skills needed to deal with the complexity of self-harm. The nurses identified several topics they thought would increase their confidence when dealing with children who self-harm, these included "counseling; support; raising self-esteem; alternatives, tips and strategies to help; management of young people who self-harm; and organizations to help" (p. 265).

For the most part, research related to middle and high school-aged children and adolescents who exhibit or have a history of self-harm behaviors has focused on mental health and psychiatric treatment. Although some research has explored the training needs of school nurses who come in contact with adolescents who self-harm, no research to date has addressed school nurses' experiences interacting with adolescents who self-harm or their perceptions of their ability to identify, provide care, and make referrals for such adolescents.

## SUMMARY

Chapter two has presented a review of the literature including the historical aspects of self-harm, the definition of self harm and the relationship of self-harm to psychiatric disorders, and information about the prevalence and demographics of self-harm. The chapter also described literature relating to the school nurses and adolescents who self-harm.

## PLAN FOR REMAINING CHAPTERS

Chapter three will provide the research question and aim and the naturalistic inquiry methodology used in the study. The chapter will also describe recruitment strategies, setting, data collection data management, data analysis, and strategies to assure trustworthiness in the study. Chapter four will discuss the study findings. Chapter five will provide a brief summary of the study, a comparison of the study findings to the extant literature, a discussion of the implications of the study, the strengths and limitations of the study, and suggestions for further research.

# Chapter 3 Methods

## INTRODUCTION

Chapter three presents the research design and methodology approach used to explore the perceptions and experiences of school nurses who deal with middle- and/or high-school-age students who self harm. The study utilized Naturalistic Inquiry (Erlandson et al., 1993; Lincoln & Guba, 1985) to answer the research question: What are the perceptions and experiences of school nurses caring middle and/or high school adolescents self- harm (ASH). The chapter begins with a description of Naturalistic Inquiry (NI) and the researchers' rationale for choosing NI. The chapter describes the application of Naturalistic Inquiry principles in the study, including participant recruitment and sampling data collection, data analysis, and data management strategies. The chapter concludes with a discussion of techniques utilized to ensure scientific rigor and issues related to protecting the rights and confidentiality of study participants.

## RESEARCH QUESTION AND AIM

The research question that guided this study was: What are the perceptions and experiences of school nurses caring for middle- and/or high- school- adolescents who self-harm? The goal of the study was to explore factors that influenced school nurses' ability to identify, provide care, and make referrals for adolescents who self harm.

### Naturalistic Inquiry

The goal of Naturalistic Inquiry is to describe, understand and/or interpret daily life experiences related to a particular phenomenon (Lincoln & Guba, 1985). NI researchers are interested in the way people behave in real life situations; they assume

that human beings construct, rather than discover, knowledge and this knowledge is created during dialogue between the participant and the researcher. NI posits that there are multiple realities, all aspects of reality are interrelated, and isolation of a phenomenon from its context will destroy much of its meaning (Erlandson et al., 1993). The NI researcher serves as the primary data collection instrument (Erlandson et al., 1993). NI was the appropriate method for the present study because the study goal was to explore how school nurses, within their role as healthcare providers in the school setting, interact with and react to adolescents who harm themselves. The following sections will describe this Naturalistic Inquiry study that explored the experiences and perceptions of school nurses who care for adolescents who self-harmed.

## METHODOLOGY

The following section will describe the implementation of Naturalistic Inquiry principles in the present study. The section provides a discussion of participant recruitment and sampling strategies, the study setting, data collection, data management, data analysis, techniques to assure trustworthiness of study procedures, and human subjects considerations.

### Participant Recruitment and Sampling Strategies

All study procedures were approved by the University of Texas Medical Branch (UTMB) Institutional Review Board (IRB) and the National Association of School Nurses (NASN). See Appendix A for documentation of the UTMB IRB initial approval of the study, the IRB's approval of an addendum to the original proposal, and the IRB's

continuing review of the study. Appendix B provides documentation of NASN's approval of the study.

The study utilized purposeful and snowball sampling (Erlandson et al., 1993). Purposeful sampling is central to naturalistic research (Erlandson et al.). Purposeful sampling is a process in which participants are chosen because of their experiences with the phenomenon of interest (Patton, 1990); in other words, participants are chosen for who they are and what they know and thus are able to describe their own experiences (Streubert & Carpenter, 2011). Snowball sampling is the process in which study participants refer others who potentially could participate in the study. Participants were asked to share study recruitment materials with other school nurses they thought might be interested in participating in the study.

### *PARTICIPANT INCLUSION CRITERIA*

Participants in the study were nurses who:

1. had been working as school nurses in middle and/or high school settings for at least one year
2. could speak, write, and understand English
3. had access to a computer and are able to use the computer to participate in synchronous on-line face-to-face interviews
4. were familiar with the use of on-line video conferencing

### *PARTICIPANT EXCLUSION CRITERIA*

Nurses were excluded from the study if they:

1. had been working as school nurses in middle and/or high school settings for less than one year
2. could not speak, write, and understand English
3. did not have access to a computer or were unable to use the computer to participate in synchronous on-line face-to-face interviews
4. were not familiar with the use of on-line video conferencing

School nurses of any educational background (LVN/LPN, RN, APN), age, racial, ethnic group, or gender were welcome to participate in the study. Two potential participants did not meet study inclusion criteria. Although the study was approved for recruitment of up to 25 school nurses, data analysis revealed saturation and redundancy by the twelfth participant; two additional school nurses were interviewed, confirming data saturation and redundancy. Saturation is the point at which no new information has emerged during data analysis that would develop additional categories. Redundancy refers to the repetition and confirmation of discovered information (Morse, 1994). Characteristics of the study participants are discussed in detail in chapter four.

Study participants were recruited from the membership of the National Association of School Nurses (NASN). The NASN allows researchers to rent names of NASN members, preselected according to the researcher's criteria, in blocks of 1000 names. Once the NASN had approved the proposed study, the NASN posted an announcement of the study in their weekly online newsletter (See Appendix C). The announcement included a brief description of the study and invited interested school

nurses to contact the researcher regarding the study via a dedicated phone line or the researcher's personal email. The researcher began receiving phone calls and emails from interested school nurses as soon as the NASN newsletter was published. All but two of the study participants contacted the researcher within the first 3 days after the newsletter was published. The researcher responded to interested school nurses by requesting a phone meeting to discuss the study, to ascertain that the nurse met study inclusion criteria, and to answer any questions that the nurse had about the study. All of the nurses who met study inclusion criteria and continued to be interested in participating in the study agreed to set up an appointment at a time that was convenient for the nurse and the researcher for data collection.

## SETTING

The initial proposal, approved by the University of Texas Medical Branch's (UTMB) Institutional Review Board (IRB), planned for data collection to take place during synchronous on-line face-to-face video conferencing interactions between the researcher and the school nurses. Nevertheless, early in the data collection process, the researcher discovered that many of the school nurses preferred to have their interviews take place using telephone conferencing. Therefore, the researcher submitted an addendum to the study proposal to the UTMB IRB requesting that data collection occur using telephone conferencing in addition to synchronous on-line face-to-face video conferencing. The IRB reviewed and approved the addendum (See Appendix A).

Data collection for the study occurred either during telephone conferencing or via synchronous on-line face-to-face video conferencing interactions between the researcher and participant. Twelve of the fourteen school nurses provided data using telephone

conferencing; two of the nurses provided data using synchronous on-line face-to-face video conferencing. Each participant was encouraged to choose a location for the interview where there were minimal chance of interruption and one that afforded privacy. Twelve of the fourteen nurses were in their offices at the time of data collection; two were at home.

## DATA COLLECTION

Data collection occurred at the day and time agreed-upon by the potential study participant and the researcher. The researcher contacted the school nurse who was interested in participating in the study using the modality (telephone conferencing or synchronous face-to-face on-line video conferencing) selected by the nurse. The researcher greeted the school nurse and began by discussing the study and answering additional questions the nurse had about the study. The nurse was told that she had the option of not answering a question or discussing certain topics, and that she could terminate the interview and participation in the study at any time. Once the school nurse's questions had been answered, the researcher read the Explanation of the Study for Potential Participants (See Appendix D) which ends with the following statement: "Are you willing to participate in the study? Your verbal assent will allow me to turn on the tape recorder and begin collecting data." The school nurse's oral agreement to participate allowed the researcher to turn on the tape recorders; the researcher again asked the school nurse if she was willing to participate in the study so the nurse's agreement became a part of the recorded data.

Data for the study consisted of demographic data, interview data, and the researcher's journal. Demographic data included the participant's age in years, gender,

race/ethnicity, level of education, self-harm training, and length of time working as a school nurse, as well as information about the schools where the nurse was working (Appendix E).

The interview was conducted using a semi-structured interview guide developed for the study (Appendix F). Interview questions were developed to encourage the school nurses to discuss their experiences with adolescents who self harm, for example, "Could you tell me about your experiences with self harm in middle and high school students" and "How do you recognize self harm behavior in the middle and high school age setting?" The researcher used probes such as, "Could you tell me more about that?" to clarify and validate the school nurse's responses to the interview questions. Prior to conclusion of the interview, the researcher asked the school nurse if there was anything else that she would like the researcher to know but may not have been covered in the interview. The researcher asked the school nurse's permission to contact her for additional information, for clarification, and/or if an additional interview was needed. The researcher invited the school nurse to email to the researcher any additional thoughts or comments she may have about the topic. Although each of the school nurses was willing to be contacted again, data analysis did not require additional contacts. Only one nurse contacted the researcher because she wanted to share some new information she had found about adolescent self harm. The interview ended with the researcher thanking the school nurse for her interest in the study. The initial data collection sessions with the fourteen study participants ranged in length from fifteen to thirty eight minutes. The researcher conducted member checking interviews with four of the fourteen study participants. The member checking interviews ranged from 10-20 minutes. Each of the

four school nurses who participated in member checking confirmed that the study findings reflected her experiences. Although none added data indicating additional categories, each nurse provided additional stories that exemplified the study categories.

The researcher maintained a journal throughout the data collection process. The researcher used her journal to record notes from her field observations, as well as her thoughts, concerns, and ideas about the study procedures (Erlandson et al., 1993).

### DATA MANAGEMENT STRATEGIES

The researcher personally transcribed the tape recorded interviews then checked the transcription for accuracy by reading the transcript while listening to the taped recordings. A pristine copy of the transcript was stored on a password-protected USB that was be maintained in a locked file cabinet in the researcher's home office. A second copy of the data was de-identified so any information that could be linked to the participant was masked or removed; a code was assigned to replace the participant's name. The codebooks were stored in the same location as the pristine data. The second, de-identified transcript was used for data analysis. The de-identified data and the researcher's reflexive journal were stored in a location separate from the materials that could be linked to the participants.

## Data Analysis

The goal of data analysis in Naturalistic Inquiry is to break the data down and reformulate it into a meaningful whole to answer the research questions (Erlandson et al., 1993; Lincoln & Guba, 1985). Erlandson et al. (1993) describe Lincoln and Guba's approach NI data analysis as consisting of identifying constructions within the data set

and reconstructing them to derive new understandings about the phenomenon of interest. NI data analysis includes unitizing data, emergent category designation, and negative case analysis. Unitizing data consists of breaking down the data into the smallest pieces that could stand alone. Emergent category designation occurs when all the units of data are sorted into categories or ideas relating to the phenomenon of interest. Data analysis in the present study broke down the data into smallest pieces and sorting of data pieces into categories; negative cases were sought but none appeared.

Tables 3.1 and 3.2, which follow, display the progression of categorization of the study findings and provide examples of how three data items fit into the progression of categorization through the final categorization and coding schema.

Table 3.1. Categorization: Progression of Findings

| 06.01.2015 | 07.30.2015 | 09.29.15 |
|---|---|---|
| I. Case Finding<br>A. Identifying Cases<br>a. Kids<br>b. Teachers<br>c. Counselors<br>d. Direct Observation<br>B. Know What To Look For<br>a. Clothing<br>b. Mannerisms<br>c. Decreased Eye Contact<br>d. Secretive, Sad<br>e. Scars, Scratches<br>C. Creating Ways To See ASH<br>II. Responding<br>A. Emotional<br>1. Fear<br>2.Shock<br>3.Empathy<br>Clinical<br>1.Deal With Wound<br>2.Triage<br>B. Follow-up On Behalf of ASH<br>1.Try to find best way to help kid<br>2.Parents<br>3.Support<br>4.Rapport<br>5.Trust<br>6.Safe haven<br>C. Follow up With School<br>D. Referral | I. School Nurse: The Job<br>II. Who Are Adolescents Who Self Harm<br>A. Nature of ASH population<br>1. Gender<br>2. Forms of Self-harm<br>3. Patterns (repeating and Progressing)<br>B. Identifying Cases<br>1. Other people<br>2. Direct Observation<br>III. Responding To Adolescent Who Self Harms<br>A. Dealing with her own affective response<br>1. First encounter with ASH<br>2. Subsequent Encounters<br>3. Long term (Frustration, Irritation, Anger)<br>B. Clinical Response<br>1. Triage<br>2. Deal with wound<br>C. Follow up on Behalf of ASH<br>1. Follow up with ASH<br>a. Rapport, Trust, Support, Safe Haven<br>b. Try to find best way to help ASH<br>2. Helping ASH find alternatives<br>3. Follow up with Parents<br>4. Follow up with School<br>5. Referral | I. School Nursing: The Job<br>II. Adolescents Who Self Harm<br>A. The Nature of The ASH Population<br>1. Gender<br>2. Forms<br>B. Identifying Cases<br>1. Other People<br>2. Direct Observation<br>III. Responding to ASH<br>A. Dealing With her own affective Response<br>B. Clinical Response<br>1. Triage<br>2. Dealing with wound<br>C. Following up on behalf of ASH<br>1. Follow up with ASH<br>2. Follow up with Parents<br>3. Follow up with school<br>V. Outcomes: How Does their Story End? |

Table 3.1. Categorization: Progression of Findings (cont.)

| 06.01.2015 | 07.30.2015 | 09.29.15 |
|---|---|---|
| III. Resources<br>1. Factors that influence Response<br>a. People<br>b. Counselors<br>c. Psychologists<br>d. Other nurses<br>e. Outside Resources<br>f. Education<br>g. Resource (having/need)<br>IV. The Nurses<br>1. The ideal case nurse<br>2. What they do<br>V. Kinds of Self harm<br>VI. Outcome<br>1. I can't fix it<br>2. Nurse Burnout | IV. The School Nurses Resources<br>1. The Nurse Herself<br>2. Other people inside and outside school<br>V. Outcome<br>A. Satisfactory Outcome: Acceptance (I can't fix it)<br>B. Outcome Unknown<br>C. Nurse Burnout | |

Table 3.2. Categorization of Findings – Three Item Examples

| Item | First (06/01/2015) | Mid (07/30/2015) | Final (09/29/2015) |
|---|---|---|---|
| I. | "You're all of a sudden the medical expert on campus and I'm like wait a minute, I'm a nurse." | Case finding<br>Identifying cases<br>Knowing what to look for<br>Creating ways to see ASH | School Nurse: The Job |
| II. | "Oh my gosh, at least 9 or 10 that I can think of." | Responding<br>Emotional/clinical<br>Follow-up on behalf of Adolescents Who Self-Harm<br>ASH/*9/and the school referral | Who are the ASH<br>Who self-harms<br>Nature of population<br>Identifying cases |
| III. | "A the end of the day you are just so sad…sad about the world…sad about humanity…sad that we couldn't help the kids." | Kinds of self-harm<br>Outcomes | How does their story end? |

## TRUSTWORTHINESS

Trustworthiness is the term used to refer to criteria to evaluate the truth value of qualitative research. Lincoln and Guba's (1985) criteria for evaluating trustworthiness of qualitative research are acceptable standards by which a Naturalistic Inquiry study can be evaluated. Lincoln and Guba's (1985) criteria for evaluating trustworthiness are credibility, transferability, dependability, and confirmability.

## CREDIBILITY

Lincoln and Guba (1985) suggest that a qualitative study is credible when the descriptions and interpretations of human experience are recognizable by the person who experienced them. Credibility in the current study was assured by inviting and interviewing participants who met the study inclusion criteria: school nurses who had experienced caring for adolescents who self harmed. The researcher also achieved credibility of the study by utilizing peer debriefing a process in which a disinterested colleague reviews and critiques all study processes, products, and findings to prevent bias and to critique the researcher's conduct of the study. Peer debriefing requires the researcher to "step out of the context being studied to review perceptions, insights, and analysis with professionals outside the context who have enough general understanding of the nature of the study to debrief the researcher and provide feedback that will refine and, frequently, redirect the inquiry process" (Erlandson et al., 1993, p. 31). The researcher's dissertation advisor reviewed and critiqued the study procedures throughout the entire process. The researcher also used member checking to enhance credibility of the study findings. Lincoln and Guba (1985) identify member checks identify as the single most important technique for validating credibility. The researcher conducted

member checks with 25% four of the fourteen school nurses who participated in the study to review the study findings; these school nurses were selected based on their willingness to participate in member checking and their availability. The member checking process allowed for the study findings to be reviewed by school nurses who provided the data; during member checking, school nurses were asked to provide feedback on how clearly and adequately the findings represent their experiences. Each of the four school nurses commented that the study findings reflected their experiences.

### TRANSFERABILITY

Transferability means the study findings have applicability in other contexts. In other words, study findings could be applied in other contexts with other participants (Lincoln & Guba, 1985). Transferability utilizes techniques to obtain thick, detailed description by as using techniques such as probing questions during the interviews to stimulate the participant to describe the phenomena being studied. The researcher in the present study reported descriptions of the data in sufficient detail to allow the reader of the research to make judgments about whether the findings could be transferred to other settings.

### DEPENDABILITY

Dependability means the findings are consistent and could be repeated; the study potentially could be repeated in the same context, with the same method, and the same participants and arrive at similar results. The audit trail is the primary measure used in the proposed study to assure dependability as it allows for evaluation of the processes and findings and thus the trustworthiness of the study. The audit trail for the study consisted

of the interview guides, transcripts (raw data), codebooks, and the researcher's reflexive journal. Peer debriefing also assured dependability of the study procedures and products.

### CONFIRMABILITY

Confirmability is a degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not the researcher's bias, motivation, or interest (Erlandson et al., 1993). Confirmability refers to the degree that study procedures could be followed by an independent researcher who could arrive at the same findings and conclusions. The primary strategy for confirmability was the use of an audit trail detailing all procedures and decisions utilized throughout conduct of the study. The audit trail for the study consisted of the interview guides, transcripts, codebooks, and the researchers' reflexive journal.

### HUMAN SUBJECTS

Procedures for the study were approved by the University of Texas Medical Branch (UTMB) Institutional Review Board (IRB) (see Appendix A). The proposed study also was reviewed and approved by the National Association of School Nurses (see Appendix B).

The primary risks to participants in this study were loss of confidentiality and emotional distress. Study participants' confidentiality was protected in a number of ways. The researcher maintained a confidential list of potential study participants. The researcher assigned a code number to replace each participant's name and any information that could be linked to the participant was removed from the data. During the subject consent process, the researcher explained the potential risks of loss of

confidentiality and the strategies that were used to mitigate those risks. The study participants also were informed that they had the option of not answering any question or talking about any topic, and they could end their participation at any time. Emotional distress also was a potential risk to the study participants. The researcher, an experienced psychiatric nurse, remained alert for cues or signals that might reveal the participant's distress. One study participant became upset during the interview; the researcher told the nurse, "It's ok, just take your time." The nurse paused, took a deep breath, and continued discussing the situation. None of the school nurses refused to answer any of the questions nor did they terminate the interview before it was completed.

## SUMMARY

Chapter three has presented the methodology utilized in this study that explored the research question: What are the perceptions and experiences of school nurses caring for middle and high school adolescents who self-harm? The chapter began with a discussion of Naturalistic Inquiry (Erlandson et al., 1993; Lincoln & Guba, 1985), the methodology selected for the study. The chapter continued with a description of the strategies utilized to implement the study, including participant recruitment and sampling strategies; the study setting; data collection, management, and analysis; strategies to assure trustworthiness of the study procedures; and human subjects considerations.

## PLAN FOR REMAINING CHAPTERS

Chapter four will present the findings of the study and chapter five will present the discussion of the findings.

# Chapter 4: Findings

Chapter four will present the findings of this study that explored the research question, "What are the perceptions and experiences of school nurse who care for adolescents who self harm?" The chapter will begin with a presentation of demographic information about the school nurses who participated in this study followed by a discussion of the study findings.

## STUDY PARTICIPANTS

Fourteen school nurses participated in the study. Table 4.1 summarizes participants' demographic information; Table 4.2 provides information about the magnitude of the nurses' responsibilities.

All of the school nurses who participated in the study were female. They ranged in age from 27 to 59 years (M = 49); they had been school nurses from 1 to 19 years (M=10). Ten of the nurses were Caucasian, three were African American, and one was Hispanic. Two of the nurses were Licensed Vocational Nurses (LVN); the remaining twelve were BSNs, four of whom also had a master's degree. Eight of the nurses had participated in educational programs addressing the topic of self-harm; some of those took place in school nurse meetings, in-services, or seminars, and one had attended a conference outside the school setting where the topic of adolescent self-harm was discussed. Three of the nurses had spent time educating themselves about the topic of adolescent self-harm and three nurses had received no training about the topic. Eight of the school nurses lived in Texas; one participant did not report the state where she

resided; one lived in the Midwest; the remaining four nurses lived on the East Coast of the United States.

Eleven of the nurses were assigned to only one school building; three served children in two or three different, geographically separated, buildings. The size of the schools served by the school nurses ranged from 250 students to 3700 students (Mean = 1445). Only five of the school nurses had help in their offices. Two nurses were assisted by Licensed Vocational Nurses (LVNs); one was assisted by a nonprofessional assistant and a student helper.

## INTRODUCTION TO FINDINGS

The goal of the present study was to gain understanding of the experiences of school nurses who were dealing with adolescents who self-harm (ASH) in the middle and high school setting. Analysis of the data revealed four categories: 1) *School Nursing: The Job, 2) Adolescents Who Self-Harm, 3) Responding to Adolescents Who Self –Harm,* and 4) *Outcomes: How Does Their Story End.* The first category, *School Nursing: The Job*, was important in order to understand the nature of the school nurses' overall responsibilities. The second category*, Adolescents Who Self-Harm,* included *The ASH Population,* characteristics of the children who self-harmed who were cared for by the nurses in the study, and techniques the school nurses used when *Identifying Cases* of children who self-harm. The third category, *Responding to Adolescents Who Self-Harm*, included *Dealing with Her Own Affective Response, Clinical Response, Following up On Behalf Of the ASH* with the child, the parents, the school, and referral. The fourth category *Outcomes: How Does Their Story End*, addresses what happened to the school nurses themselves as a result of caring for ASH.

Table 4.1. Participants' Demographic Data

| Participant | Gender | Years as SN | Age | Race | Level of Education | Self Harm Education | Location of School |
|---|---|---|---|---|---|---|---|
| 1 | Female | 8 | 41 | C | LVN | No | TX |
| 2 | Female | 4 | 52 | C | BSN | Yes: Seminars | TX |
| 3 | Female | 1 | 51 | C | BSN | No | PA |
| 4 | Female | 15 | 52 | C | MSN | No | IL |
| 5 | Female | 18.75 | 59 | C | BSN/MEd | Yes: 2 Conferences | RI |
| 6 | Female | 6 | 58 | C | BSN | No: Independent Study | N/A |
| 7 | Female | 18 | 49 | H | BSN | No: Independent Study | FL |
| 8 | Female | 3 | 40 | C | BSN | No: Independent Study | NY |
| 9 | Female | 8 | 45 | AA | LVN | Yes: Nurse Meetings | TX |
| 10 | Female | 19 | 52 | AA | BSN | Yes: Classes & Inservices | TX |
| 11 | Female | 2 | 27 | AA | MSN | Yes: Nurse Meetings | TX |
| 12 | Female | 15 | 56 | C | MSN | Yes: 1Hr Inservice Beginning of School Year | TX |
| 13 | Female | 15 | 50 | C | BSN | Yes: Nurse Meetings | TX |
| 14 | Female | 2 | 31 | C | BSN | Yes: 1 Outside Speaker | TX |

*Legend*
C = Caucasian
H = Hispanic
AA = African American
LVN = Licensed Vocational Nurse
BSN = Bachelors Science Nursing
MEd = Masters Education
MSN = Masters Science Nursing

Table 4.2. Magnitude of Responsibilities

| Participant | Required to Float | Average Enrollment | Another Nurse | Non-Nurse Helper |
|---|---|---|---|---|
| 1 | No | 500 | No | No |
| 2 | No | 400 | No | No |
| 3 | No | 1500 | No | No |
| 4 | Yes | 1880 | No | No |
| 5 | No | 1056 | 1 RN | No |
| 6 | No | Just under 1000 | 1 LVN | No |
| 7 | Yes | 2000+ | No | No |
| 8 | No | 250 | No | No |
| 9 | No | 2000+ | No | No |
| 10 | Yes | 600 | No | No |
| 11 | No | 800 | No | No |
| 12 | No | 2800 | LVN | No |
| 13 | No | 3700 | No | 1 Student Helper<br>1 Office Assistant |
| 14 | No | 1740+ | LVN | No |

The discussion of the study findings utilizes quotations from the data transcripts as illustrations. Quotations are cited in the following format: (P3, 99). This citation indicates that the quotation was from the interview with Participant 3 and was located on line 99. An outline of the findings of the study is presented in Table 4.3.

Table 4.3. Findings Outline

- I. School Nursing: The Job
- II. Adolescents Who Self-Harm
  - A. The nature of the ASH population
    - i. Gender
    - ii. Forms
    - iii. Patterns
    - iv. Co-morbidities
  - B. Identifying Cases
    - i. Other people (teachers, students, counselors)
    - ii. Direct Observations
- III. Responding The Adolescents Who Self-Harm
  - A. Dealing with her own affective response
  - B. Clinical response
    - i. Triage
    - ii. Deal with wound
  - C. Following up on behalf of ASH
    - i. Follow up with the ASH
      - a. Rapport, Trust, Support, Safe Haven
      - b. Try to find the best way to help ASH
      - c. Helping the ASH find alternatives (come to me first, recognizing emotion patterns, more adaptive behaviors)
    - ii. Follow up with the parents
    - iii. Follow up with the school
- IV. Outcomes: How Does Their Story End

## I. SCHOOL NURSING: THE JOB

The school nurses who participated in this study had busy, complex jobs. Their primary responsibility was caring for the physical needs of all the children in their schools; they also were concerned about each child's social, and psychological needs. The nurses were responsible for communicating with parents, administrators, teachers, and school personnel, as well as the community. The nurses were responsible for caring and monitoring health care plans for homebound children, home-schooled children, and children with special needs. They provided emergent care to children, teachers, and staff in their schools. They assessed children for impairments and they administered immunizations, hearing and vision tests. Adolescents who self-harm were only part of the school nurses' responsibilities. Each of the nurses commented on how complicated, and at times overwhelming, their job could be. A nurse reported, "One day we had three fractures…a hand and two wrists. And you don't know, it's like you don't know what's gonna walk in the door" (P13, 189-191).

Most of the school nurses who participated in the study served only one school: "I'm the only nurse" (P7, 43). Three of the fourteen nurses served more than one school. One nurse commented, "I am at this school four days a week and one day a week if I am needed to float anywhere, then I get pulled either to middle, high school, or elementary, whatever…" (P7, 23-25). The nurse who served a school with 3700 students reported that at least 75 students a day come to her office.

Five of the school nurses had help in their offices. Four nurses were assisted by other licensed nurses: three were assisted by LVNs and one was assisted by another RN. The nurse who served 3,700 students was assisted by a nonprofessional assistant and a

student helper. Although that nurse appreciated the support of her nonprofessional assistant and the student, the researcher's field notes commented on the complexity of the nurse's office. The nurse had to manage her office, the flow of students through her office, and delegate tasks to her assistive personnel to protect student confidentiality; since the assistive personnel were nonprofessionals and one was a student, the nurse had to be careful when assigning tasks to them. Three nurses cared for children in more than one building; when the school nurse was in one building, there were no other licensed nurses available in their other assigned schools.

Each of the nurses in the study had trained resource people available to them in situations where they needed assistance with children in crisis, including ASH. Counselors, psychologists, other nurses, and, in one case, a policeman, were available as back up for the school nurses.

Most of the school nurses were the only healthcare provider in the school. The school nurses also were called upon whenever teachers and other school personnel had minor illnesses or injuries, had healthcare questions, or needed healthcare advice. One nurse commented, "You're all of a sudden the medical expert on the campus and I'm like wait a minute, I'm a nurse" (P14, 419-420). It appeared that school nurses' independence in the work place also made their job more difficult and sometimes very lonely.

**Summary: School Nursing: The Job**

School nursing is a demanding and complex job. Although the school nurses were fairly independent in their roles, that independence often came at the cost of being the only health care provider on the school campus. The nurses were responsible for providing wellness care and testing, as well as illness and emergency care to hundreds, up

to thousands, of students inside the school building and in other locations. They also were called upon to provide advice, care, and assistance to everyone in the schools to which they were assigned.

## II. Adolescents Who Self Harm (ASH)

The numbers of cases of children who harmed themselves cared for by the school nurses who participated in this study ranged from one to ten or more. One nurse reported that at the time of data collection she was dealing with ten ASH. The following sections will describe the characteristics of the self-harming children cared for by the study participants and how the nurses identified those children.

### The Nature of the ASH Population

The nurses who participated in the study had encountered wide range of behaviors the nurses considered to be self-harm. In addition to self-harm using knives, razor blades, and the like (referred to as "cutting"), the nurses had encountered children who carved designs into their bodies, children who self-harmed by pulling their hair, banging their heads, and abrading their skin. The nurses also deemed eating disorders, obesity, pregnancy, and "huffing" (sniffing paint, glue, etc.) to be forms of adolescent self-harm. All the nurses had observed self-harm behaviors in adolescent girls; half of the nurses also had observed self-harm in adolescent boys. Cutting was the most prevalent form of ASH observed by the nurses. Two of the nurses commented that they had observed a difference in the severity of cuts between girls and boys: "When males cut themselves or harm themselves, it is more serious than females, in my experience. Males seem to cut deeper and do more harm and the males seem to have deeper psychological issues like

verbalizing that they want to hurt themselves or kill themselves, suicidal thoughts, suicidal words and psychiatric hospitalizations" (P 2, 93-100).

The nurses reported that the numbers of cases of self-harm appeared to be increasing in their schools. "It is probably, let me see…Oh my gosh, at least nine or ten…I mean that I can think of. There is a large population here" (P14, 276-277, 286). The nurses attributed self harming behavior to attention seeking, using the behavior as an outlet to express how they were feeling, and because their friends were self-harming. Some believed that adolescents who self-harm were responding to depression or they might be in abusive relationships with peers or family members. Some of the school nurses' cases of ASH were students who had a history of self-harm before coming to the school; other cases were the child's first episode. Only one nurse encountered a self-harming child who had been diagnosed with a preexisting illness, clinical depression. The remainder of the nurses' cases of children who self-harmed were children who had no pre-existing diagnosis, or if they had such diagnosis, the nurse had not been informed.

**Identifying Cases**

A large number of children visited the school nurses' offices, for a variety of reasons, each day. Identifying children who were self-harming could be difficult because the children were secretive about self-harming behaviors. The nurses agreed that, other than attention seekers, ASH children were not eager to come to the nurse and discuss the fact that they were self-harming or even to admit to having a history of self-harm. Some of the nurses admitted they were caught off guard when first confronted with self-harming and had learned that awareness and early detection were important in order to intervene with ASH. Although the nurses believed they were in the best position to know

that a child was self-harming, they were not always the first ones to see the injuries or the behavior. The nurses often learned a child was self-harming from other students in the school: "More often than not it's their friends who were concerned and brought the problem to our attention" (P5, 50-51). Another nurse stated, "a lot of times students will let someone know that they have a friend or someone they know who is hurting themselves" (P10, 61-64). Teachers, school psychologists, and school counselors also identified cases of self-harm among the children in the school. These professionals either brought the student to the nurse's office or asked the nurse to come and see the student. Sometimes self-harming children went to the nurse's office on their own. One nurse reported that a girl asked for permission to leave class to come to her office; the nurse was not prepared for what the girl showed her: "… 'well honey, what is it?. . . that's…and so she lifted her PE shorts and her inner thighs were all cut up and at that point I was like…I said; oh well, let's just clean them off good," (P7, 149-152).

Knowing that self-harm exists is not the same as seeing it and the effect it has on a child. Each of the nurses had developed ways to identify cases of self-harm among the students in their schools. The nurses learned to look for scars, scratches, bruises, or other types of wounds whenever they encountered a student. They also learned to recognize behaviors that could indicate a child was self-harming. A nurse commented that she was alerted to the possibility of ASH, "When I have a student that comes in and they seem to be having a high level of anxiety and they seem to really be anxious and fidgety" (P2, 57-59). Children who appeared tense and anxious led the nurses to investigate whether the child might be self-harming. All of the nurses agreed that there were a number of ways the school nurses were alerted to a student who self-harms. Cues the nurses used to

investigate whether student was self-harming included their clothing, mannerisms, sad affect, and poor eye contact when communicating. A nurse stated," I know my kids pretty well; if I have no history of it…sometimes I can just tell by the way that they are carrying themselves and their disposition" (P14, 81-83). "Not making contact with you …That would be a dead giveaway" (P12, 267). Another nurse commented, "Typically, they are very withdrawn usually very sad, secretive, and not willing to talk most of the time. Not willing to share" (P13, 82-84). A nurse stated, "You can tell because of the clothes she wears. Yeah she's wearing like, you know sweats, long sleeve sweaters…inappropriate dress for the occasion kind of thing" (P7, 196-200).

**Summary: Adolescents Who Self-Harm**

Self-harm can be a serious threat to the child's physical wellbeing, but more important, self-harm can indicate maladaptive social and psychological responses. The school nurses were aware that neither physical nor psychological treatment could begin if the child's self-harming behavior had not been identified. The nurses knew that in order to fulfill their responsibilities and care for children who self-harm, they first must know what to look for and be able to identify cases of self-harm.

## III. Responding to the Adolescent Who Self-harms

The school nurse's response to a child who was presenting evidence of self harm began during the initial interaction, when the child first came to the nurse's attention with indications that he/she was self harming; and the nurse had to deal with her own emotional reaction as well as the child's injuries. Once the nurse treated and stabilized the child, she shifted her attention to the long-term care of the child, following up on

behalf of the child with the child, the parents, other personnel in the school, and assisting in identifying and securing on-going help for the child when they encountered children who were hurting themselves.

**Dealing with Her Own Affective Response**

The school nurses in this study agreed that encountering children with injuries from self-harm had an emotional impact on the nurses themselves. Their initial response usually was shock: "Oh my God…What are you doing honey? What is this?" (P7, 94-95). "When it first began…I was really taken aback. I couldn't figure out how young people would be able to bring themselves to hurt themselves. So I thought immediately, I thought about suicide" P10, 183-188). The nurses experienced fear, empathy, and sadness. "Generally I just feel sad that they felt that they had to go to this extreme…hurt themselves. Their empathy allowed the nurses to gain more of a connection with the student: "I think the biggest thing is empathy and not judging why sometimes they are not comfortable with expressing how they feel" (P5, 227-230). The nurses also found themselves feeling frustrated and sometimes irritated, even angry, trying to understand the behavior, especially when it was on-going. "It was frustrating because I was really on the borderline of, 'is he really doing this on purpose?'" (P8, 407-408). Another nurse reported that she could find herself becoming frustrated: "Sometimes it's irritating. You say… [whispering] 'oh gosh, not again!'" (P13, 181-182). One nurse had learned to be more accepting of the behavior: "I guess they're [ASH] expected to occur. I think …if you have been in the education system working with students a certain length of time, you're going to become familiar with it…Oh yes, I think it is the coping mechanism of the day…If a student doesn't handle adversity well, I kind of expect that that's what

they'll do"(P10, 41,183). "…but you can't really let them know how you actually truly feel" (P8, 171-174).

The nurses all knew it was important not to reveal their inner emotional response to the child's self-inflicted injuries. The nurses needed to maintain a calm demeanor: "Sometimes I have to just be very matter of fact in how I care for it" (P5, 96-97). The nurses had to deal with their own feelings so they could listen to the child calmly and without judgment. The nurses all agreed that managing their own emotional response was the basis for building rapport and trust with the child.

**Clinical Response**

The nurses agreed that the child's medical needs were priority. The nurses began by assessing the child's wound(s), evaluating the severity of the injury as well as the risk for infection. Occasionally the child's injuries were so severe that the nurse had to call emergency services: "I had to call rescue… [the injury] was horrible, horrible, horrible" (P5, 123-124). Other ASH injuries were not as severe, only needing to be cleaned and dressed. The nurses cared for the wound then taught the ASH how to care for the wound since the child was not always in the school setting. The nurses explained to children who were self-harming that it was their responsibility to care for their injuries; they taught the signs and symptoms of infection to report and how to change their dressings, as well as the importance of protecting other people. One nurse stated, "The expectation is that it needs to be covered at certain times, depending upon type of wound… I explain this to them for the safety of themselves and others that this type of wound needs to be covered" (P5, 198, 203). Another nurse said, "I will speak with the student about the risks. Risk of infection and the risk of sepsis or something like that" (P13, 112-114). The nurses calmly

assessed and treated the child's self- inflicted wounds, then made the child part of his or her own care by teaching the child wound care principles and signs and symptoms of infection.

During the course of assessing and treating the child's wounds, the school nurses began to try to find out what was going on in the child's life that had led to self-harm. They tried to help the child talk about the injuries and what led to the behavior. It was important that the nurses' treatment and conversation with the ASH occur in private: "Get them to a place where we can talk for a few minutes" (P3, 50-51). Each of the nurses believed the conversation was very important. A nurse commented, "After the first aid is done, I kinda have some questions that I generally ask them…what did they use, did they just do this, did they have the instrument on them, do they do this at home, are their family members aware, what do they use this for, and is it more of an escape to get away from something. I ask questions about suicide, any other places where they might have been harming themselves, are they on any medications, and if they see a therapist" (P3, 60). Another commented that her conversation with the ASH gave her additional information: "I can sort of see where they're at socially and get an idea of what's going on with them and get an idea of how much distress they're in, is it something that needs immediate attention? Is it something that they've been doing quite a while? Do their parents know? Who is their support system? And what does it consist of? Mainly I just want to know if their guardian is aware" P10, 220).

**Following Up On Behalf of ASH**

Once the school nurses had dealt with the immediate aspects of the child's self-harming episode, they had to consider the longer term issues related to the child's

behavior. The nurses attempted to build on the rapport they had begun to establish with the child by building a longer-term relationship with the child. They tried to help the child find alternatives to self-harm. They had to follow up with the parents and the school and they had to identify referral resources for the child and family.

**Building a Relationship with the ASH**

The nurses knew that children who self-harm tend to be secretive about their situation and they may be reluctant to follow up with any adult, including the school nurse. The nurses also knew that ASH tend to respond to direct queries by saying they are fine and everything was okay. Although children who were self-harming occasionally came to the nurse's office on their own, the school nurses created other ways to see the ASH. The nurses made a point to be seen around the school campus; being seen around the school made the school nurses a familiar face and gave the school nurses opportunities to encounter ASH students on the school campus so they had a chance to stop and chat. One nurse met periodically with groups of students, "We have something called a lunch bunch which is on a daily basis where the guidance counselor uses one period, which is 30 minutes, to allow anyone who wants to come in and meet and have lunch together…" (P8, 478-481). Another nurse placed a hand sanitizer dispenser at the door of her office; she made a point of greeting and quickly assessing, students who came by to clean their hands.

The nurses knew that children in their care, including ASH, were more likely to come in to the nurse's office if they had a trusting relationship with the nurse. Nurses also knew that building a relationship with an ASH can be difficult and time consuming; they had to earn and nurture a trusting relationship with ASH. It was important that children

perceived the school nurses as genuinely caring, therefore the nurses listened attentively, maintained eye contact, were aware of their body language, and avoided passing judgement. One nurse stated, "The biggest thing that I've learned is all the kids in the building know that when you walk through that door…when you come into my office, that door is where all information stops. So if you come in and anything you want to tell me…it stops there unless you are being harmed" (P8, 516-522). The nurse believed that part of being honest and maintaining rapport with the ASH was letting the child know that although the nurse would protect the child's privacy and confidentiality, her first responsibility was keeping him or her safe. Therefore, they explained to the ASH that if the nurse believed the ASH was in danger she would have to inform other adults, such as the principal, guidance counselors, teachers, or the child's parents. The nurses believed it was important for the ASH to have a place where they could decompress in a quiet, nonthreatening setting during the school day, and they worked to make their offices places where children could feel secure; a safe haven. The nurses hoped this safe haven would encourage children to come to them before actually inflicting self-harm. One nurse stated, "...[I hoped the ASH would]come down to the nurse's office before she made the decision to do any self-harm so maybe at least we could touch base…if she needed to rest a little bit, if she needed to have some quiet, if she needed a drink of water" (P3, 96-99). Another nurse was successful in getting a self-harming girl to come to the office: "Um, so over the course of time with her, we established a relationship and she was coming down every day sometimes with fresh wounds, sometimes to care for wounds from the previous day" (P3, 103-105). The nurse was pleased and relieved the girl was at least coming to

the nurse's office. The girl's visits gave the nurse opportunities to begin to find ways to prevent the girl's self-harming behavior.

### Helping the ASH Find Alternatives

The school nurses tried to help the ASH find more adaptive ways of coping than self-harm: "I try to help them find more positive ways to deal with stress" (P13, 114-115). One nurse stated, "I gave her a journal to try to write in it a little bit, even the thoughts she was having before she did this [self-harm]. I used Play-Doh to try to get her to release some of the anxiety that she was feeling" (P3, 99-102). Another nurse added, "I usually counsel them on outside activities. They're too solitary in whatever they do. Girls, you know, I ask if they know how to do any knitting, sewing, reading, sports. I try to focus on some extra activity, some hobbies to divert their attention away from themselves" (P 6, 87-90). The nurses recognized that self- harming behavior tended to be in response to stress and tended to occur in private; they attempted to intervene by helping the child find activities that might deter the child from self -harm. None of the nurses reported whether the diversional activities helped the child be less likely to self-harm.

### Follow Up with Parents

The school nurse's responsibility to the ASH went beyond the child to include the child's parents and or guardians. The first contact with the parents was by phone; the school nurses occasionally invited the parents to meet with themselves, the principal, counselor, or teachers to discuss the child's behavior. Some of the parents already were aware that their child was self-harming and were getting treatment for the child. Other

parents displayed shock, surprise, or anger upon learning that their child was self-harming. Still other parents were in denial, insisting their child would not do anything like self-harm. "'My child would never do that'" (P12, 135). Another nurse reported, "Sometimes its anger from the parents. They say, 'how dare you? How dare you say that my daughter is cutting herself. That's ridiculous. She would never do that and don't you ever call my house again'" (P4, 75-78). Some of the school nurses asked parents who were responding with denial to come to the school to see their child's self-harm injuries for themselves. The nurses also listened as the parents talked through their shock upon hearing that their child was self-harming: "She's like, 'How does this happen…we're a nuclear family, we visit our grandparents on the weekend and we go to church!'" (P7, 228). Other parents rationalized their child's self-harming behavior: "I mean, even when the son admitted to us that he had done it, the father said that he's just doing it to get attention" (P12, 136-137). In addition to informing the parents that their child was self-harming, the school nurses gave the parents information about self-harm and supported the parents in obtaining appropriate and affordable help for their child. The nurses' goal was to establish a bond with the parents, a bond that would give the parents a sense that they and the nurse were on the same team. "I tell the parent that I am like your eyes and ears while they're at school and so if it's something that I feel that…I feel that if it was my kid I would want to know about it. I am going to call you and tell you that this is what's going on" (P7, 222-225).

On rare occasions, parents were unresponsive to the school nurse's attempts to get them involved in caring for their child. One nurse reported that she had made numerous attempts to contact each of the child's parents; the parents did not respond to the nurse's

invitations and evidence of the child's self-harm continued. The nurse eventually had no recourse but to contact Child Protective Services in order to protect the child.

**Follow Up with School**

The school nurses all agreed that keeping the entire school staff informed and trained about self-harm was very important. The nurses trained the staff, specifically the teachers, about what to look for and what to do when they discover a child self-harms in their class. One nurse stated, "It was frustrating because people weren't seeing this. They were addressing the symptom and not the problem. They would say that this is just her baseline or this is just who she is" (P2, 92). Teachers were instructed to stay calm and not criticize or alienate the child. A nurse added, "[teachers] are uncomfortable with psychiatric problems [I try to]…help them feel empowered that they do know what to do…they say…'I'm in over my head, I need your help'" (P 14, 295).

Educating the teachers and other school staff about ASH helped keep the children safe during school hours; it also gave the school nurses necessary support and back up as well as having other informed people to keep watch over the children in the school. One nurse stated, "We also involve his whole cluster of teachers and he saw that he had all these people in his corner who was concerned about his welfare" (P11, 157).

**Summary: Responding to the Adolescent Who Self Harms**

The school nurses' response to the child who self harms was characterized by their focus on the child's future: their goal was to keep the child safe. The nurses worked to develop a rapport and provide support in order to build a trusting relationship that would make the child feel comfortable coming to the nurse for help. Although treating

the child's wound was the initial issue for the nurses, their focus was on the long-term psychological aspect of the interaction; they had to tamp down their own emotional responses so they would not taint the relationship. The school nurses wanted to create ways to get ahead of the problem of children self-harming. They created ways to develop their relationship with the child so their presence became a normal part of the child's school life, not just during times when the child had an injury requiring treatment. The nurses developed strategies that allowed them to keep a watchful eye on the child's behavior. They attempted to help the child find ways to cope with their anxiety and solitude instead of reverting to harming themselves.

The school nurses' response to adolescents who self harm went beyond the child to the parents and the school. In order to keep the child safe, the nurses had to develop a relationship with the child's parents. They had to help the parents come to terms with the reality that their child was self harming. The nurses educated the parents about adolescent self harm and assured the parents that the school nurse was, as one nurse said, "their eyes and ears," watching over the child during the school day. The school nurses followed up with school staff in order to protect the welfare of the identified adolescents who were self harming as well as what to look for and what to do with other children who might be self harming.

### IV. Outcome: How Does Their Story End

Caring for adolescents who self harm was a long-term commitment for the school nurses. Most children harm themselves repeatedly so, the nurses saw the same children, as well as other children, with new injuries due to self-harm. As a result, the nurses could become frustrated: "At the end of the day we are just so sad…sad about the world…sad

about humanity…sad that we couldn't help the kids" (P14, 523-525). "We deal with it day in and day out from the time we walk in the door at 7:00 in the morning" (P5, 280-282). One nurse commented, "I saw a lot of it and once I kept seeing it then I kinda just felt …We kinda felt dissuaded. We just thought; 'these poor kids! I mean last year that was all I saw and it was my first year in school. I was like; 'Oh my goodness'" (P14, 128-131). The nurses struggled with wanting to fix the children, but they had to accept that they couldn't fix them. The nurses consoled themselves with the reminder that although they were not able to stop the self-harming behavior, they might be able to point the student and their families in the right direction. "You want to be able to help them more than you are able to help in the school setting" (P14, 304-305).

School nurses tended to lose touch with the children after they were no longer enrolled in the school. The nurse's struggled with not knowing what happens to the ASH; not knowing how the story ended was very difficult. One nurse tried to keep in touch with the ASH after he/she went to another school. She commented, "I still keep track of those kids, I mean I can still call the high school and have a quick conversation on how she is doing, you know I try to let them go, but I can't…Yeah you get attached. You become emotionally involved and it's very, very hard not to. . . I know I have to draw the line, and that's what it amounts to, but I still care" (P8, 319-322, 361-362, 344-346).

The long term effects of dealing with children who self-harm caused many of the school nurses to become ambivalent about their jobs. "Well, I can't think of another job where you are needed and there are days when they [ASH] just drive you crazy. But then there are those days where it is just so rewarding" (P13, 326-334). Another nurse found herself unable to go home and leave her responsibilities at work: "Some of this stuff was

keeping me up at night... [I'm] not physically, but emotionally drained because you imagine you are bearing the weight and you hear these stories that just breaks your heart" (P7 218, 315-317). The nurses often felt overwhelmed: "Everyone's looking at you. 'What do we do?' The responsibility sometimes feels overwhelming. It is so rewarding, but we are so emotionally tired at the end of the day. I guess from making some of those decisions. So far, I do love what I do. You have to love this job and there are sometimes when you want to say 'I can't deal with this'" (P13, 388-396). Many questioned whether they were in the right job: "It's funny because in the morning I say, 'Oh God give me a sign. Am I really supposed to be here?'" (P7, 252-253). Nevertheless, most of the nurses were committed to their job. "This is what my heart tells me to do . . . You invest so much time and energy into someone. You can't help it. That's just the way it is" (P8 357, 364-366). "It really makes a difference. I can make more money in the hospital double probably but we do what we love" (P13 328-334). One nurse appreciated only working during the school year: "Having that summer off really charges our batteries and it really makes a difference" (P13, 326-327). The nurses all felt that their greatest accomplishment was the fact that they had been able to keep each child safe. "Honestly it's been a great day if no one dies. You just have to put your expectations…I made it through the day" (P13, 263-265). Only one of the fourteen nurses interviewed has decided to take some time off from school nursing; she said she might consider returning in a couple of years.

**Becoming a Better School Nurse**

Each of the school nurses said that coming in contact with children who self-harm made them realize how important it was to be knowledgeable about how to care for these children. They were concerned that the care they had provided to the ASH might have

been inadequate. One nurse commented, “Did I miss things before because I did not have the education...Yes” (P, 12, 280-281). The nurses were alarmed about the problem of ASH and each of the fourteen school nurses in the study agreed that additional training addressing how to deal with children who self-harm in the middle and high school setting would be beneficial. Eight of the school nurses had received some type of training about ASH in school nurse meetings, in-services, or seminars; the remaining six school nurses had received no specific training related to the problem of adolescents who self-harm. Nevertheless, the nurses independently sought ways to educate themselves about ASH and how to deal with such children. One nurse stated, “It’s . . . an interest of mine because it is something that I see growing…and I see how distressed the kids are and what they need to turn to for coping. So something I try to do is educate myself” (P3, 134-137). Some nurses went online to learn more about ASH: “I took a class and I’ve done seminars on line” (P6, 42-43). Some sought out experts and attended conferences or talked with them: “I do research but not just internet and that kind of thing but research from doctors and psychiatrists” (P8, 52-53).

**Summary: Outcome: How Does Their Story End**

Caring for adolescents who self-harm presented significant challenges for the school nurses. Adolescent self harm can become a chronic, contagious, problem. Although the nurses worked to create a long term relationship with ASH, children coming to the nurse with repeated episodes of self injury could cause the nurses to become frustrated and overwhelmed because they couldn’t fix the problem of self-harm. Nevertheless, the nurses continued to care deeply for the children whose lives had led them to hurt themselves. Most of the nurses felt so overwhelmed that at times they

considered leaving school nursing but their dedication and commitment to the children in their care sustained them. Each of the school nurses actively sought additional knowledge about ASH so they could become more skillful in caring for ASH children.

**Summary of Findings**

School nursing is a complex job. Most school nurse work alone, and although they are independent they are very busy and they have little support. The school nurses cared for all the children in their assigned schools and only a few of those were children who self harmed. School nurses in this study cared for a variety of manifestations of self-harm; they cared for students of each gender who self-harmed and many of the children visited the nurse repeatedly with wounds resulting from self-harm. The nurses had learned to recognize a number of clues that may indicate a child was self-harming. They identified cases of self-harm either from direct observation or referral by other people in the school such as teachers, students, and counselors. When faced with a child with evidence of self-inflicted injuries, the nurses first had to deal with their own emotional reactions while simultaneously dealing with the child's injuries in a matter-of-fact manner. The nurses triaged and treated the child's injuries; they also taught the child how to take care of the wound, indications of complications, and the need to protect other people. Although the nurses provided the necessary immediate care, their focus was on keeping the child safe in the future. The nurses created strategies so they could follow up on behalf of the child. The most crucial strategy was building an ongoing, trusting relationship with the child, hoping the nurse could in some way provide stability and help the child find alternative ways to deal with the turmoil and anxiety that led to self harm. The nurses also had to follow up with the child's parents informing the parents and

helping them accept their child's situation. The nurses tried to create a connection with the family so the family would see the nurse as a resource. The nurses had to follow-up with the school. A lot of the school nurses' role with the faculty and staff involved reassuring them and educating them about dealing with adolescents who self-harm.

The school nurses often found caring for ASH children to be frustrating and overwhelming. They rarely knew how the story ended for ASH children in their care. Many of the school nurses expressed ambivalence about their jobs but were sustained by their love for their job and commitment to the children in their care. They were concerned about the dearth of training about ASH they had received, but each nurse actively pursued ways to educate herself about ASH.

Chapter five will present a brief summary of the study, a comparison of the study findings to the extant literature, a discussion of the implications of the study, the strengths and limitations of the study, and suggestions for future research.

# Chapter 5: Discussion

This Naturalistic Inquiry (NI) study (Erlandson et al., 1993; Lincoln & Guba, 1985) explored the perceptions and experiences of school nurses dealing with middle- and/or high-school-age students who self harm. Chapter five presents a brief summary of this NI research study beginning with a review of the study's problem, and the methodology used to answer the research question. The chapter then presents the study's findings by a comparison of the findings to the extant literature, the implications of the study, the study's strengths and limitations, suggestions for further research, and ends with the conclusions.

## STATEMENT OF THE PROBLEM

Self harm is the fastest growing adolescent problem (Alfonso & Dedrick, 2010; Cooke, 2009; Wood, 2009). Although Little is known about the school nurse's experiences related to adolescents who engage in self harming behaviors, previous research has revealed that the increase in the numbers of adolescents who self harm may leave the school nurse feeling frustrated and overwhelmed (Cooke & James 2009).

The school nurse are likely to be involved in dealing with adolescents who are discovered to be self harming; moreover, school nurses may be in a position to recognize adolescent self-harming behavior. Because school nurses are involved with all aspects of health within the school, they may be central to overseeing adolescent mental health (Cooke & James, 2009) as well as supporting and promoting positive mental health among the school population. School nurses must identify early warning signs of self-harm among children and adolescents in their charge and make appropriate decisions

about how to intervene and make referrals (national Association of School Nurses, 2008), but school nurses are acutely aware of the inadequacies in their knowledge and skills in identifying and intervening with such adolescents (Cooke & James, 2009).

No research to date has addressed school nurses' perceptions of their ability to identify, provide care, and make referrals for adolescents who self-harm. Moreover, no research to date has explored school nurses' response to middle-and high-school age adolescents who self-harm.

## REVIEW OF THE METHODOLOGY

Naturalistic Inquiry (NI), based on the work of Lincoln and Guba (1985) and elaborated by Erlandson et al. (1993), was utilized for this study which answer the research question: "What are the perceptions and experiences of school nurses who come in contact with middle and high school-aged adolescents who self-harm?" According to Lincoln and Guba (1985), NI attempts to describe, understand and/or interpret daily life experiences within a particular context. Naturalistic Inquiry researchers believe that a phenomenon should focus on the way people behave in real life situations. NI posits that there are multiple realities, that all aspects of reality are interrelated, and isolation of a phenomenon from its context will destroy much of the meaning (Erlandson et al., 1993). NI is based on the assumption that human beings construct knowledge rather than discover knowledge. The NI researcher serves as the primary data collection instrument (Erlandson et al., 1993) and approaches her study with the belief that knowledge is created during the dialogue between the participant and the researcher. NI was the appropriate method for the present study because the study goal was to explore how

school nurses, within their role as healthcare providers in the school setting interact with and react to adolescents who harm themselves.

The study utilized purposeful and snowball sampling (Erlandson et al., 1993) to recruit fourteen school nurse participants. The school nurses were recruited from the membership of the National Association of School Nurses (NASN). All of the school nurses who participated in the study were female. They ranged in age from 27 to 59 years (M=49); they had been school nurses for 1 to 19 years (M=10). Ten of the nurses were Caucasians, three were African American, and one was Hispanic. Two of the nurses were Licensed Vocational Nurses (LVN); the remaining twelve Registered Nurses with Bachelor's degrees, four also had a master's degree. Eight of the nurses had participated in educational programs addressing the topic of self-harm. Three of the nurses had spent time educating themselves about the topic of adolescent self-harm; three had received no training about the topic. Eight of the school nurses lived in Texas; one participant did not report the state where she resided; one lived in the Midwest; the remaining four nurses lived on the East Coast of the United States.

Data for the study consisted of demographic data, interview data, and the researcher's reflexive journal. The interviews were conducted utilizing telephone and face-to-face web-based video conferencing; the interviews were digitally recorded then personally transcribed by the researcher. The researcher assured the accuracy of the transcriptions by listening to the recorded data collection session while reading the transcription. A pristine copy of the original transcript was saved and the second copy was de-identified so any information linking a given participant to the data was masked or removed. The second, de-identified copy of the transcript was used for data analysis.

Data analysis utilized Lincoln and Guba's (1985) approach, which consists of unitizing data, emergent category designation, and negative case analysis supported by constant comparative methodology (Glaser & Strauss, 1967). The approach to data analysis enabled the researcher to break the data into its smallest pieces, constantly comparing them and sorting the data pieces into categories that were labeled to reflect their content. There were no negative cases found.

Trustworthiness of the study was addressed by utilizing Lincoln and Guba's (1985) criteria of credibility, transferability, dependability, and confirmability. Credibility was addressed by recruiting people who could speak to the phenomenon of interest; in the case of this study, school nurses who were willing to discuss their experiences dealing with middle-or-high-school-age adolescents who self-harm. The researcher also addressed credibility by utilizing peer debriefing whereby the researcher's dissertation advisor reviewed and critiqued the study procedures throughout the entire process. The researcher also utilized member checking to enhance credibility. Four of the fourteen school nurses who had provided study data met with the researcher who presented the study findings for their review and feedback on how clearly and adequately the findings represented their experiences. Transferability was addressed by including sufficiently detailed descriptions of the data in the discussion of study findings to allow the reader of the research report to judge whether the findings could be transferred to other settings. The researcher addressed dependability by utilizing audit trails and peer debriefing. The audit trail in this study consisted of the interview guides, demographic data, transcripts (raw data), codebooks, and the researcher's reflexive journal. Finally confirmability was

addressed in the study through the use of an audit trail detailing all procedures and decisions utilized throughout conduct of the study.

## INTERPRETATION OF THE FINDINGS

The goal of the present study was to gain understanding of the experiences of school nurses who were dealing with adolescents who self-harm (ASH) in the middle-and high-school setting. Analysis of the data revealed four categories: 1) *School Nursing: The Job, 2) Adolescents Who Self-Harm, 3) Responding to Adolescents Who Self –Harm,* and 4) *Outcomes: How Does Their Story End.* The first category, *School Nursing: The Job,* shed light on the complex nature of the school nurses' overall responsibilities and provided context in which the school nurses cared for adolescents who self-harm. The second category, *Adolescents Who Self-Harm,* included: *The ASH Population,* characteristics of the children who self-harmed who were cared for by the nurses in the study, and techniques the school nurses used when *Identifying Cases* of children who self-harm. The third category, *Responding to Adolescents Who Self-Harm*, included: *Dealing with Her Own Affective Response, Clinical Response, Following up On Behalf Of the ASH* with the child, the parents, the school, and referrals. The fourth category *Outcomes: How Does Their Story End*, addresses what happened to the school nurses themselves as a result of caring for ASH.

School nursing is a complex job. Most school nurses work alone and, although they were independent, the nurses who participated in this study were very busy and they had little support. They were responsible for caring for all the children in their assigned schools and only a small number were children who self harmed. School nurses in this study cared for both female and male adolescents who self-harmed, and they observed a

variety of manifestations of self-harm. Many of the children visited the school nurse repeatedly with wounds resulting from self-harm. The nurses developed a number of clues they used to indicate a child might be self-harming, so in addition to identification of identified cases of self-harm by referral from other people in the school such as teachers, students, and counselors, the nurses developed techniques and skills they used to identify other adolescents who might be self-harming or to identify repeated episodes of children with a history of self-harming behavior.

School nurses who were faced with a child with evidence of self-inflicted injuries, first had to deal with their own emotional reactions while simultaneously dealing with the child's injuries in a non-judgmental, matter-of-fact manner. The nurses triaged and treated the child's injuries; they also taught the child how to take care of the wound, indications of complications, and the need to protect other people from blood and body fluids. Although the nurses provided the necessary immediate care, their focus was on how they could help to keep the child safe in the future. The nurses created strategies so they could follow up on behalf of the child. The most crucial strategy was building an ongoing, trusting relationship with the child, hoping the nurse could in some way provide stability and could help the child find alternative ways to deal with the turmoil and anxiety that led to self harm. The nurses had to follow up with the child's parents; informing the parents and helping them accept their child's situation. The nurses tried to create a connection with the family so the family would see the nurse as a resource. The nurses had to follow-up with the school. A lot of the school nurses' role with the faculty and staff involved reassuring them and educating them.

The school nurses often found caring for adolescents who self-harm to be frustrating and overwhelming. They rarely knew how the story ended for ASH children in their care. Many of the school nurses expressed ambivalence about their jobs but they were sustained by their love for their job and commitment to the children in their care. Although each of the school nurses expressed concern about the dearth of training about ASH they had received and felt inadequately prepared to care for such children, they actively pursued ways to educate themselves about the problem of adolescents who self-harm.

## COMPARISON TO EXTANT LITERATURE

There is a paucity of literature addressing the roles and responsibilities of the school nurse in general as well as school nurses' responsibilities and responses to children who self-harm. The study's findings support and expand upon the knowledge gained by the work of previous researchers. The study findings highlight the complexity of a nursing role where the scope of practice extends far beyond the individual child identified with the problem. The current study supports Krugar et al. (2009) that most school nurses care for children with complex needs despite working alone, having enormous caseloads, and sometimes attending to multiple schools with little or no orientation and educational support.

The current study supports Cooke and James's (2009) findings related to school nurse training needs. The school nurses in the current study felt frustrated and inadequate when caring for adolescents who self-harm because they felt they lacked the necessary training and knowledge to deal with this alarming behavior.

The study goal was not to explore the nature and prevalence of self-harm but to focus on the school nurses caring for students who self-harm. Nevertheless, the school nurses in the present study provided a much broader conception of self-harm. Consistent with the DSM-5 (APA, 2014), the nurses seemed to have no question that self-harm is some sort of psychological disorder. Also consistent with the literature, the school nurses agreed that self-harm behaviors include cutting (Gilman, 2012; Klonsky & Mueklenkamp, 2007; Mazelis, 2008; Skegg, 2005; Yip, 2005); burning, bruising, breaking bones (Adler & Adler, 2011); biting (Skegg 2005); and scratching (Christenson & Bolt, 2011; Nock, 2010). The school nurses considered eating disorders a form of self-harm, but in the literature self-harm is viewed as only a risk factor to self-harm. The nurses in the study also classified pregnancy and obesity as forms of self-harm.

The current study makes an important contribution to the literature in that it is the first study to explore the perceptions and experiences of school nurses who are dealing with adolescents who self-harm (ASH). While most of the literature addressing self-harm approaches the topic from the standpoint of the mental health professional, this study explored the impact of ASH on a different group of care providers, school nurses, and shed light on how these providers responded to children exhibiting this shocking behavior. The study reveals the complexity of the school nurse's responsibilities to the child during an acute episode of self-harm, as well as how the nurse strategized to protect the self-harming adolescent in the future and to identify other adolescents who might harm themselves.

The study provides an additional important contribution to the literature because in addition to revealing important information related to the study's research question, it

garnered information about the complexities of the role of the school nurse. The school nurses who participated in the study cared for large numbers of students, teachers, and staff in their schools, the adolescents who were self-harming constituted only a small part of their responsibilities. The school nurses provided information that will be important in future studies of school nurses and their roles in general. In addition, the study illuminated the creativity, commitment, and dedication of school nurses.

## STUDY IMPLICATIONS

Self harm is a serious, chronic, and growing health problem among adolescents in the United States and worldwide. The actual numbers of cases of adolescent self-harm (ASH) is unknown because the behavior tends to occur in secret. Because adolescents spend a good portion of their lives in school, the school nurse likely will be called in to deal with an adolescent who is self-harming. Moreover, the school nurse is in a good position to identify other cases of ASH as well as repeated incidents of self-harm in adolescents. Each of the school nurses who participated in the study talked about how desperately they needed education about the topic of ASH. The school nurses also described their positions in their assigned schools to be one where they were practicing alone and without many resources; they had a few material resources and few people available to back them up. The findings of this study suggest several implications for policy, education, and nursing practice. The increasing numbers of students in middle and high school settings self-harm can cause school nurses to feel overwhelmed and frustrated. Adolescents who self-harm were only a small portion of the school nurses' responsibilities and their enormous caseloads made their jobs very challenging. As an example, one study participant reported that seventy-five or more students came to her

office per day for treatment. School nurses also are called upon to care for students in emergency situations as well as health issues or questions that arise in school faculty or staff members. Some of the school nurses had other people available to assist them in their offices but those people usually were nonprofessionals and even students in the school. Although such assistive personnel were available to help the school nurses, they were expected to train and supervise their nonprofessional personnel as well as protect the privacy and confidentiality of students who came to the nurse for treatment. Not only are school nurses responsible for medical treatments, but they are also called upon to function as case managers, social workers, and counselor, and what seems to be the psychologist at times. Some of the nurses in the study had been hired into their roll as school nurses with minimal experience in clinical nursing; bringing with them a dearth of clinical experiences to draw upon in a practice environment that is so resource-poor and where all sorts of situations can occur. Not only does the school nurse's situation place the child who has an emergency at increased risk, but it threatens the nurse's scope of practice and poses a risk of increased liability for the nurse and the school district. The study shed light on the possible need for review of the scope of practice of school nurses and ethical issues surrounding school nurse practice. Policy makers also should consider revisiting the practice of assigning a school nurse cover to care for children in no more than one school building.

The study also shed light on the education and training needs of school nurses. The nurses in the current study worked hard to find ways of gaining the education that they felt was needed to care for an ASH. School nurses yearned for additional knowledge and actively pursued ways to educate themselves about ASH. The school nurses' desire

for additional knowledge may have been driven in part by their affective response to dealing with ASH. Self-harm is a shocking and perplexing behavior and the nurses in this study instantaneously had to find their own ways to cope and respond to each child who appeared to them showing evidence of self-harm. Perhaps strategies, such as simulation scenarios or role play could be developed that would also school nurses to practice responding to an ASH in a non-clinical and safe learning environment.

The school nurses in the present study each had undertaken attempts to educate the teachers and staff in their schools about ASH. The nurses' efforts to educate faculty and staff partly were in response to their recognition that school faculty and staff needed additional information about ASH; that faculty and staff needed to learn ways to respond to a child who was self-harming, both physically and psychologically; faculty and staff needed additional information so they would be less shocked and fearful when faced with a child who was self-harming. An additional benefit of the school nurses' efforts to educate faculty and staff was that having faculty and staff who might be able to recognize ASH would result in better case finding; it also might make faculty and staff better able to provide more effective back up for the nurses.

### STRENGTHS

Examination of the study's methodology and findings reveals several strengths. Naturalistic Inquiry allowed the researcher to conduct a truly exploratory study and to delve into what really was happening when the school nurses encountered adolescents who were self-harming. Although school nurses can be on the front line of treatment, triage, case finding, and, potentially, prevention, of self-harm among adolescents, the experiences of school nurses related to adolescents who self-harm have not been

examined. This study gave voice to a population who urgently wanted to be heard and gave the school nurses a chance to talk about a topic that seemed to be extremely concerning to them. The nurses were able to share their perceptions and experiences with other school nurses and the public and potentially make a difference in future school nursing practice. In addition, the school nurses' perspectives and interpretations of what constitutes self-harm has provided a broader understanding of the forms self-harm might take in adolescents.

An additional strength of the study was that the researcher was able to visit and observe some school nurses as they carried out their duties. The researcher was able to see firsthand the complicated and hectic lives led by the school nurses and the data resulting from these observations, added to data derived from the interviews with the school nurses, made for a greatly enriched data set. In this way, Naturalistic Inquiry also allowed unexpected findings to emerge regarding the school nurses' role, in particular the unpredictability of their jobs, the wide variety of the health needs of the children, the extensive clinical knowledge school nurses may be called to utilize, and the large numbers of children, staff, and faculty who may call upon school nurses for assistance.

The study's participant recruitment strategy was an additional strength. Participants were recruited by an announcement published in a weekly online newsletter of the National Association of School Nurses, which allowed for wider geographic diversity of the study participants and enhanced the generalizability of the study findings.

Finally, the study results may provide information that will enhance education of school nurses about self-harm. The findings have identified strategies developed by the school nurses themselves that can be taught to other school nurses and, as a result, the

study findings potentially can increase the effectiveness of any school nurse who is faced with dealing with adolescents who self-harm.

## LIMITATIONS

The study's exploration of school nurses as they deal with middle-and-high school students who self-harm also has limitations. The study was limited by the small number of participants and the fact that no male school nurses participated in the study which limited transferability of study findings. Another limitation is that study did not include elementary school-aged children. Recent literature is indicating that self-harm is showing up in younger children (Magnall & Yurkovich; Simm et al., 2010). A potential limitation of the study is that the participants self-selected to participate in the study; nevertheless self-selection allowed school nurses who cared dearly about the topic to share their experiences.

## SUGGESTIONS FOR FURTHER RESEARCH

This Naturalistic Inquiry study was the first to explore the perceptions and experiences of school nurses dealing with adolescents who self-harm. The current study attempted to recruit participants representing geographically diverse areas of the US although most of the study participants were Caucasians and there were no male participants. Future research studies should attempt to recruit a more diverse sample. The current study involved fourteen school nurses who were working in middle-school or high-school settings. A similar study should be done utilizing a similar methodological approach as the current study but include school nurses working at the elementary school level, since recent studies (Magnall & Yurkovich, 2008; Simm et al., 2010) are showing

that increasing numbers of children in elementary schools are beginning to self-harm. Further research is also recommended to develop, implement, and evaluate strategies to enhance the school nurses' knowledge about self- harming behavior.

## CONCLUSIONS

School nursing is a complex job. Most school nurses work alone with very little support and are responsible for large numbers of children, as well as staff and faculty, in the schools where they are assigned. School nurses are responsible for scheduled healthcare programs, such as hearing and vision screening, as well as unscheduled illnesses and injuries sustained by people in their schools. The children who self-harmed constituted a small percentage of the cases cared for by the school nurses in this study. The school nurses cared for a variety of manifestations of self harm and they cared for students of each gender who self-harmed; many children visited repeatedly with wounds resulting from self-harm. When faced with a child with evidence of self-inflicted injuries, the nurses had to deal with their own emotional reactions while simultaneously dealing with the child's injuries. The school nurses' focus went beyond treating the acute injuries; their focus was on the future of the adolescent who was self-harming in an attempt to prevent future episodes or to identify such episodes when they occurred. The nurses also were created strategies to identify other adolescents who were self-harming. Although the school nurses often became frustrated and overwhelmed, they were committed to the children in their care and most returned to their school nursing positions when new school terms began.

# Appendix A: IRB Approval Letters

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**Institutional Review Board**
301 University Blvd.
Galveston, TX 77550-0158
409.266.9475

20-Aug-2014

**MEMORANDUM**

TO: Shonta Bell, MSN, RN/Carolyn Phillips, RN, PhD
SON

Andrea Mtiag

FROM: Janak Patel, MD
Institutional Review Board, Chairman

RE: Initial Study Approval

IRB #: IRB # 14-0232

TITLE: Self Harm: Perceptions and Experiences of School Nurses

DOCUMENTS:

The UTMB Institutional Review Board (IRB) reviewed the above-referenced research protocol at a via an expedited review procedure on **06-Aug-2014** in accordance with 45 CFR 46.110(a)-b(1). Having met all applicable requirements, the research protocol is approved for a period of 12 months. The approval period for this research protocol begins on **20-Aug-2014** and lasts until **06-Aug-2015**.

**Written documentation of consent is waived in accordance with 45 CFR 46.117(c).**

The research protocol cannot continue beyond the approval period without continuing review and approval by the IRB. In order to avoid a lapse in IRB approval, the Principal Investigator must apply for continuing review of the protocol and related documents before the expiration date. A reminder will be sent to you approximately 90 days prior to the expiration date.

The approved number of subjects/specimens to be enrolled/utilized for this project is **25**. If, the approved number needs to be increased, you first must obtain permission from the IRB to increase the approved sample size.

If you have any questions related to this approval letter or about IRB policies and procedures, please telephone the IRB Office at 409-266-9475.

Protocol Version 3 July 22, 2014
Demographic Information Sheet
Script for Study Participants
Interview Questions/Semi Structured Guide
Recruitment Flyer

# Appendix A (cont.)

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Institutional Review Board
301 University Blvd.
Galveston, TX 77550-0158
409.266.9475

12-Nov-2014

**MEMORANDUM**

TO: Shonta Bell, MSN, RN/Carolyn Phillips, RN, PhD
SON

FROM: Janak Patel, MD
Institutional Review Board, Chairman

RE: Amendment/Miscellaneous Request Approval

IRB #: IRB # 14-0232

TITLE: Self Harm: Perceptions and Experiences of School Nurses

DOCUMENTS: Revised Protocol

The **Amendment** request to the above referenced study has been reviewed via an expedited review procedure on **11-Nov-2014** and approved by the UTMB Institutional Review Board (IRB) in accordance with 45 CFR 46.110(a)-(b)(2).

The approval period for this modified research protocol begins on **11-Nov-2014** and lasts until **06-Aug-2015**.

If you have any questions related to this approval letter or about IRB policies and procedures, please telephone the IRB Office at 409-266-9475.

Description of Changes/Submission

Protocol revised to add the ability to conduct interviews via web based video conferencing.

# Appendix A (cont.)

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301 University Blvd.
Galveston, TX 77550-0158
409.266.9475

26-Jun-2015

**MEMORANDUM**

TO: Shonta Bell, MSN, RN/Carolyn Phillips, RN, PhD
SON

FROM: Aristides Koutrouvelis, MD
Institutional Review Board, Chairman

RE: Final Approval of Continuing Review

IRB #: IRB # 14-0232

TITLE: Self Harm: Perceptions and Experiences of School Nurses

The UTMB Institutional Review Board (IRB) reviewed the above-referenced research protocol via an expedited review procedure on **26-Jun-2015** in accordance with 45 CFR 46.110(a)-(b)(1). Having met all applicable requirements, the research protocol; is approved for continuation for a period of 12 months. The approval period for this research protocol begins on **26-Jun-2015** and lasts until **26-Jun-2016.**

The research protocol cannot continue beyond the approval period without continuing review and approval by the IRB. In order to avoid a lapse in IRB approval, the Principal Investigator must apply for continuing review of the protocol and related documents before the expiration date. A reminder will be sent to you approximately 90 days prior to the expiration date.

If you have any questions related to this approval letter or about IRB policies and procedures, please telephone the IRB Office at 409-266-9475.

# Appendix B: NASN Approval Document

**From:** Erin Maughan [emaughan@nasn.org]
**Sent:** Wednesday, September 10, 2014 9:54 AM
**To:** Bell, Shonta Y.
**Subject:** RE: EMAIL list rental

Thank you for this information.
I had to think about this for a bit-hence my delay.
Since this is qualitative and you are really just needing school nurses to volunteer to be in the interview. I think putting something in the weekly digest would give you the 20-25 school nurses you need. The issue is this is a bit more expensive (typically $300)-so I was trying to think of other options. I have not-although I will ask about a reduced rate b/c this is student research. This is all reviewed by a committee to make it objective. The same process over review of the study and questions, etc. would be done as we need to make sure everything we announce we have vetted. Then once you get the IRB approval we can post the announcement in the weekly digest that week-so it is pretty quick.
Would this work?

*-Erin*

*Erin D. Maughan PhD, MS, RN, APHN-BC*
*Director of Research*
*RWJF (Robert Wood Johnson Foundation) Executive Nurse Fellow*
*National Association of School Nurses*
*1100 Wayne Ave. Ste 925*
*Silver Spring, MD 20910*
*1-866-627-6767*
*301-585-1791 (fax)*
*emaughan@nasn.org*
*www.nasn.org*

**NASN's 47th Annual Conference | June 24 - June 27, 2015**
**Preconference | June 23, 2015**
**Philadelphia Marriott Downtown in Philadelphia, PA**
**Indianapolis--2016 >< San Diego--2017>< Baltimore--2018 >**

**Appendix C: Recruitment Announcement**

# Calling All School Nurses

I'm interested in **your perceptions and experiences** of students who self-harm.

Who can participate?

School nurses in middle and high school settings who can access and use video conferencing

Study participants will be asked to take part in 1-3 semi-structured synchronous on-line interviews lasting 30-90 minutes

**For more information about this study or to volunteer, please contact:**

**Shonta Bell, MSN, RN**

sybell@utmb.edu

901-826-8941

This study is under the direction of Carolyn Phillips RN, PhD and will not commence until approved by University of Texas Medical Branch (UTMB) IRB

# Appendix D: Explanation of Study Procedures

### Explanation of the Study for Potential Participants

You are being asked to participate in my research project entitled, Perceptions and *Experiences of School Nurses Caring for Middle and High School Students Who Self-Harm.* I am a student in the nursing PhD program at the University of Texas Medical Branch in Galveston, TX.

I am interested in exploring the experiences of school nurses who deal with middle and high school students who self-harm. You have identified yourself as a school nurse in the middle and/or high school setting. There are minimal risks for participation in the study; these are loss of confidentiality and emotional distress. To protect your privacy, a Participant ID will be used instead of your name and any information that could be linked to you will be removed or masked.

The data I will ask you to provide includes demographic information and your responses to interview questions. It should take no more than 60–90 minutes for our interview today. You might be asked to participate in one or two additional interviews, but neither will exceed 45 minutes.

There are no benefits for participating in this study; there is no reimbursement for your participation in the proposed study. There is no cost for participating.

You can withdraw from participating in the study at any time or you can stop the interview if you become fatigued.

Do you have any questions about the study or your participation? (*The researcher will answer any questions the nurse may have. Once the nurse's questions have been answered, the researcher will ask:)*

**Are you willing to participate in the study?** Your verbal assent will allow me to turn on the tape recorder and begin collecting data.

# Appendix E: Demographic Form

**Participant Code_____**

**Demographic Information**

Once the school nurse has provided oral agreement to participate in the study, the researcher will ask the nurse each of the following questions:

1. How old are you?_____
2. What is your gender? _____
3. What is your race/ethnicity?_____
4. Where do you live? City, State _____
5. Is your school urban, suburban, or rural? _____
6. What is your highest level of education?
   a. LVN/LPN
   b. ADN
   c. BSN
   d. MSN
   e. APN
   f. PhD
7. How long have you been a school nurse? _____
8. How long have you been a school nurse in the middle and high school setting? _____
9. What level of school do you currently serve? (How many of each)
   Elementary_____
   Middle_____
   High_____
10. How many hours are you able to spend in each school each week?_____
11. What is average enrollment in each school? _____
12. Have you had any training related to children who self harm? If so please describe.

**Thank you. Now we will proceed to the interview itself.**

# Appendix F: Interview Guide

## Interview Questions (Semi-Structured Topic Guides)

The researcher will orally ask the school nurse each of the following questions; the probes will be used as necessary.

1. Tell me about your experiences with self-harm in middle and high school students.
    a. How do you recognize self-harm?
    b. Describe your initial response to the behavior.
    c. How do you manage the behavior?

2. Have you had any training dealing with the behavior?

3. Can you describe case findings related to the behavior?

4. What advice could you give to other school nurses in the middle and high school setting about dealing with self-harm behavior?

5. Is there anything else that you would like me to know?

6. Would it be ok to contact you again if I have further questions?

Thank you so much for your participation.
If you would like to add anything, you can contact me at sbell@hbu.edu or (901)8268941.

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# Vita

Shonta Bell was born in Clarksdale Mississippi, the daughter of Charlie Bryant Jr. and Marie Starks Bryant. Shonta is married to Michael Bell. They have two daughters.

Shonta has worked in a number of states because her husband was in the military. She graduated from Pike's Peak Community College in Colorado Springs, Colorado then began her career as a registered nurse in Clarksdale, Mississippi. She was employed by Kidney Care, then Mississippi Regional Home Health both in Clarksdale, Mississippi. Shonta moved back to Colorado Springs, Colorado where she was employed as Assistant Director of Nursing by Aspen Living Centers; she also was employed by Olsten Kimberly Care in Colorado Springs. Shonta's family moved to Lawton, Oklahoma where she was employed by Comanche County Memorial Hospital as a registered nurse in the Emergency Room. The family moved to Memphis, Tennessee where Shonta held a charge nurse position then became Nurse Manager of the adult and gero-psychiatric unit. Shonta then moved into a Nurse Manager position at a new hospital in Southhaven, Mississippi and later accepted a position with a hospitalist group as their nurse coordinator. Shonta began her teaching career as clinical instructor in 2008 at the University of Memphis Lowenburg School of Nursing in Memphis, Tennessee. Finally, Shonta's family made it to Houston Texas where she first accepted a position at University of Texas Health Science Center School of Nursing at Houston then moved on to become an Assistant Professor of Nursing at Houston Baptist University in Houston, Texas. Shonta is member of Sigma theta Tau Honor Society and the National Association of School Nurses.

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