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Research


School nurses' skills in sexual health education

School nurses are often called on to teach sexual health without being given any formal teacher training or support. This article describes a study of the experiences of 50 school nurses. The author suggests ways in which schools and their nurses could create supportive and complementary teaching partnerships for effective sex education.

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KEY WORDS

- SEX EDUCATION
- SCHOOL NURSING
- NURSING EDUCATION

These key words are based upon work undertaken by the RCN Library.

The introduction of mandatory sex education to the secondary curriculum (DoE 1993) highlighted the potential and the need for sexual health education. However, sex education remained an option in primary and independent schools.

The Health of the Nation targets (DoH 1992) included reductions in the incidence of sexually transmitted diseases, HIV and AIDS and teenage conception. This document may have been a catalyst for the development of sexual health education in schools and for the increasing interest of health professionals in school-based health education.

The RCN has stated that 'school nurses are willing and able to take up the challenge of providing sex education in schools' (Barr 1995). No published evidence to support this claim is available and many school nurses were 'willing' but not so many were 'able' to provide sexual health education.

LITERATURE REVIEW

Didactic teaching methods (Box 1) are considered less effective in sexual health education than active learning methods which develop skills and clarify attitudes and values (National Curriculum Council 1990, Ray and Went 1995).
Harwood and Newton (1993) investigated teaching methods in 126 lessons in three secondary schools and found that most lessons were didactic in nature. They noted that this was particularly detrimental in personal and social education where children are denied the chance to practise skills and develop relationships. However, they also suggested that where a teacher changes from a didactic and disciplined classroom approach to a more facilitative, problem solving approach, pupils may become confused.

**Nursing literature** There is much published literature on nurses' confidence in the clinical setting, but little which explores their confidence in the classroom. Goodeve (1993) asked three school nurses how confident they would feel teaching about HIV and AIDS. The nurses said they needed additional specialist knowledge and training before teaching young people in this subject area.

Bond et al (1990) found a lack of confidence among community nursing staff to care for people with HIV/AIDS and said that there are 'strong associations between perceived sufficiency of confidence, perceived confidence of knowledge, and perceived sufficiency of experience'. The authors highlighted the positive effects on confidence of:

- Inservice training
- Clear guidelines and policies
- Clear boundaries.

**Educational literature**

Few articles have been published on the generic factors which influence teaching skills – most of the literature on confidence evaluates or promotes confidence in specific subject areas of the curriculum. Some of this literature is contradictory. Griffin (1983) found that previous part-time teaching experience did not appear to affect the confidence levels of new teachers. Fresko and Ben Chaim (1986) described the 'reality shock' and lack of confidence experienced by new teachers. They claimed that individual variables influence teacher confidence as much as, if not more than, intellectual competence or practical experience.

Sorsby and Watson (1993) claimed that 'the possession of higher level qualifications is associated with greater confidence'. The positive correlation between higher qualifications and confidence is confirmed by Pelletier et al (1994) who found that graduate studies increased nurses' confidence, assertiveness and self-esteem by 52.5 per cent.

Hamilton and Gingiss (1993) found that the most influential teachers were significantly more knowledgeable than the less influential teachers. They recommended that training for teachers of sexual health education enables the teacher to gain a high level of knowledge of the subject, and a degree of comfort with sexuality. Neither of these is currently a prerequisite of school nurse participation in sexual health education.

**RESEARCH QUESTIONS**

This research aimed to answer the following questions:

- How confident are school nurses in their teaching skills?
- Do age and post-registration qualifications affect confidence?
- What teaching strategies and visual aids do school nurses use in the
What teaching methods are appropriate to sexual health education?

METHOD

Sample In May 1995, two study days on sexual health education for school nurses were organised. The purpose of this research was explained and those interested were encouraged to take a copy of the questionnaire with an explanatory letter and a stamped addressed envelope – generating 40 replies. In addition, a 'Help Wanted' notice was printed in two nursing journals – generating ten replies.

The sample was self-selected and motivated to respond, so could not be described as truly representative of the school nurse population. Some of the nurses also requested further questionnaires for colleagues, introducing an element of 'snowball' sampling.

Criteria for inclusion The criteria for inclusion were that the participant:

- Is a registered nurse, currently on the UKCC register
- Defines him- or herself as a school nurse working with pupils between five and 18 years of age
- Considers him- or herself to be involved in classroom teaching about sexual health.

Response Respondents could complete the questionnaire anonymously but they were also asked to indicate if they were prepared to take part in a telephone interview.

Fifty four completed questionnaires were received, of which four failed to meet the inclusion criteria. The remaining sample of 50 registered nurses – 49 female and one male – represent a diversity of rural and urban locations throughout England, Scotland and Wales and a wide range of socio-economic school caseloads.

Group A: state sector Thirty five respondents (70 per cent) were employed by the NHS and their caseloads included primary, secondary and special maintained schools.

Group B: independent sector The remaining 15 (30 per cent) were employed by independent boarding and day schools covering a range of ages between five and 18 years. Of this group, ten taught in the classroom, and five in a library, resources room, medical room, or in tutor groups.

Both groups included nurses working in single sex and co-educational schools, and in schools with and without religious affiliation.

Questionnaire The questionnaire was piloted with three respondents. Some ambiguities were resolved and some questions reworded. The pilot study confirmed that the questionnaire took approximately 15 minutes to complete.

The questionnaire was divided into four parts:

- Closed biographical questions
- Closed questions on school caseload biography
A Likert-type scale exploring perceptions of confidence.

An investigation of the most commonly used teaching strategies using tick boxes.

The questionnaire was designed to be transcribed and analysed by hand.

**Interview sample** Twenty four nurses (48 per cent) indicated that they were prepared to take part in a telephone interview. Of these, 16 were from Group A (46 per cent) and nine from Group B (60 per cent). Of the nine potential interviewees in Group B, four were not interviewed as they did not have direct access to teaching equipment and audiovisual aids.

The remaining five nurses from Group B were matched as closely as possible for age and qualifications with five nurses from Group A. Two more nurses from Group A were added to enlarge the geographical spread of the interviewees. In total, 12 nurses, nearly one quarter of the total sample, were interviewed.

Telephone interviews were used because the cost of interviewing face-to-face a group of school nurses in diverse locations within a reasonable time-scale was prohibitive.

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**QUESTIONNAIRE RESULTS**

**Confidence** The responses to these questions are shown in Table 1:

- Which of the following best describes your confidence in your skills as a teacher of sex education?

- Which of the following best describes your confidence in your knowledge of topics relating to sexual health which you present?

The term 'confident' is used to describe all responses in the categories 'highly confident', 'confident' and 'fairly confident', while 'lacking in confidence' is used to describe all responses in the categories of 'not very confident but I cope', 'lacking in confidence' and 'very unsure of myself'.

The respondents were considerably more confident about their knowledge base than their teaching skills. The most significant statistic is that 18 per cent of the sample lacked confidence in their teaching skills.

At this point, the research was reframed to focus on nurses' confidence in their teaching skills rather than confidence in knowledge base.

**Employment sector**

Figure 1 shows that nearly twice as many nurses working in independent schools lack confidence in their teaching skills. Independent schools are not subject to the same inspections, advisory services and legal requirements as state schools.

**Age and confidence**

The sample was divided into two age bands. Nineteen nurses (38 per cent) are under 40 years of age and 31 nurses (62 per cent) are over 40 years of age.

Two nurses (10.5 per cent) under 40 lacked confidence compared with seven (22.5 per cent) of those aged over 40.

The two age bands were further subdivided into Group A and Group B. Figure
shows that one in three of the nurses aged over 40 and working in an independent school lacked confidence compared with 1 in 5.5 of nurses over 40 working in the state sector.

In the under 40 age group, one in six of the nurses working in the independent sector lacked confidence compared with one in 13 of the state school peers. There is a large difference between the perceived confidence of older nurses working in the independent sector and that of the younger nurses working in the state sector.

Qualifications and confidence
The respondents were asked to list all their recordable nursing and teaching qualifications. The number of qualifications held was cross-matched with the perceived confidence of the respondent (Fig. 3). This suggested a strong, positive correlation between the number of qualifications held and the perceived confidence level. Either confident school nurses are more likely to pursue a further qualification, or gaining an additional qualification brings confidence.

Group A nurses appeared to hold a greater number of qualifications than Group B nurses (Fig. 4). It may be difficult for nurses in the independent sector to obtain finance and study leave as they often work alone with no cover for leave. Group B nurses may be geographically far from centres of learning and there is little encouragement for updating in many independent schools.

None of the school nurses who lacked confidence had a teaching qualification.

TEACHING STRATEGIES
Three nurses did not complete the fourth part of the questionnaire about teaching strategies. This part investigated:

- The range of teaching strategies and audiovisual aids being used in sexual health education by school nurses
- The relationship between nurses' confidence and the strategies and audiovisual aids they used.

The 47 nurses indicated from a list (Table 2) which teaching methods and audiovisual aids they had used in the previous two academic years.

Figures 5 and 6 show a significant positive correlation between the number of different teaching strategies and audiovisual aids used and the confidence of the respondent. They also show large variations in the classroom practice of the confident and less confident school nurses.

In the previous two years:

- Only one quarter of the sample had used role play, ice breakers, case studies, or buzz groups
- Only one third used games
- Only half had used games or quizzes
- Slightly more than half (57 per cent) used brainstorming
- The most commonly used teaching strategies were discussion (89 per
cent), formal teaching (72 per cent) and worksheets (66 per cent)

- The most commonly used audiovisual aids were the video (83 per cent) and white/blackboard (66 per cent)

- Only 30 per cent of nurses had used the overhead projector.

Based on Ray and Went's taxonomy (1995), most of the nurses used very few participatory, active teaching strategies.

INTERVIEWS

Twelve of the original 50 respondents were interviewed – seven from Group A and five from Group B. They represented a variety of ages, qualifications, geographical locations (except Wales) and all the types of school in the total sample. The proportion of one in five of interviewees lacking confidence mirrors the one in 5.5 lacking confidence in the questionnaire sample.

During the interviews, some immediate differences between Group A and Group B became apparent (Table 3). Group B nurses were less aware of the need for a sex education policy and had less support from the teaching staff during lessons than Group A. None of the Group B nurses described their teaching as informal whereas five of the Group A nurses did. The nurses who worked in the state sector also appeared to teach more frequently and thought that they had good links with the teaching staff unlike their counterparts in the independent sector.

When the interviewees described formal and informal teaching, they all did so in similar terms. Many of those who used formal teaching methods had no experience of active teaching and were afraid to try out games or role play for fear that the pupils would be unco-operative or they would lose control of the class.

DISCUSSION

This small study illustrates some of the difficulties for school nurses who are involved in sexual health education.

**State vs independent sector** Issues which need to be addressed include confidence in teaching skills, in particular the difference in confidence between nurses working in independent schools and those working in state schools.

The interviews showed that state school nurses:

- May have better access to inservice training and updating

- Appear more likely to provide sexual health education in tandem with qualified teachers – this support will promote confidence

- Appear more likely to work in schools with a sex education policy, which may promote confidence

- Are likely to have a support network of colleagues and manager

- Work for the most part in an educative role, so facilitating the transition to classroom teaching.

**Age of nurse** There appears to be a link between age and lack of confidence but this may be in association with other factors, such as the qualifications or the school background of the nurse. Many of the older nurses working in state
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schools are in managerial roles, highly qualified and very confident. The older nurses working in independent schools may have been in post in a sanatorium for some years, with little chance to update their training and skills. As a result, they may lack confidence in a teaching role.

Wilson-Barnett and Latter (1993) studied health education in six acute hospital wards. They found that on wards with a rigid hierarchical structure and disempowered nurses, there was a need to retain power and control over the patients. As a consequence, health education and health promotion were absent on these wards.

Developing this argument, nurses working in a traditionally hierarchical, rigid institution may need a radical shift in their philosophy of care to use active learning methods in sex education. Many independent schools are marketed on their traditional teaching methods and scorn the more student-centred approach.

Qualifications Sorsby and Watson (1993) claimed that higher qualifications lead to greater confidence in science teachers. Future research could usefully explore which types of qualifications enhance confidence in sexual health education. Are teaching qualifications more effective than academic qualifications? How does a health education certificate compare with a family planning background?

These questions are particularly relevant to school nursing which has no statutory training.

Strategies and teaching aids The low use of teaching strategies and audiovisual aids, particularly by the less confident school nurses, is disquieting. The literature shows that active learning is needed for effective sex education to take place. Expertise in a variety of teaching strategies would give school nurses more confidence in their classroom management skills, but only if the move to active learning methods can be achieved without disruption.

Some school nurses may conclude that a change of teaching strategy is just too risky. Should we try to persuade them to change tactics, risking the possible breakdown of a fragile confidence? Or is some didactic sexual health education better than none at all while the educator gains experience, confidence and skills?

Teamwork and policy The interviewees confirmed that in schools where there were well thought out health education programmes, and in which the school nurse felt welcome, valued and part of a team, confidence was much higher.

School ethos and support appeared to have a positive effect on the confidence of nurses working in both sectors. The professional isolation of nurses who work in independent schools, frequently without clinical manager and colleagues, may also contribute to their low confidence in the classroom. Of the 12 interviewees, eight were more confident in their role as a school nurse than as a school teacher – the remaining four were equally confident in both roles.

All the interviewees who lacked confidence in teaching skills were either confident or highly confident as a school nurse.

In a time of cutbacks, it is unrealistic to hope that school nurses will have immediate access to continuing education. It is important to find creative methods to support them and enhance their confidence.
RECOMMENDATIONS

There is an urgent need for short term measures to boost the confidence and competence of school nurses in the classroom and a long term plan to develop teaching skills within the school nurse profession.

The research establishes a tentative link between the possession of higher qualifications and greater confidence. This implies that the introduction of statutory school nurse training, possibly at degree level with a teaching skills component, might produce a future generation of confident and competent sex educators.

A taskforce should be created to address issues such as accountability, ethical dilemmas and specific training needs.

The interviewees were asked for suggestions to enhance confidence in teaching skills and reduce constraints to active learning.

Schools could offer:

- A friendly welcome
- A copy of the school sex education policy
- Access before the lesson to equipment, such as photocopiers and projectors
- A reasonably equipped teaching room
- Reasonable numbers of pupils – about 15-20 in a group
- Teaching partnerships
- Feedback, evaluation and support, possibly over a coffee break after the lesson
- Mentorship
- Partnership in the design of the health and sex education programme
- An invitation to staff discussions and parents’ meetings on sex education.

The respondents suggested that school nurses could:

- Take more responsibility for improving their teaching skills by asking teachers for help in using unfamiliar equipment
- Ask for an opportunity to observe an experienced teacher
- Use a school contract to negotiate mentorship
- Use a ‘Prep’ day to shadow an experienced sexual health educator, whether teacher or nurse
- Borrow a library book on basic teaching skills
- Think imaginatively about ways of getting his or her message across using a variety of media which suit his or her own teaching style and classes
- Unashamedly beg, borrow and plagiarise teaching ideas, games and...
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**Tips**
- Create pupil evaluation sheets and use the information for future lesson planning.
- Analyse every session: what worked well, what did not work, why did it not work?
- Create support networks with other school nurse sexual health educators.
- Practise, in a safe environment, the things which are most frightening – for example, a five-minute micro teaching session with constructive feedback from friends and colleagues, will help classroom confidence.

Respondents suggested school nurses need courses in teaching skills for sexual health which are:
- Low cost
- Accessible from all over the country
- Preferably weekend or summer schools, possibly using university facilities and student accommodation
- A chance to practise skills in a safe environment
- Certificated or CATS rated.

**Conclusion**

It should not be assumed that school nurses have the skills necessary to teach sex education effectively. We would not expect a biology teacher, even with detailed knowledge of the urinary system, to catheterise a hospital patient competently. So we should not expect a school nurse to arrive in a classroom with inherent teaching skills.

The results of this study are not intended to discourage school nurses involved in sexual health education. Pelletier et al (1994) said that increased confidence and self-esteem lead to improved clinical practice and greatly influence a person's ability to do his or her job.

For school nurses to gain confidence and competence in the effective teaching and promotion of sexual health, nurse educators, school nurses and schools must work together.

Quality assurance and audit should be applied to classroom teaching just as they are to clinical skills.

The results of this research pose as many questions as are answered:

- Why are the older nurses less confident than their younger colleagues?
- Which qualifications promote most confidence?
- How can we enable school nurses to access continuing education?
- What can be done to help nurses to develop skills and confidence in the classroom?
REFERENCES


Box 1. Didactic teaching versus active learning

Didactic teaching is traditional, formal instruction from the teacher (sometimes called 'chalk and talk'), which does not encourage pupil participation.

Active learning methods encourage pupil participation and include:
- Role play
- Small group work, including 'buzz groups' in which group leaders feed information back to a facilitator
- Case studies
- Games
- Quizzes
- Brainstorming
Table 1. School nurses' confidence in knowledge and skills required for sexual health education (n=50)

<table>
<thead>
<tr>
<th></th>
<th>Teaching skills</th>
<th>Subject knowledge</th>
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<tr>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Highly confident</td>
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<td>4</td>
</tr>
<tr>
<td>Confident</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>Fairly confident</td>
<td>24</td>
<td>48</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>82</td>
</tr>
<tr>
<td>Not very confident</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>but I cope</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lacking in confidence</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Very unsure of myself</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>18</td>
</tr>
</tbody>
</table>

Fig. 2. Relationship between age, employment sector and perceived confidence level

Fig. 3. Relationship between number of qualifications held and perceived confidence
Table 2. Teaching strategies and audiovisual aids used

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>AUDIOVISUAL AIDS</th>
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</thead>
<tbody>
<tr>
<td>Worksheets</td>
<td>Overhead projector</td>
</tr>
<tr>
<td>Brainstorming</td>
<td>Slides</td>
</tr>
<tr>
<td>Quiz</td>
<td>Audio tapes</td>
</tr>
<tr>
<td>Games</td>
<td>Video</td>
</tr>
<tr>
<td>Role play</td>
<td>White/blackboard</td>
</tr>
<tr>
<td>Discussion</td>
<td></td>
</tr>
<tr>
<td>Formal teaching</td>
<td></td>
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<tr>
<td>Buzz groups</td>
<td></td>
</tr>
<tr>
<td>Icebreakers</td>
<td></td>
</tr>
<tr>
<td>Case studies</td>
<td></td>
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</tbody>
</table>

Fig. 4. Relationship between employment sector and number of qualifications held by respondent (n=50)

Fig. 5. Relationship between average number of teaching methods used and confidence level of respondent
Fig. 6. Relationship between average number of audiovisual aids used and confidence level of respondent

Table 3. Differences between groups A and B

<table>
<thead>
<tr>
<th></th>
<th>GROUP A</th>
<th>GROUP B</th>
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</thead>
<tbody>
<tr>
<td>Aware of sex education policy</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Another teacher present in sessions</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Good liaison with teaching staff</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Sexual health education initiated by self</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Describe teaching as formal</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Describe teaching as informal</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Describe teaching as variable according to class</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
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