

Teenage health and the practice nurse: choice and opportunity for both?

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SUMMARY

Teenage health issues and the means to address them have caused increasing concern over recent years. This study investigated the involvement and training of practice nurses, the topics raised during consultations with teenagers, and the comfort of the practice nurses in dealing with these topics. Data were collected using a postal questionnaire survey (response rate 80.6%). Expansion of the role of the practice nurse in teenage health may be appropriate but needs to be supported by training.

Keywords: teenage health; practice nurses; vocational education; questionnaire survey.

Introduction

TEENAGE health has attracted increasing concern in the 1990s.¹ Recent studies reported high levels of smoking, drinking, and drug experimentation among teenagers² and a patchy knowledge of emergency contraception.³ Teenagers have a low GP consultation rate and their consultations tend to be shorter than average.⁴ Studies with teenagers revealed perceptions of sub-optimal care⁵ and unease during consultations.⁶ How might primary care operate more effectively with teenagers?

Practice nursing, with its established role in health promotion and education, has the potential to provide much of adolescents' health care. However, little is known about the extent of practice nurses' daily involvement with teenagers, their training for this work, or how practice nurses view their role in this area. This study was undertaken to investigate these issues, to identify the topics raised during consultations, and to explore the comfort of practice nurses dealing with these topics.

Methods

A postal questionnaire survey of practice nurses working within City and East London Health Authority was undertaken in March 1996. Non-responders were followed up by post and telephone. The data reported below were analysed using SPSS.

Results

Questionnaires were returned by 112 out of 139 practice nurses (80.6%). Eighty per cent saw teenagers regularly and 97% felt that practice nurses should be involved in teenage health ser-

vices. Only 25% of the nurses had received training specific to teenage health care needs, and all responders felt they needed more training in this area. Only 14.7% of responders' practices had special facilities for teenagers.

From a list of topics that the literature^{7,8} suggested might arise during consultations with teenagers (Table 1), the practice nurses reported that teenagers frequently discuss acne, family planning, immunizations, and weight, but rarely raise issues regarding alcohol, confidentiality, drug abuse, safer sex, sexuality, and smoking. Practice nurses were more likely than teenagers to initiate discussion of alcohol, family planning, immunizations, safer sex, smoking, weight, confidentiality (although 29% of responders never raise it), drug abuse (but 35% never raise it), and sexuality (but 47% never raise it). Bullying, depression, relationship problems, and stress are rarely raised by either group.

Table 1 shows the reported comfort of practice nurses with discussing the listed issues. More than 70% of responders were comfortable addressing issues of immunizations, smoking, and family planning. However, over 30% of the responders expressed discomfort or ambivalence when discussing issues related to alcohol, confidentiality, safer sex, and weight problems; this rose to over 50% for depression, bullying, drug abuse, stress, sexuality, and relationships.

The possibility of a link between comfort when addressing an issue and receipt of training was investigated using the chi-square test for independence. The proportion of responders expressing comfort with the following topics was significantly higher among those with training: confidentiality ($P = 0.012$), family planning ($P = 0.0182$), relationships ($P = 0.0182$), and stress ($P = 0.0136$). A separate chi-square analysis explored the possibility that the nurse's comfort with a topic affects whether he or she raises it in the consultation. This was found to be the case for the issues of alcohol, confidentiality, drug abuse, family planning, and smoking ($P < 0.001$ for each). Practice nurses who reported feeling uncomfortable with, or ambivalent towards, a topic were significantly less likely to raise that issue during consultation.

Discussion

The study was undertaken in an inner-city area with high levels of deprivation, ethnic minorities, teenage pregnancies, and drug abuse.^{8,9} It had a good response rate. Nevertheless, replication in a locality with a different socioeconomic profile is desirable. The data describe practice nurses' perceptions of consultations with teenagers; this complements earlier work reporting teenagers' perspectives.^{5,7} Reticence concerning the discussion of certain issues was identified, but not its multifaceted causes, which require a qualitative study.

Although practice nurses were more likely than teenagers to raise the health promotion issues of smoking, family planning, alcohol, safer sex, and drug abuse, many were uncomfortable to do so in the teenage context. Lack of comfort resulted in some nurses rarely raising these important topics. It is essential that health professionals feel confident to address these issues, and appropriate training would increase expertise and confidence.

Addressing confidentiality is important, since teenagers may forgo health care if they feel their parents will be informed.¹⁰ In

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Table 1. Percentage of practice nurses who feel comfortable discussing various topics.

Topic	Percentage of nurses
Immunizations	86
Smoking	76
Family planning	73
Alcohol	69
Confidentiality	68
Safer sex	68
Weight problems	67
Acne	51
Relationships	46
Sexuality	46
Stress	42
Drug abuse	38
Bullying	37
Depression	35

this study, confidentiality was raised rarely by teenagers and by only 29% of nurses; this merits further investigation. Perhaps if practice nurses routinely assured teenagers that their consultations are confidential, teenagers might be more willing to discuss sensitive issues.

Relationships, bullying, stress, and depression were rarely addressed. This was predictable for depression — an issue that patients are generally reluctant to raise and health professionals often fail to diagnose.¹¹ Bullying, relationships, and stress are also of concern to professionals in other contexts, such as schools and voluntary bodies.¹² Emphasizing these issues may be inappropriate for practice nurses, although awareness of their occurrence and health implications is important.

Further research is needed to establish whether teenagers would find practice nurses an acceptable initial point of contact in the primary health care team, and to assess the effectiveness of practice nurses' health care for teenagers.

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Correction:

Apologies are due to A F Bisset *et al* for the following errors made in their paper, 'Stroke services in general practice - are they satisfactory?', which appeared in the December issue of the *Journal*. In Figure 1 the numbers referring to the 84 returned questionnaires should read:

Completed with help from relative	37
Completed alone	28
Not clear who completed (no answer)	11
Completed with help from friend/ home help/nursing home staff	8

On page 790, in the first paragraph of *Patient questionnaires*, the 7th line should read, '(range = 0.202-1.000 [least reported handicap = 1.000]); median depression indicator score was 6.00 (range = 0-18 [highest possible score = 21]).'

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