

“I Didn’t Even Know You Cared About That Stuff”: Youths’ Perceptions of Health Care Provider Roles in Addressing Bullying

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ABSTRACT

Introduction: Youth bullying is a critical public health problem, with those exposed to bullying at risk for development of serious sequelae lasting into adulthood. The purpose of this study was to explore youths’ perceptions regarding the

role that advanced practice nurses and physicians play in addressing bullying.

Methods: A qualitative descriptive approach was used; focus groups were used to generate study data. Twenty-four adolescents participated in focus groups centered on exploring health care providers’ roles in addressing bullying.

Results: Three themes emerged through qualitative analysis: (a) *Not sure that’s part of their job*, (b) *That’s way too personal*, and (c) *They couldn’t help anyway*. Participants described a very limited role for health care providers in addressing bullying.

Discussion: Youths recognized a narrow role for health care providers in addressing bullying, characterizing bullying as a school- or-community-related issue rather than one influencing health. *J Pediatr Health Care.* (2017) ■, ■-■.

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KEY WORDS

Advanced practice nurses, adolescent–provider communication, focus groups, health screening, nurse practitioners, youth bullying

Youth bullying is a critical public health problem affecting approximately 20% to 28% of all middle school youths each year ([Centers for Disease Control and Prevention & U.S. Department of Education, 2014](#)). *Youth bullying* is defined as “...any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that

involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated” (Centers for Disease Control and Prevention & U.S. Department of Education, 2014, p. 7). Youths who have been victimized by bullies experience a full range of short- and long-term academic and psychological health problems (Card & Little, 2006; Cook, Williams, Guerra, Kim, & Sadek, 2010; Hawker & Boulton, 2000; Hepburn, Azael, Molnar, & Miller, 2012; Kim & Leventhal, 2008; Nakamoto & Schwartz, 2010; Reijntjes, Kamphuis, Prinzie, & Telch, 2010; Reijntjes et al., 2011). Bullied youths also experience an increased number of common physical health ailments and significantly higher levels of psychosomatic symptomatology compared with their nonbullied counterparts (Due et al., 2005; Fekkes, Pijpers, Fredriks, & Verloove-Vanhorick, 2006; Gini & Pozzoli, 2009). Moreover, being bullied in childhood contributes to poorer psychological and physical health outcomes throughout adulthood (Copeland, Wolke, Angold, & Costello, 2013; Copeland et al., 2014; Takizawa, Maughan, & Arseneault, 2014). Because of the seriousness of bullying sequelae, numerous federal and state legislative remedies and public policy initiatives have been introduced, and *HealthyPeople 2020* Objective IVP-35: Reduce bullying among adolescents has targeted a 10% reduction, from 19.9% to 17.9%, in the incidence of bullying by 2020 (HealthyPeople.gov, 2012). To date, the emphasis has been placed on school-based programming designed to deter bullying. These programs, however, have resulted in only modest improvements in the school climate and student attitudes, with little reduction in the actual amount of bullying behavior that occurs (Lee, Kim, & Kim, 2013; Merrell, Gueldner, Ross, & Isava, 2008; Ttofi & Farrington, 2011).

Despite bullying’s omnipresence and its impact on health, routine surveillance is rarely initiated. Advanced practice nurses and other health care providers are on the front lines and should be key players in identifying and assisting victimized youths (Hendershot, Dake, Price, & Larty, 2006; Lyznicki, McCaffree, & Robinowitz, 2004; Vessey, DiFazio, & Strout, 2013). Successful preventive health care relies in part on the relationship that nurse practitioners, pediatricians, school nurses, and other health care providers have with youths (Brown & Wissow, 2009; Jacobson, Richardson, Parry-Langdon, & Donovan, 2001). The failure of health care providers and youths to engage in discussions around bullying is unfortunate and represents a

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significant missed opportunity for intervention. Although youths may seek care for psychosocial and physical complaints resulting from bullying, neither the patient nor provider may be aware that bullying could be the root cause of the distress the youth is experiencing.

This lack of awareness is more profound for youths with chronic conditions. They are often targeted by bullies while simultaneously interacting with health care providers who could assist them in handling the bullying issues that they encounter (Faith et al., 2015; Sentenac, Arnaud, Gavin, Gabhainn, & Godeau, 2012; Shiu, 2004). Selected “provider-side” barriers to screening include a lack of screening mandates and appropriate screening tools, limited encounter time, cultural differences, poor reimbursement for psychological intervention, and provider discomfort discussing sensitive topics and identifying treatment options (Brown & Wissow, 2009; Cabana et al., 1999; Kautz, Mach, & Smith, 2008; Sege, Hatmaker-Flanigan, De Vos, Levin-Goodman, & Spivak, 2006; Van Hook et al., 2007).

Little is known, however, regarding the views youths hold regarding health care providers’ roles in addressing bullying. This study, which assessed youths’ views of bullying and their views of the role health care providers play in addressing it, was the first phase of a larger National Institutes of Health–funded study, *Development of the CABS: Child-Adolescent Bullying Screen* (R21HD083988). The purpose of the overall study is to develop a brief youth bullying screening tool for widespread use by health care providers during primary care and other visits (e.g., emergency department, chronic illness clinics, sports physicals, etc.) that provide screening opportunities.

METHODS

Study Design

This study was conducted using a qualitative descriptive approach (Sandelowski, 2000). A focus group strategy was used to gain a comprehensive description of youths’ perceptions of the roles that health care providers should play in addressing youth bullying. Because bullying occurs within a social context, the focus group methodology was determined to be well aligned with exploring this phenomenon and has previously been shown to be highly effective for this purpose (Horowitz et al., 2004; Krueger & Casey, 2009). The study was approved by the institutional review boards at Boston College, Boston Children’s Hospital, and Maine Medical Center.

Study Setting and Recruitment

Purposive sampling was used to select participants who could provide in-depth information about the phenomenon of interest. Youths in middle or junior high school

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