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Services of school nurses at the secondary level expected by students, parents, and classroom faculty : a descriptive study

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**Services of school nurses at the secondary level expected by
students, parents, and classroom faculty: A descriptive study**

Nehls, Diana J., M.S.

San Jose State University, 1989

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SERVICES OF SCHOOL NURSES AT THE SECONDARY LEVEL
EXPECTED BY STUDENTS, PARENTS,
AND CLASSROOM FACULTY:
A DESCRIPTIVE STUDY

A Thesis
Presented to
The Faculty of the Department of Nursing
San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

By
Diana J. Nehls
May, 1989

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Abstract

The purpose of this study was to identify services expected of the school nurse at the secondary school level. A researcher-designed questionnaire was mailed to a sample of 487 subjects in a high school district. There was a 53% return rate. This tool requested opinions from students, parents, and teachers regarding the importance of 38 school nurse services. In addition, it asked for opinions regarding other aspects of school nurse practice, such as the importance of the school nurse maintaining confidentiality, teaching selected health topics, and counseling students regarding selected health topics. Descriptive statistical techniques including the mean, standard deviation, and frequency were used to analyze the data. The independent t test was also used for selected items. With the information gathered from this study, the school nurse will be able to carry out a health program which will better serve the consumers of her/his services.

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Chapter 1

INTRODUCTION

Nurses have been hired to provide health services to school districts in this country since 1902. Originally, they were employed to provide prevention and control measures for communicable diseases within the schools and direct health care to the students (Regan, 1976, p. 519). These latter two roles became less important as health care became more accessible to the population through the expansion of county health departments and the utilization of family health practitioners. However, school districts have continued to hire school nurses up to the present time to provide a variety of screening, educational, and counseling services. Today, there are an estimated 30,000 nurses employed in schools nationwide. (Mathis, 1988, p. 11).

Problem

Historically, in the public school system, there has often been confusion associated with the role of the nurse on the part of school administrators, the teaching staff, and the school community (Feldman, Feldman, Milner, Caulfield, & Sackett, 1982; Greenhill, 1979; Regan, 1976; Resnick, Blum, & Hector, 1980; White, 1985). This role confusion may be in part due to the non-clinical nature of the setting of a practice based in a school rather than in a hospital. Or it may indicate that the role of the school nurse constantly changes and adapts according to the nurse's assessment of the health needs of the school.

White (1985) feels the role confusion began in the 1920's when school nurses assumed a teaching function in the area of health education (p. 52). The instruction of students, parents, and teachers in the prevention of communicable diseases was a natural outgrowth of the nurses' work in the identification of contagious children and their subsequent exclusion from school. However, the added dimension of teaching was apparently a significant departure from the traditional services of the nurse at the time. Also, with time nurses began assuming other services in the school system as well, such as counseling and supervision, which they previously did not provide.

Adding to the confusion about the role of the school nurse is the lack of standards at the present time regarding the education and practice of school nurses throughout the country (Regan, 1976, p. 520). For instance, in order for a nurse to earn a credential that will allow her/him to work in a California public school, the following requirements must be completed: (a) a baccalaureate or higher degree from an accredited institution, (b) a Registered Nurse (R.N.) license, and (c) one year of course work beyond the baccalaureate degree in an approved program (West's Annotated California Codes, 1987, p. 117). California's requirements are relatively stringent. For comparison, some states require the school nurse to possess only a registered nurse license. Since there is no baccalaureate or higher degree requirements in these states, a nurse may work as a "school nurse" after only two years of nursing school.

Purpose and Need

Even with California's very specific requirements for school nurse training and education, the role and responsibilities of the school nurse are not clearly specified. The California State Education Code includes a section defining the role of the school nurse (See Appendix A). This very general description states that the school nurse's primary foci are the prevention of illness and disability and the early detection and correction of health problems. There are no specific guidelines indicating how this work should be accomplished. It is left up to the school nurse and/or local school board to determine the actual methods of achieving this goal. There is a need to better define the role of the school nurse. One way to do this is to identify the expectations of the role held by significant groups using the services of the school nurse.

The purpose of this study was to help alleviate some of this confusion by determining and comparing the expected services of the school nurse as seen by a sample of three different populations within the school community: the students, the parents, and the teaching faculty. These groups were chosen as subjects because they are the major recipients of the services offered by the school nurse.

Definition of Terms

For the purpose of this study, the relevant terms are defined as follows:

1. School nurses are persons employed by the school district to provide certain health related services to the school community. In

this district, school nurses are required to be Registered Nurses and to possess both a Public Health Nurse Certificate from the State Department of Public Health, as well as a Designated Services Credential or its equivalent issued by the State Department of Education. Services of the school nurse include those professional acts and responsibilities which she/he is expected to perform at the school site.

2. School nurse services are those health related services included in a school nurse job description such as hearing and vision screening, which she/he is expected to perform at the school site (See Appendix B).

3. School community is a group of people associated with one of the four high schools, including the students who attended school in the high school district chosen for this study, their immediate families, and the employees of the school district.

4. Student population are those students enrolled full-time (defined by the school district as attending four or more periods each day) at one of the district's four comprehensive high schools.

5. Immediate family includes the person or persons with whom the student shares a residence.

6. Classroom faculty are those persons employed by the school district to perform classroom teaching duties. They must possess a teaching credential issued by the State Department of Education. They are either full-time or part-time employees.

Research Questions

This study examined the following questions: What services do

the students, the parents, and the faculty expect the school nurse to provide at the school site? Are the expectations the same or are they different among the three groups? The knowledge gained from this study can be used to help school nurses redefine priorities, offer new services, and discard unneeded services.

Setting and Sample

A particular high school district was chosen for study because of the researcher's familiarity with it. Also contributing to the choice of sites was the fact that assigned school nurse time was on the increase, a phenomenon not seen in surrounding districts.

The high school district used in this study is located in the San Francisco Bay Area and is comprised of several small communities. Each community has a locally controlled kindergarten to 8th grade district; the students then enter the larger, unified high school district to attend grades 9 to 12. The area is primarily semi-rural/suburban residential and many of the residents commute to larger nearby cities for employment. Families of the school district are upper-middle class with an average income of \$38,000 (J. Sanford, personal communication, June 18, 1988). The student population is highly academic and students consistently score in the top 98th percentile on statewide achievement tests.

In this school district, there is a total school community population of approximately 5000 students, 3000 families, and 270 classroom teachers. In order to obtain an adequate sample, 5% of the student and parent groups were surveyed. Since 5% of the teaching population would have provided a comparatively small

group ($n=13$), the percentage of this group sampled was increased to 25% ($n= 61$).

Since the purpose of this study was to focus on the consumer population that the school nurse traditionally serves, school administrators and clerical staff were excluded from this survey. The administrator's role is one of management rather than consumer. Clerical staff was excluded because their role is primarily to provide support to school nurses instead of being a consumer of services. Also excluded was a small continuation school in the school district. This campus of 70 students is not assigned nursing time; therefore, it is not a recipient of nursing services.

Research Design

This study utilized a descriptive survey design. A researcher developed tool was used to gather opinions from students, parents, and classroom teachers. Survey questionnaires were mailed directly to the homes of the individuals. Each questionnaire was prefaced by a cover letter explaining the purpose of the study. A stamped envelope was also included for returning the survey, along with a return post card to indicate if the participant wanted a copy of the results. In addition, a parent permission slip was included with the student cover letter. The collected data were analyzed in order to identify the expectations of services of the school nurse from the school community as a whole, as well as to compare the expectations among the three subgroups of students, parents, and teachers.

The survey tool consisted of 44 items that asked for opinions about various services of the school nurse. The first 38 statements

listed possible school nurse services and asked the respondents to indicate on a scale of 1-4 how important they felt it was for the school nurse to provide these. Responses ranged from: very important, important, somewhat important, to not important. Question 39 asked the respondents to rate the importance of the school nurse maintaining confidentiality. The next two questions, 40 and 41, asked the respondents how important they felt it was for the school nurse to teach and to counsel students about specific health topics. Question 42 asked the respondents to choose from among the first 38 statements those that they felt were the eight most important services for the school nurse to provide. The next question, Number 43, asked the respondents to list any additional services they felt the school nurse should be providing, beyond those listed in the original 38 items. The final question, Number 44, requested demographic data in order to identify the population characteristics.

Certain activities were used to improve the rate of survey returns. First, notices were placed in the parent newsletters at each of the four schools asking parents and students to watch for the survey and to encourage them to return it. Also, follow-up phone calls were made approximately one month after the first mailing to those parents and teachers who had not returned their surveys. And finally, student follow-up was done in person, by the school nurse, at each of the four high schools.

Data from completed surveys were analyzed using descriptive statistics to examine responses of the entire sample, as well as to break them down for comparison among the three subgroups: the

students, the parents, and the teachers. In addition, the independent t test was used to compare responses from the student, parent, and teacher subgroups on selected items. The findings from the survey will: (a) lead to a better understanding of what services are expected of school nurses; (b) help to reduce the confusion regarding the school nurse role by school administrators and others; and (c) provide recommendations to maintain, add, or delete nursing services in order to better serve the consumers of these services.

Chapter 2

REVIEW OF THE LITERATURE AND CONCEPTUAL FRAMEWORK

The services that the school nurse performs at a secondary level may vary greatly among school districts and even among schools within a single district. The school nurse's role may be influenced by many variables such as the number of nursing hours assigned to each school, the number of students in the school, the age of the student population, and the presence or lack of clerical and first aid assistance. Services given first priority are most likely those required by law such as immunization audits, or hearing and vision screening. As time allows, services are then added according to the nurse's assessment of the student population and their health needs.

Assessment of health needs of a student population is a complicated task. Not only does the nurse work with the students, but with the families of the students and with the teachers, as well. It is helpful for the nurse to use a conceptual framework as a point of reference to assess the health needs of the population she/he serves and around which to organize her/his activities. Oda (1979a) suggests such a framework. It is composed of three interlocking strands which help define the school nurse's work. With these concepts in mind, she/he can determine priorities and responsibilities. The strands are:

1. Health Supervision - These are activities whereby the school

nurse is actively supervising the health of the students. Health supervision includes activities such as: (a) health assessment; (b) hearing, vision, and scoliosis screening; (c) immunization audit; (d) mainstreaming handicapped students into the regular school program; and (e) emergency care.

2. Health Counseling - These are activities whereby the school nurse is offering health guidance to the students or classroom teachers. Health counseling includes activities such as: (a) advising students regarding personal health questions, (b) interpreting student health conditions to the classroom teachers, and (c) recommending to the teacher how to handle a particular student disability.

3. Health Education - These are activities whereby the school nurse is involved with the formal health education activities at the school. Health education includes activities such as planning, promoting, and implementing health instruction programs. These activities may be carried out several ways: (a) as a direct classroom teacher, (b) as a resource person to a classroom teacher, or (c) as a sponsor of health awareness activities on a school-wide basis.

Dr. Oda states that the three areas may overlap. An example would be the case of a single student conference regarding a complaint of genital pain and blisters. In the area of health supervision, the school nurse would ask certain questions to help identify the possibility of a sexually transmitted disease (STD) and would refer the student for appropriate medical treatment. Health counseling would involve advising the student about STD prevention

and health education would help the student to understand signs, symptoms, and transmission of STD's.

Another point Dr. Oda makes is that there may be a directional flow among the three areas. She uses the example of emergency care. The actual taking care of an emergency situation involves direct health supervision of the student. This action leads to health counseling of the student regarding follow-up for the injury and referral for further treatment. Later, the nurse may provide health education on how to prevent further injuries.

The three areas, health supervision, health counseling, and health education, cover much of what the school nurse does in her/his professional practice. Students, parents, and teachers may be unaware of what school nurses actually do or have different opinions about their functions and in what priority the functions should be done. In order to assess their opinions, survey questions were developed by the researcher to identify possible services that should be provided by the school nurse in the areas outlined by Oda. For instance, in the area of health counseling, there were questions to determine: (a) whether or not the nurse should counsel students regarding certain topics, like smoking or birth control; (b) whether or not the nurse should offer personal health counseling to teachers; and (c) whether or not the nurse should provide emotional health assessment, counseling, and referral.

Literature Review

Over the last several years, six authors have written descriptive articles on role aspects of the school nurse which were philosophical

in nature or which described the current state of the profession or its future directions. One of these authors was Regan (1976) who wrote about the school nurse role from a historical perspective. She addressed the evolution of the profession, the educational preparation, and job functions during four different time periods in this century: 1902-1923, 1924-1949, 1950-1969, and 1970-1976. She then made recommendations about the educational preparation and training of school nurses, and addressed the various tasks nurses must be prepared to perform due to the changing social climate in the country. Regan also stated that student health problems of smoking, drug abuse, teenage pregnancy, and mental health had to be addressed, as well as acute illness and traumatic injury.

In 1980, Ridge discussed the educational preparation which she felt the school nurse should possess. She then made observations about the political and social events influencing school health care, such as program funding, the fragmentation of health care delivery to children, and the mainstreaming of handicapped students into "regular" classrooms.

Another author, Igoe (1980), also described the current political and social conditions having an impact on the role of school nursing, stating that schools have become the logical site for primary care. She described ways to improve the delivery of health care, including one unique idea of hiring private corporations to provide all health needs to school children. She felt that the role of the school nurse must adapt to these changing conditions.

Two authors have made predictions regarding future trends in school nursing. Fricke (1972) philosophically described the changing social needs of the children in the 1970's and how the school nurse role must change to meet these needs. She noted that current critical health needs included smoking, alcohol, drug abuse, venereal disease, and teenage pregnancy; these topics did not appear to be of any great significance until the mid 1960's. Custer (1984) wrote a similar article for the 1980's. Her concern was with expanding the role of the nurse to include:

1. Involvement with health curriculum planning.
2. Team teaching with health education teachers.
3. Involvement with handicapped programs.
4. Counseling parents with handicapped children.
5. Teaching preventive and wellness programs.
6. Taking part in career counseling.
7. Conducting individual and group counseling sessions.
8. Finding ways to have others help with technical tasks so that the nurse's time is spent towards more creative activities.

One final article by Seidenberg (1984) addressed the belief that educators and communities often misunderstand the role of the school nurse. She offered specific ideas for improving their visibility and for clarifying their role, such as speaking up at faculty meetings, sponsoring health related programs for parents, and providing health related assemblies for students.

Research Studies

A review of the research literature revealed few studies

concerned specifically with identifying expected services of the school nurse. In the last 21 years, only seven research studies were found to be directly related to this topic. These studies are reviewed in the following section.

One early research study by Forbes (1967) questioned school personnel about their expectations of school nurses by means of six open-ended questions. She asked 115 teachers in grades kindergarten to 12 to identify what they perceived to be the functions of the school nurse. (About half of her sample came from secondary schools.) She found that no widespread generalizations could be made from the data, although eight findings were listed:

1. Teachers perceived the nurse performing most frequently in the areas of health appraisal and follow-up services, health protection, and safety.
2. Teachers receiving services of the nurse employed by boards of education perceived the nurse as performing more nursing activities in the schools than nurses employed by departments of health.
3. Teachers in the elementary schools perceived the nurse as performing more activities than do teachers in the secondary schools.
4. The teachers' length of experience did not seem to influence their perception of the school nurse's role or functions.
5. The role of the nurse in the school was greatly determined by the amount of time the nurse spent in the school rendering school nursing services.

6. Problems encountered with school nurses or school nursing services were directly related to the proportion of time nurses were in the schools.

7. Teachers perceived psychology courses were important for nurses to take in order to better serve the school. However, teachers rarely stated that nurses should offer mental health or counseling and guidance services.

8. The ratings teachers gave to 20 selected school nursing activities were in agreement with the ratings school nurses gave to those same activities, as mentioned in a study previously done by Day (1962).

A study by Greenhill (1979) specifically examined the perceptions of the duties of the school nurse from the viewpoint of the principals, counselors, teachers, and school nurses at the secondary school level. In her study, 309 key school personnel were given a questionnaire which asked about the school nurse's role. Greenhill's results revealed there was a significant difference in the perception of the role between the group of educators and the group of school nurses, and that the greatest differences occurred between the teacher group and the school nurse group. Greenhill concluded that this led to poor utilization of nursing services by the teachers. She also noted that the more contacts the educators had with the school nurse, the greater the agreement between the two groups regarding the school nurse's duties.

In 1979(b), Oda looked at the current state of school nursing and made predictions about its future. She questioned 16 nurses in

managerial, consulting, and educational positions regarding their opinions about the school nurse role. In her data, she found great variation in staffing levels and in the duties of the school nurse. Among her sample, however, there was agreement that cost effectiveness of the school nurse must be demonstrated, and that an image of a provider and a source of program funding should be made.

Resnick, Blum, and Hector (1980) studied primarily the perceptions of adolescents about the school nurse, but included in the survey were questions about expected duties. They asked over 800 high school students to participate in small discussion groups of five to seven students each. A recorder kept track of the discussion and this information was analyzed. They found that the adolescents' perceptions of the role of the school nurse were generally negative. The students viewed the nurse as being limited in her/his power to act by state laws, a health authority to be avoided, and someone to be fooled into granting a sick pass to leave school. The researchers recommended the school nurse's role be expanded, she/he be given more authority, and her/his visibility on campus be increased.

In an attempt to identify the role of the school nurse in a Canadian community, a study was conducted which included 375 subjects (W. Feldman, C. Feldman, Milner, Caulfield, & Sackett, 1982). A questionnaire of 18 items was mailed to a random sample of 10th grade students, parents of 10th grade students, teachers, principals, nurses, and primary care physicians in the community. They found a lack of consensus among the groups surveyed

regarding the following: health teaching, counseling, home visits, health inspection of the school, and the degree of involvement of teenagers in managing their own health problems.

Another study was done by Goodwin and Keefe (1984). They were interested in the role of the school nurse and her/his interaction with handicapped students. They distributed questionnaires to 179 principals and teachers which asked about various components of the possible work school nurses perform for the handicapped. Goodwin and Keefe found that the school nurse's role included a variety of activities valuable to the school, that certain activities such as the writing of the health component of the Individualized Educational Program (an education plan written annually for special education students) should be done more frequently, and that more needs of the students could be met by the school nurse, if more resources were available. In addition, they discovered that the views of the sample were in general agreement with the four functions outlined in professional nursing position statements. These four functions included the nurse acting as the coordinator of health care, a health promoter, a safety advisor, and a team member when a handicapped student is being reviewed by a school committee.

The last research study reviewed was done by White (1985). She identified and named clusters of school nurse activities and described distinguishing characteristics of each cluster. She surveyed 403 school nurses in New York regarding how much time they spent on certain activities, and how well they felt they performed these activities. The clusters she identified were: physical care,

facilitation of the student's optimal level of health, health instruction, administration of health programs, and clerical tasks. Results showed that the school nurses spent the most time and felt the best prepared for the physical care aspects of their job.

In summary, these seven research studies represent the attempts made within the last two decades to identify what various sectors of school communities felt were important services for the school nurse to include in her/his scope of professional practice and therefore to help define the role of the school nurse. Unfortunately, the few descriptive articles concerning the role of the school nurse and its future direction have not led to a significant body of research. The number of research studies concerning any aspect of the school nurse is small and the findings limited, which suggests the need for further research in this area.

Chapter 3

RESEARCH DESIGN

The purpose of this study was to identify services expected of the school nurse at the secondary school level from a sample of the school community. A descriptive and non-experimental survey design was used. According to Polit and Hungler (1983, p. 322), the content areas which are most amenable to a survey questionnaire include attitudes, feelings, and beliefs from a population. This design was chosen as the most appropriate means of obtaining information on the opinions and feelings of the school community regarding what services they expect of the school nurse. Members of this school community were divided into three subgroups: students, parents, and teachers. These three groups were identified as being the main consumers of school nurse services and therefore their opinions were important to consider in defining role expectations and for planning purposes. A sample of the total school population was surveyed. Data obtained from the total sample and the three subgroups were examined.

The Data Collection Tool

Data were collected from a sample of the school community population using a researcher designed data collection tool, the School Nurse Service (SNS) Data Collection Tool. The SNS Data Collection Tool consisted of 44 questions (See Appendix C). The first 38 questions listed possible school nurse services. Respondents were asked to determine whether it was very important, important,

somewhat important, or not important for the school nurse to include that service in her/his scope of practice. Question 39 asked how important the topic of confidentiality was for the school nurse to maintain in her/his daily contact with students. Like the previous 38 questions, Number 39 also asked the respondents to identify whether or not they considered this quality of confidentiality to be very important, important, somewhat important, or not important for the school nurse to maintain in her/his professional practice. Questions 40 and 41 asked how the respondents felt about the appropriateness of the nurse teaching or counseling students about selected health topics. Question 42 asked the respondents to list from among the previous 38 services on the survey list, the eight most important services (in no particular order) that she/he felt the school nurse should provide. Question 43 asked for any additional services the respondents felt the nurse should be providing. The last question, Number 44, asked for minimum demographic information in order to obtain a general description of the sample.

The SNS Data Collection Tool was designed by the researcher and based on the literature and the researcher's experience as a school nurse. From the literature, Oda's (1979a) three areas of school nurse work provided the framework to build the survey questionnaire. Questions were developed from within these three areas of health education, health counseling, and health supervision and address as many specific school nurse services as possible. These services were identified from the research of Greenhill (1979), Feldmann et al. (1982), and Goodwin and Keefe (1984) as well as

from the researcher's 12 years experience as a school nurse.

Nine school nurse experts, each with 8-20 years of school nurse experience, were asked to review the SNS Data Collection Tool and to assist with determining content validity and reliability of the data collection tool. Eight of the nurses are currently employed in the school district being studied, or in nearby school districts. The one school nurse expert not currently employed, is a retired school nurse with approximately 20 years of school nurse experience. All the nurses were asked to evaluate the data collection tool in three areas: (a) if the list of school nurse services was complete, (b) if the wording of each item clearly asked about a specific service, and (c) if the format of the entire questionnaire was a fair measurement of school nurse activities. Their suggestions were incorporated into the final form of the survey questionnaire.

The data collection tool was pilot tested on a small group of researcher selected students, parents, and teachers. They were asked to complete the questionnaire and to comment on its appearance, its length, and especially on the clarity of the questions. This pilot sample was drawn from the high school community of the researcher, and was not included in the final sample. Their input was also incorporated into the final questionnaire form.

The research instrument and cover letters were all approved by the San Jose State University Committee for Human Subjects, as well as the superintendent of the school district used in the study. Written informed consent was not sought from the parents and teachers, since those subjects who did not wish to participate in the

study simply need not return the survey questionnaire. Parent permission forms accompanied those surveys sent to students, regardless of whether the student was 18 years of age or over.

Research Sample

A sample of 200 was sought. Polit and Hungler (1983, p. 426) advise using the largest sample possible. It was felt that a sample of 200 was adequate to obtain meaningful results for this study. Of the sample, the highest percentage of subjects was to be among the student and parent groups. The average response rate on survey questionnaires may be 10-20% of the general public when there is no particular interest in the area of study on their part (Polit & Hungler, 1983, p. 192). Since this particular issue was felt to be of some importance to the school community, a higher rate of return was expected. A total of 487 questionnaires were mailed out with the expectation that this number would yield a sample of at least 200.

Procedures

After the format of the survey questionnaire was finalized, a mailing list of the sample was created. School rosters were obtained from each of the four high schools in order to compile the mailing list. The rosters listed student names, parent names, and addresses of all currently enrolled students. The school district teacher directory was used to identify the teacher sample. A random, systematic sampling technique was used to identify a sample of 487. It consisted of a student sample of 227 (5% of the total district student population), a parent sample of 199 (5% of the total district parent population), and a teacher sample of 61 (25% of the total district

teaching population). A sample of 5% meant that every 20th name was selected from an alphabetized roster for students and for parents. A sample of 25% meant that every fourth name was selected for the teachers. The school rosters which listed student and parent names, and the teacher directory, were first placed in alphabetical order according to the name of the high school.

The survey questionnaires were mailed to the homes of the student, parent, and teacher samples. A cover letter accompanied the survey explaining the research being conducted and requesting their participation. Also, a stamped return envelope, a postcard to request results of the survey, and a parent permission form were included with the questionnaire.

Two hundred and fifty seven (53%) questionnaires were returned from the total sample of 487. The number of students who returned the questionnaires was 124 (55%); 97 (49%) were returned from parents; and 36 (59%) were returned from teachers. Two surveys were returned to the researcher marked undeliverable. Data were gathered from the returned questionnaires and subjected to computerized statistical analysis.

Descriptive statistical techniques were employed to describe the findings derived from Questions 1-43. Data from Questions 1-38, 39, 40, and 41 were analyzed using the mean and standard deviation measures. Questions 42 and 43 were analyzed using frequency measures. Data from Question 44, which obtained demographic information on the sample population, were broken down into frequencies as to the sample subgroup and to which gender the

respondents belonged. In addition, if the respondent was a student, the grade was identified; if the respondent was a parent, his/her student's grade was identified; and if the respondent was a teacher, the teaching area was identified. From the actual numbers, a profile of the sample was identified.

Four sets of statistics were gathered for each of the questions 1-43. One set reflected the opinions of the total sample; the other three reflected the opinions of each of the three subgroups. Since Question 44 requested demographic information, the results, listed as frequencies, were broken down as follows: sample subgroup, gender, grade of student, grade of parent's child, and subject area of teacher. The independent t test was used to: (a) determine if there was a significant difference in how the student and parent subgroups rated the importance of selected survey items; and (b) determine if there was a significant difference in how the student and parent subgroups felt about the nurse functioning in the three broad areas of school nurse duties (health supervision, health counseling, and health education).

The data collection phase of this study was conducted during the Spring of 1988. Survey questionnaires were mailed out in April and returned by June. All survey questionnaires were mailed to the homes of the respondents. Notices were placed in all four school parent newsletters announcing the research study and encouraging participation, in the event they received a survey questionnaire. Follow-up reminders were given to non-responding students by the school nurses at each of the four high schools; phone calls were

made to non-responding parents; and second surveys were sent by district mail to non-responding teachers.

Limitations

There are limitations to this study. Since this study surveyed the school community of one particular high school district, findings are limited to this district's school nurses. Also, the results gathered from this particular study may reflect how the school community actually sees its school nurse functioning, rather than offering opinions about how they think the nurse should ideally function. And finally, since a randomized systematic sampling technique was used to identify the sample (rather than a simple randomized method), it may not have been representative of the total population. Thus, the results of this study may not be generalizable to other nurses in other school districts.

The use of a questionnaire to gather data may be efficient and the only feasible means for obtaining certain types of data; however, there are limitations to its use. First, data gathered using a survey tool may be superficial and the rate of return may be low (Polit & Hungler, 1983, p. 316). This can bias the results. Second, in this self-reporting type of format, respondents may choose to return false opinions, especially if controversial opinions are requested (e.g., the nurse's role in counseling students about birth control). Students, especially, may fear repercussions from school personnel or parents if they express a particular attitude and believe they can be identified. In order to keep to a minimum the amount of false information returned due to fear, anonymity was built into the design of the

survey. No identifying marks appeared on the questionnaire itself. Code numbers on the envelopes were used to keep track of respondents. The envelope and questionnaire were separated upon receipt and the envelope discarded. The same was true of the parent permission form for the student sample; when it was received, the survey was separated and the signed permission form was discarded. Also, only basic demographic information was requested, and no one particular respondent could be identified from the information on the survey. Anonymity was assured in the cover letter.

The third limitation to the use of a mailed survey questionnaire is the possibility that the respondent may not understand a question. If this occurs, the respondent will either skip the item, or guess at its meaning. Since there was no interviewer to clarify the questions in this study, questions were reviewed for clarity in the pilot study. Individual questions were kept as brief and to the point as possible.

Chapter 4

ANALYSIS AND INTERPRETATION OF THE DATA

The purpose of chapter four is to present the findings of this study. The sample will be described first, followed by the results of the data analysis. The main objective of this study was to identify those services expected of the school nurse by the school community at the secondary level. The School Nurse Services (SNS) Data Collection Tool was used to gather opinions on this topic from students, parents, and teachers at four high schools in one school district. The researcher was the sole data collector. Computerized statistical analysis performed on the data included mean and standard deviation values, frequency values, and the independent t test. The findings are outlined in the following sections and tabulations of the data are presented in Tables 1-21.

The results of the data are presented in the following order:

- (a) characteristics of the sample, (b) results of Questions 1-38 of the SNS Data Collection Tool, (c) results of Question 39 of the SNS Data Collection Tool, (d) results of Question 40 of the SNS Data Collection Tool, (e) results of Question 41 of the SNS Data Collection Tool, (f) results of Question 42 of the SNS Data Collection Tool, and (g) results of Question 43 of the SNS Data Collection Tool. Additional findings that are presented include results of the independent t test performed on selected survey items; data regarding how the sample felt about the school nurse performing in the three areas of health education, health counseling, and health supervision; and results of

the independent t test performed on the data gathered regarding these three health areas.

Characteristics of the Sample

A profile of the sample used in this study was compiled from the data gathered from Question 44. This question asked the respondents to identify three characteristics about themselves: (a) the subgroup of the total sample to which they belonged, student, parent, or teacher; (b) their gender, male or female; and (c) if they were students, in which grade they were enrolled; if they were parents, in which grade their student was enrolled; and if they were teachers, in which subject area they taught. These characteristics were summarized to generate a profile of the total sample.

Subgroups

Table 1 shows the distribution of the total sample among the three sample subgroups. Students represented the largest subgroup of the sample (48.2%), while the smallest subgroup represented was the teachers' (14.0%). The parent subgroup represented 37.8% of the sample.

Sex

The total sample was composed of 168 female and 81 male respondents. Eight respondents declined to identify their gender. Table 2 shows the distribution of subgroups according to sex.

Student Distribution

The student subgroup was represented by all four grade levels at the high school. Senior students comprised the largest group of the student population (28.2%), while freshmen made up the

Table 1

Distribution of the Sample According to Subgroup (N=257)

| Subgroup | Frequency | % |
|----------|-----------|------|
| Student | 124 | 48.2 |
| Parent | 97 | 37.8 |
| Teacher | 36 | 14.0 |

Table 2

Distribution of Subgroup According to Sex (N = 249)*

| | Students (n = 124) | Parents (n =97) | Teachers (n = 36) |
|-------------|--------------------|-----------------|-------------------|
| Male | 46 | 15 | 20 |
| Female | 78 | 77 | 13 |
| No response | 0 | 5 | 3 |

Note. *Eight respondents did not identify their gender.

smallest number of the students (19.4%). Table 3 shows the distribution of the student sample by grade in school.

Parent Distribution

The parent subgroup of the general sample represented parents of students in all four grade levels at the high school. The largest group of parents had students in 11th grade (29.9%), the smallest group of parents had students in the 9th grade (13.4%). Table 4 shows the distribution of the parents by the grade of their student.

Teacher Distribution

The teacher subgroup of the general sample was represented by teachers in all subject areas taught at the high school. The largest representation of teachers came from the English Department (22.2%), and the smallest representation came from the Home Economics Department (2.8%). Table 5 shows the distribution of the teacher subgroup by their subject area.

Table 3

Grade Distribution of the Student Sample (N=124)

| Grade | Frequency | % |
|-------------|-----------|------|
| 9 | 24 | 19.4 |
| 10 | 30 | 24.2 |
| 11 | 34 | 27.4 |
| 12 | 35 | 28.2 |
| No response | 1 | 0.8 |

Table 4

Parent Distribution by Grade of Their Student (N=97)

| Student grade | Frequency | % |
|---------------------|-----------|------|
| 9 | 13 | 13.4 |
| 10 | 22 | 22.7 |
| 11 | 29 | 29.9 |
| 12 | 18 | 18.6 |
| More than 1 student | 8 | 8.2 |
| No response | 7 | 7.2 |

Table 5
Teacher Distribution According to Subject Area (N=36)

| Subject area | Frequency | % |
|--------------------|-----------|------|
| English | 8 | 22.2 |
| Social Studies | 6 | 16.7 |
| Fine Arts | 4 | 11.2 |
| Foreign Language | 3 | 8.3 |
| Industrial Arts | 3 | 8.3 |
| Math | 3 | 8.3 |
| Physical Education | 3 | 8.3 |
| Science | 3 | 8.3 |
| Home Economics | 1 | 2.8 |
| No response | 2 | 5.6 |

Results of Questions 1-38

Data from the first 38 questions of the survey listing possible school nurse services were examined together. The questions asked the respondents to rank each service on a four point scale, ranging from very important to not important. The responses were then assigned a numerical value as follows: Very Important = 4, Important = 3, Somewhat Important = 2, and Not Important = 1. The scores for each of the 38 questions were tabulated and the mean and standard deviation measures were computed from this figure. The 38 possible services were then ranked in order of the highest mean down to the lowest.

Data From Total Sample Regarding Possible School Nurse Services

The total sample felt the most important service for the school nurse to provide was emergency care for the students (Item #5). They felt the least important service for the school nurse to provide was helping with the recording of the daily school attendance (Item #19). Table 6 shows the ranked order of the first 38 possible school nurse services.

Student Subgroup

The opinions of the student subgroup concerning the importance of each school nurse service are listed separately in this section. As with the total sample, students also felt that providing emergency care to the students was the most important service for the nurse to perform and that helping with school attendance was the least important. Table 7 represents the opinions of the student subgroup as to the importance of the 38 possible school nurse

Table 6

Ranked Order of School Nurse Services - Total Sample (N=257)

| Service (Item #) | Mean | SD |
|--|------|------|
| Emergency care (5) | 3.83 | .45 |
| First aid policies and procedures (31) | 3.57 | .72 |
| Assess for child abuse (34) | 3.39 | .86 |
| Communicable diseases (6) | 3.36 | .79 |
| Hearing and vision screening (2) | 3.34 | .84 |
| Student health files (36) | 3.31 | .91 |
| Individual health counseling for students (7) | 3.29 | .78 |
| Assess for drug abuse (30) | 3.26 | .85 |
| Health hazards at school (4) | 3.21 | .86 |
| CPR instruction (10) | 3.11 | .89 |
| First aid inservice for staff (32) | 3.08 | .94 |
| Resource for teacher in alcohol/drug education (14) | 3.05 | .90 |
| Immunization audit (29) | 3.05 | .97 |
| Teacher health concerns about their students (35) | 2.94 | .96 |
| Classroom teaching for health education (1) | 2.92 | .93 |
| List of students with major health problems (33) | 2.91 | 1.03 |
| Classroom teaching in alcohol/drug education (13) | 2.89 | .94 |
| Liaison between student, family, M.D., and teacher (3) | 2.88 | .99 |
| Development of district health curriculum (27) | 2.74 | .90 |
| Special education student assessment (26) | 2.60 | .94 |
| Assess for emotional problems (15) | 2.58 | .93 |

(table continues)

Table 6 (continued)

Ranked Order of School Nurse Services - Total Sample (N=257)

| Service (Item #) | Mean | SD |
|--|------|------|
| Adapted Physical Education (25) | 2.57 | .97 |
| Assess chronic absenteeism (18) | 2.55 | .90 |
| Support groups for students (21) | 2.52 | .98 |
| Community activities (8) | 2.51 | .89 |
| T.B. skin tests for staff (38) | 2.40 | 1.07 |
| Committee for students with academic difficulties (11) | 2.38 | .97 |
| Coordinate handicapped services (12) | 2.37 | 1.01 |
| School disaster plan (23) | 2.37 | 1.07 |
| Home teaching requests (24) | 2.34 | 1.00 |
| Provide immunizations (37) | 2.32 | 1.13 |
| Assess for family problems (17) | 2.28 | .97 |
| Health counseling for staff (9) | 2.22 | .97 |
| Inservice programs for school faculty (20) | 2.10 | .85 |
| Home visits regarding health problems (16) | 2.02 | .96 |
| School lunch program (22) | 1.88 | 1.03 |
| Inservice programs for parents (28) | 1.80 | .80 |
| Attendance help (19) | 1.44 | .79 |

Table 7
Ranked Order of School Nurse Services - Student Subgroup
(N = 124)

| Service (Item #) | Mean | SD |
|---|------|-----|
| Emergency care (5) | 3.73 | .56 |
| First aid policies and procedures (31) | 3.34 | .87 |
| Student health files (36) | 3.32 | .84 |
| Assess for child abuse (34) | 3.31 | .86 |
| Individual health counseling for students (7) | 3.22 | .79 |
| Hearing and vision screening (2) | 3.20 | .86 |
| Communicable diseases (6) | 3.12 | .86 |
| CPR instruction (10) | 3.11 | .88 |
| Health hazards at school (4) | 3.10 | .87 |
| First aid inservice for staff (32) | 3.06 | .88 |
| Assess for drug abuse (30) | 3.03 | .90 |
| Resource for teacher in alcohol/drug education (14) | 2.87 | .92 |
| Immunization audit (29) | 2.86 | .98 |
| Classroom teaching for health education (1) | 2.82 | .86 |
| List of students with major health problems (33) | 2.70 | .98 |
| Development of district health curriculum (27) | 2.68 | .86 |
| Classroom teaching in alcohol/drug education (13) | 2.68 | .91 |
| Support groups for students (21) | 2.67 | .93 |
| Community activities (8) | 2.65 | .89 |
| Teacher health concerns about their students (35) | 2.60 | .90 |

(table continues)

Table 7 (continued)

Ranked Order of School Nurse Services - Student Subgroup
(N = 124)

| Service (Item #) | Mean | SD |
|--|------|------|
| Adapted Physical Education (25) | 2.54 | .99 |
| Special education student assessment (26) | 2.53 | .95 |
| Provide immunizations (37) | 2.52 | 1.02 |
| Health counseling for staff (9) | 2.51 | .94 |
| Liaison between student, family, M.D., & teacher (3) | 2.50 | .91 |
| Assess for emotional problems (15) | 2.50 | .92 |
| School disaster plan (23) | 2.39 | 1.05 |
| T.B. skin tests for staff (38) | 2.38 | .91 |
| Coordinate handicapped services (12) | 2.38 | .96 |
| Assess chronic absenteeism (18) | 2.31 | .83 |
| Committee for students with academic difficulties (11) | 2.25 | .95 |
| School lunch program (22) | 2.22 | 1.09 |
| Home teaching requests (24) | 2.21 | .97 |
| Assess for family problems (17) | 2.15 | .91 |
| Inservice programs for school faculty (20) | 2.12 | .79 |
| Inservice programs for parents (28) | 1.86 | .82 |
| Home visits regarding health problems (16) | 1.81 | .89 |
| Attendance help (19) | 1.46 | .77 |

services.

Parent Subgroup

The opinions of the parent subgroup regarding the importance of the first 38 school nurse services are listed in this section. As with the total sample and the student subgroup, the parents felt that emergency care was the most important service for the school nurse to provide, and that helping with the daily school attendance was the least important service. Table 8 lists the ranked order of the parent subgroup regarding the first 38 school nurse services.

Teacher Subgroup

The opinions of the teacher subgroup regarding the importance of the first 38 possible school nurse services are listed in this section. As with the previous ranked order lists of the general sample, the student subgroup, and the parent subgroup, teachers also felt that providing emergency care to students was the most important service for the school nurse to perform and that helping with daily school attendance was the least important. Table 9 lists the ranked order of the teacher subgroup regarding the first 38 possible school nurse services.

Table 8

Ranked Order of School Nurse Services - Parent Subgroup (N = 97)

| Service (Item #) | Mean | SD |
|--|------|------|
| Emergency care (5) | 3.92 | .31 |
| First aid policies and procedures (31) | 3.82 | .44 |
| Communicable diseases (6) | 3.65 | .60 |
| Assess for drug abuse (30) | 3.52 | .77 |
| Assess for child abuse (34) | 3.52 | .87 |
| Hearing and vision screening (2) | 3.46 | .83 |
| Individual health counseling for students (7) | 3.35 | .76 |
| Health hazards at school (4) | 3.34 | .83 |
| Student health files (36) | 3.20 | 1.02 |
| Resource for teacher in alcohol/drug education (14) | 3.17 | .88 |
| CPR instruction (10) | 3.15 | .89 |
| Teacher health concerns about their students (35) | 3.14 | .97 |
| Immunization audit (29) | 3.13 | 1.01 |
| First aid inservice for staff (32) | 3.13 | 1.03 |
| Liaison between student, family, M.D., and teacher (3) | 3.08 | .95 |
| Classroom teaching in alcohol/drug education (13) | 2.99 | .98 |
| Classroom teaching for health education (1) | 2.91 | 1.00 |
| List of students with major health problems (33) | 2.88 | 1.11 |
| Development of district health curriculum (27) | 2.70 | .94 |
| Assess for emotional problems (15) | 2.67 | .97 |
| Assess chronic absenteeism (18) | 2.63 | .93 |

(table continues)

Table 8 (continued)

Ranked Order of School Nurse Services - Parent Subgroup (N = 97)

| Service (Item #) | Mean | SD |
|--|------|------|
| Special education student assessment (26) | 2.63 | 1.02 |
| Committee for students with academic difficulties (11) | 2.53 | 1.06 |
| Adapted Physical Education (25) | 2.50 | 1.01 |
| Home teaching requests (24) | 2.43 | 1.06 |
| Coordinate handicapped services (12) | 2.38 | 1.10 |
| School disaster plan (23) | 2.37 | 1.15 |
| Assess for family problems (17) | 2.35 | 1.04 |
| Support groups for students (21) | 2.31 | 1.03 |
| Community activities (8) | 2.29 | .92 |
| Home visits regarding health problems (16) | 2.21 | .96 |
| T.B. skin tests for staff (38) | 2.13 | 1.17 |
| Provide immunizations (37) | 2.07 | 1.20 |
| Inservice programs for school faculty (20) | 2.03 | .93 |
| Health counseling for staff (9) | 1.85 | .92 |
| Inservice programs for parents (28) | 1.76 | .75 |
| School lunch program (22) | 1.65 | .92 |
| Attendance help (19) | 1.44 | .85 |

Table 9

Ranked Order of School Nurse Services - Teacher Subgroup
(N = 36)

| Service (Item #) | Mean | SD |
|--|------|-----|
| Emergency care (5) | 3.92 | .28 |
| List of students with major health problems (33) | 3.69 | .53 |
| First aid policies and procedures (31) | 3.67 | .54 |
| Teacher health concerns about their students (35) | 3.59 | .61 |
| Student health files (36) | 3.58 | .77 |
| Liaison between student, family, M.D., and teacher (3) | 3.58 | .81 |
| Immunization audit (29) | 3.50 | .61 |
| Hearing and vision screening (2) | 3.47 | .74 |
| Communicable diseases (6) | 3.42 | .77 |
| Individual health counseling for students (7) | 3.36 | .76 |
| Assess for child abuse (34) | 3.36 | .80 |
| Assess for drug abuse (30) | 3.33 | .68 |
| Resource for teacher in alcohol/drug education (14) | 3.33 | .76 |
| Classroom teaching in alcohol/drug education (13) | 3.31 | .71 |
| Classroom teaching for health education (1) | 3.31 | .89 |
| Health hazards at school (4) | 3.28 | .91 |
| T.B skin tests for staff (38) | 3.17 | .95 |
| Assess chronic absenteeism (18) | 3.11 | .80 |
| Development of district health curriculum (27) | 3.09 | .89 |
| CPR instruction (10) | 3.03 | .91 |

(table continues)

Table 9 (continued)

Ranked Order of School Nurse Services - Teacher Subgroup(N = 36)

| Service (Item #) | Mean | SD |
|--|------|------|
| First aid inservice for staff (32) | 3.00 | .91 |
| Adapted Physical Education (25) | 2.86 | .72 |
| Special education student assessment (26) | 2.75 | .65 |
| Community activities (8) | 2.64 | .72 |
| Assess for emotional problems (15) | 2.60 | .88 |
| Support groups for students (21) | 2.57 | .92 |
| Home teaching requests (24) | 2.53 | .86 |
| Assess for family problems (17) | 2.51 | .95 |
| Committee for students with academic difficulties (11) | 2.42 | .77 |
| Coordinate handicapped services (12) | 2.29 | .91 |
| Provide immunizations (37) | 2.29 | 1.23 |
| School disaster plan (23) | 2.28 | .94 |
| Inservice programs for school faculty (20) | 2.25 | .84 |
| Home visits regarding health problems (16) | 2.21 | 1.08 |
| Health counseling for staff (9) | 2.17 | .88 |
| Inservice programs for parents (28) | 1.72 | .88 |
| School lunch program (22) | 1.39 | .73 |
| Attendance help (19) | 1.35 | .65 |

The previous listings of the Ranked Order of School Nurse Services by the total sample, the student subgroup, the parent subgroup, and the teacher subgroup is extensive. The inclusion of the raw data is important, however, since it provides information other than simply the order of services. In order to quickly compare these four sets of statistics, Table 10 summarizes the ten highest ranked services.

There were some distinct similarities and differences when the 10 highest ranked services are compared. Students and parents each shared 9 out of 10 of the most frequently mentioned services when compared to the total sample. However, the teacher subgroup shared only 6 out of the 10 services with the total sample. Their priorities for school nurse services differ from those of the students and parents. Services mentioned by the teachers which did not appear on the student or parent subgroups list include having the school nurse available to: (a) compile and distribute a list of students with major health problems (Item #2); (b) answer teacher health concerns regarding their students (Item #4); (c) act as a liaison between the student, family, M.D., and teacher when the student has a major health problem (Item #6); and (d) perform immunization audits on student health records (Item #7).

Table 10

Comparison of Ranked Order of Nursing Services

| Total sample | Students | Parents | Teachers |
|--|----------|---------|----------|
| 1. Emergency care | 1 | 1 | 1 |
| 2. First aid policies & procedures | 2 | 2 | 3 |
| 3. Assess for child abuse | 4 | 5 | -- |
| 4. Communicable diseases | 7 | 3 | 9 |
| 5. Hearing and vision screening | 6 | 6 | 8 |
| 6. Student health files | 3 | 9 | 5 |
| 7. Health counseling for students | 5 | 7 | 10 |
| 8. Assess for drug abuse | -- | 4 | -- |
| 9. Health hazards at school | 9 | 8 | -- |
| 10. CPR instruction | 8 | -- | -- |
| ----- | | | |
| (11. First aid inservice for staff) | 10 | -- | -- |
| (12. Resource for teacher in alcohol/drug ed.) | -- | 10 | -- |
| (16. List of students with major health problems) | -- | -- | 2 |
| (14. Teacher health concerns about their student) | -- | -- | 4 |
| (18. Liaison between student, family, M.D. & teacher) | -- | -- | 6 |
| (13. Immunization audit) | -- | -- | 7 |

Results of Question 39

Question 39 asked the respondents to list how important they felt it was for the school nurse to maintain confidentiality in her/his daily contact with students. As in the previous section, respondents were asked to rank this aspect of the job on a four point scale, ranging from very important to not important. The responses were assigned a numerical value of Very Important = 4, Important = 3, Somewhat Important = 2, and Not Important = 1. The scores for Question 39 were totaled and a mean and standard deviation were computed from this figure. The results of this analysis showed that the total sample and all three subgroups felt that maintaining confidentiality was very important for the school nurse. The mean score for this aspect ranged from 3.74 to 3.63 on the four point scale. Table 11 provides a detailed breakdown of the results of this question.

Results of Question 40

Question 40 asked the respondents to indicate how important they felt it was for the school nurse to be involved with classroom presentations on selected health topics. As with previous questions, mean and standard deviation measures were compiled for each health topic. Responses were then ranked from the highest mean to the lowest. All groups felt that AIDS and sexually transmitted diseases (STD's) were the most important topics for the nurse to teach. All groups also agreed that physical fitness was the least important topic for the nurse to teach. However, the mean score for physical fitness for the total sample was 2.80 on a four point scale,

Table 11
Opinions Regarding Confidentiality

| Group | Mean | SD |
|------------------|------|-----|
| Total Sample | 3.66 | .73 |
| Student Subgroup | 3.65 | .81 |
| Parent Subgroup | 3.63 | .68 |
| Teacher Subgroup | 3.74 | .51 |

indicating that they felt that this topic had some importance for the school nurse to teach. Table 12 shows the order of health topics ranked by the total sample, and compares them to those of the student, parent, and teacher subgroups. The health topic from the total sample with the highest mean is listed first, the health topic with the lowest mean is listed last.

Table 12

Comparison of Ranked Order of Classroom Topics

| Total sample | Students | Parents | Teachers |
|---|----------|---------|----------|
| 1. AIDS | 1 | 1 | 2 |
| 2. STD's other than AIDS | 2 | 2 | 1 |
| 3. Birth control | 3 | 5 | 3 |
| 4. Alcohol/drug education | 4 | 3 | 6 |
| 5. Smoking | 6 | 4 | 7 |
| 6. Abortion | 5 | 8 | 4 |
| 7. Nutrition | 7 | 7 | 5 |
| 8. Reproductive anatomy and physiology | 9 | 6 | 8 |
| 9. Mental health | 8 | 9 | 9 |
| 10. Physical fitness | 10 | 10 | 10 |

Results of Question 41

Question 41 asked the respondents to indicate how important it was for the school nurse to provide counseling on selected health topics to students on an individual basis, when the student asked for this information. The data from this question were again computed for the mean and standard deviation measures, and the responses were placed in ranked order. As in Question 40, AIDS and STD's were listed consistently as the most important topics for the school nurse to provide information, while physical fitness was the least important for the students and parents. (Mental health was ranked last by the teacher subgroup.) However, the overall combined mean from the total sample regarding physical fitness was 3.32 on a four point scale, indicating that they felt it was very important for the school nurse to provide counseling about this topic, although not as important as the topics of AIDS and STD's. Table 13 places in ranked order the results of this question for the total sample and compares them to the ranked topics from the student, parents, and teacher subgroups.

Results of Question 42

Question 42 asked the respondents to list the eight most important services from the original list of 38. Analysis of this question was done by identifying all services that were mentioned by the respondents and then listing the frequency that each service appeared. The services were placed with the highest frequency at the top. Tables 14, 15, 16, and 17 show the frequency of the

Table 13

Comparison of Ranked Order of Counseling Topics

| Total sample | Students | Parents | Teachers |
|---|----------|---------|----------|
| 1. AIDS | 1 | 1 | 1 |
| 2. STD's other than AIDS | 2 | 2 | 2 |
| 3. Birth control | 3 | 3 | 3 |
| 4. Alcohol/drug education | 4 | 5 | 6 |
| 5. Abortion | 5 | 8 | 4 |
| 6. Smoking | 6 | 4 | 9 |
| 7. Nutrition | 8 | 7 | 5 |
| 8. Reproductive anatomy and physiology | 9 | 6 | 7 |
| 9. Mental health | 7 | 9 | 10 |
| 10. Physical fitness | 10 | 10 | 8 |

Table 14

Eight Most Frequently Identified Services - Total Sample (N = 222)

| Service (Item #) | Frequency |
|---|-----------|
| Emergency care (5) | 163 |
| Individual health counseling for students (7) | 107 |
| Classroom teaching for health education (1) | 74 |
| Hearing and vision screening (2) | 73 |
| Assess for child abuse (34) | 73 |
| Student health files (36) | 70 |
| Assess for drug abuse (30) | 67 |
| CPR instruction (10) | 65 |

Note. Not all respondents answered this question, and those who did listed from 1 - 8 items.

Table 15

Eight Most Frequently Identified Services - Students (N = 106)

| Service (Item #) | Frequency |
|---|-----------|
| Emergency care (5) | 71 |
| Individual health counseling for students (7) | 50 |
| Classroom teaching for health education (1) | 45 |
| Student health files (36) | 35 |
| CPR instruction (10) | 34 |
| Assess for drug abuse (30) | 33 |
| Hearing and vision screening (2) | 32 |
| Assess for child abuse (34) | 31 |

Note. Not all students answered this question, and those who did listed from 1-8 services.

Table 16

Eight Most Frequently Identified Services - Parents (N = 84)

| Service (Item #) | Frequency |
|---|-----------|
| Emergency care (5) | 65 |
| Assess for child abuse (34) | 36 |
| Hearing and vision screening (2) | 35 |
| Communicable diseases (6) | 31 |
| Individual health counseling for students (7) | 31 |
| Assess for drug abuse (30) | 30 |
| CPR instruction (10) | 25 |
| Liaison between student, family, M.D. & teacher (3) | 25 |
| First aid policies and procedures (31) | 25 |

Note. Not all parents answered this question, and those who did listed from 1 - 8 services. Also, parents identified three services for places seven and eight.

Table 17

Eight Most Frequently Identified Services - Teachers (N = 32)

| Service (Item #) | Frequency |
|---|-----------|
| Emergency care (5) | 27 |
| Individual health counseling for students (7) | 21 |
| List of student with major health problems (33) | 20 |
| Student health files (36) | 17 |
| Liaison between student, family, M.D. & teacher (3) | 12 |
| Classroom teaching for health education (1) | 11 |
| Classroom teaching in alcohol/drug education (13) | 9 |
| Immunization audit (29) | 9 |

Note. Not all teachers answered this question, and those who did listed from 1 - 8 services.

identified services from the total sample, the student subgroup, the parent subgroup, and the teacher subgroup. Some respondents skipped this section, perhaps because it took time to go back through the 38 services and make decisions about their importance. Other respondents only partially completed this question, listing only a few services rather than the requested eight.

Results of Question 43

Question 43 asked respondents to indicate if there were any school nurse services they would like to see available that did not appear on the survey questionnaire. The number of subjects who

responded to this question was small (11 students, 7 parents, and 3 teachers). Data gathered from this question identified the type of service and the frequency each service was mentioned. The services were then placed in order from the most frequently mentioned service to the least. Table 18 lists the order of services from the total sample. Data from the subgroups were not listed separately because of the small numbers. Interestingly, in this particular school district where the school nurse is assigned to be at the high school full-time, the respondents listed increased availability of the nurse to the students as the most important service they would like to see added. Apparently, teaching duties and meetings take the nurse away from the office more often than some members of the school community would like. The second most frequently mentioned added service is the school nurse being able to dispense medications. Administering medication to a minor is strictly forbidden by state law without written parental permission. Also, it is noteworthy that one respondent would like to see the nurse sponsor an exercise program in a school that offers four full years of physical education opportunities.

Results of the Independent t Test on Selected Survey Items

Further statistical analysis was performed on selected survey items to determine if there was a significant difference in how the student and parent subgroups felt about certain school nurse services. The independent t test was performed on responses to Questions 1, 5, 30, 40E, 40G, 40I, and 41G. The analysis shows that

Table 18

Additional School Nurse Services by Frequency (N = 21)

| Service | Frequency |
|--|-----------|
| Increased availability to students | 8 |
| Dispense medications such as aspirin/cold tablets | 7 |
| Increased participation with nutritional advice in the school lunch program | 6 |
| Sponsor health related speakers/assemblies | 5 |
| Become a more active resource for health information | 4 |
| Provide athletic taping prior to sports contests | 2 |
| Provide scoliosis screening | 1 |
| Provide treatment for STD's | 1 |
| Provide exercise program at school | 1 |

Note. Some respondents listed more than one item.

there was a significant difference at the .05 level in how students and parents felt about the school nurse providing emergency care and about the nurse's role in identifying and referring students who are abusing drugs. There was no significant difference between student and parent responses on the other selected items. Table 19 shows the results of the independent t test performed on Questions 5 and 30, where a significant difference was found at the .05 level.

Question 1 asked how important it was for the school nurse to take an active teaching role in the health education class. It was felt that this was an important question to ask because parents may not consider classroom teaching part of the school nurse's role, whereas the students in this particular high school district are accustomed to this expanded facet of the nurse's role. The difference found between the two groups was not significant at the .05 level.

Question 5 asked how important it was for the school nurse to provide emergency care in the event of a student injury. This question sought to determine if the parents placed more importance than students on this service since it concerned the safety of their child. The difference between the two groups was statistically significant at the .05 level.

Question 30 asked how important it was for the school nurse to take an active role in identifying and referring for help those students who are abusing drugs. This question sought to suggest that parents are unaware or deny that drug use is present among the student population. The difference between the two groups was found to be

Table 19

Results of Independent t Test Performed on Questions 5 and 30

| <u>Question</u> | <u>N</u> | <u>T</u> | <u>df</u> | <u>2-Tailed Prob.</u> |
|---------------------|----------|----------|-----------|-----------------------|
| #5 (Emergency care) | | | | |
| Students | 124 | | | |
| Parents | 97 | 2.91 | 219 | .004 |
| #30 (Drug abuse) | | | | |
| Students | 124 | | | |
| Parents | 95 | 4.19 | 217 | <.001 |

Note. Not all parents answered Question #30.

significant at the .05 level.

The results of Questions 40E, G, I, and 41G were examined to determine if there were any differences between the student and parent subgroups as to whether or not parents would want the school nurse teaching or counseling students about the controversial areas of STD's, birth control, and abortion. The students, however, might feel that these are relevant teaching and counseling topics for their age group. No significant differences were found between the two groups in any of these areas.

Results of School Nurse Service Dimensions

This section sought to determine how the total sample, as well as the three subgroups, felt about the school nurse performing services in the three dimensions of school nurse practice: health education, health counseling, and health supervision. In order to analyze this area, the first 38 survey items were categorized into one of the three service areas by the researcher. Within each service area, the mean and standard deviation scores were totaled and an overall mean and standard deviation were computed for each of the three areas.

Results of this analysis were as follows. The total sample gave highest priority to the health counseling and the lowest to health education. Students gave highest priority to the area of health counseling and the lowest to health supervision. Parents gave highest priority to health supervision and the lowest to health counseling. Teachers gave highest priority to health supervision and the lowest to health education. Table 20 summarizes these results.

Results of the Independent t Test

Performed on the Means for the Three Health Dimensions

The independent t test was performed on the mean values from Table 20 to determine if there was a significant difference between how the students and parents felt about the school nurse performing services in the three health dimensions of school nurse practice. The results indicated that there was no significant difference in the way students and parents felt about the school nurse performing health education and health supervision duties. However, there was a significant difference in the way the two groups felt about the health counseling dimension. Students gave this dimension higher priority than parents. Table 21 shows the results of the independent t test performed on the overall mean scores for the three health dimensions.

The purpose of this study was to identify those services expected of the school nurse at the secondary level. The basic expectations were identified, tabulated, and compared in Tables 6 - 10. Other important data relevant to the school nurse role were also identified and tabulated in this chapter. Chapter 5 will discuss the implications of this data.

Table 20

Overall Mean Scores for Three Health Dimensions

| Dimension | Total Sample | Student | Parent | Teacher |
|--------------------|--------------|---------|--------|---------|
| Health Education | 2.67 | 2.65 | 2.64 | 2.83 |
| Health Counseling | 2.80 | 2.91 | 2.63 | 2.85 |
| Health Supervision | 2.75 | 2.64 | 2.78 | 3.04 |

Table 21

Results of Independent t Test Performed on the Mean Values of the Three Health Dimensions

| Dimension | N | T | df | 2-Tailed Prob. |
|--------------------|-----|------|-----|----------------|
| Health Education | | | | |
| Students | 114 | | | |
| Parents | 95 | .08 | 207 | .936 |
| Health Counseling | | | | |
| Students | 116 | | | |
| Parents | 93 | 3.34 | 207 | .001 |
| Health Supervision | | | | |
| Students | 99 | | | |
| Parents | 85 | 1.68 | 182 | .094 |

Note. Not all respondents answered all questions.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

The original purpose of this study was to determine the services of the school nurse as expected by the school community and to compare expectations among the three sample subgroups of students, parents, and teachers. Their opinions will help the school nurse to define priorities, offer new services, and discard unneeded services. Since school nurses are hired to provide health related services to the school community, it is important for the school nurse to consider opinions from members of this community when making decisions that will affect them. Also, confusion regarding the role of the school nurse will be reduced because a more defined image will appear. Hopefully this image will be projected to students, parents, teachers, as well as school administrators.

Conclusions Regarding Expected School Nurse Services

The findings of this study indicate that the school community has definite opinions about the services expected of the school nurse since there were almost no responses of "not sure" or "don't know" on the returned surveys, except for Questions 42 and 43 which some respondents did not complete. This decisiveness about the school nurse role is also demonstrated by the high rate of survey returns. The return rate for this study was 53%, while the expected average for a mailed survey is 10-20% or somewhat higher for a targeted population of interest.

The findings also indicate that the school community feels that

many of the services performed by the school nurse within the scope of her/his practice are rated important. Of the 38 possible school nurse services on the survey questionnaire, the total sample rated 13 of them as Important/Very Important (having received a score of 3.0 or higher on the 4 point rating scale). By subgroups, students rated 11 of the services as Important/Very Important, parents rated 15 of the services as Important/Very Important, and teachers rated 21 of the services as Important/Very Important.

Conclusions from the findings of Questions 40 and 41 indicate that the school nurse's professional knowledge was valued by all segments of the school community. There was importance placed on the nurse being involved with health teaching in the classroom. Of the 10 selected health topics, 7 were listed by the total sample as being Important/Very Important for the nurse to teach. Students rated 6 out of the 10 topics as Important/Very Important for the school nurse to teach, parents rated 10 out of the 10 topics as Important/Very Important, and teachers rated 9 out of the 10 topics as Important/Very Important for the nurse to teach.

The results of Question 41 showed similar findings about the value of the school nurse's knowledge in regards to health counseling. The total school sample rated 10 out of 10 health topics as being Important/Very Important for the school nurse to provide counseling information. Students gave Important/Very Important ratings to 9 out of the 10 counseling topics, parents gave the same rating to 10 out of 10 counseling topics, and teachers gave the same rating to 10 out of 10 counseling topics. From these scores, the

conclusion that school nurses at the secondary school level are important members of the school staff and that their services are valued by the studied segments of the school community is supported.

In addressing the problem of the confusion associated with the school nurse role, the following conclusions may be noted. While there are certain expectations from the total school community when it is looked at as a whole, each segment of the school community views the school nurse from its own perspective and places different importance on various services. For instance, all three subgroups listed emergency care as the most important service for the school nurse to provide. However, the second most important duty for students and parents was the establishment of first aid policies and procedures. This indicates a concern from both subgroups about the safety of students who spend up to seven hours a day on campus. The teacher subgroup, however, named having a list of students with major health problems as their second priority for school nurse services. Teachers placed a high value on knowing if one of their students has a major health problem such as diabetes or epilepsy, or if they have some sort of disability which compromises their ability to learn or take part in classroom learning activities. Perhaps some of the role confusion associated with the school nurse role is due to conflicts of interest on the parts of various segments of the school community. If this is the case, role confusion may be a built-in aspect associated with the school nurse that cannot and should not be eliminated.

A review of the literature revealed few attempts to define the school nurse role. Perhaps this indicates a lack of time on the part of the school nurse profession to study this subject. School nurse positions have been seriously reduced over the last 10 years in California since the passage of Proposition 13. It is difficult for a profession struggling to survive financial cutbacks in school districts to also be doing research about itself.

At the same time it is of vital importance that the school nurse identify, justify, and account for her/his time and service to a school, particularly for the sake of the students. A textbook is of no value to a student if she/he cannot read it because of an undetected vision problem. For this reason it is important that school nurses have a strong sense of identity and purpose about themselves and that they portray this image to the school community in order that their services not be considered optional and therefore be reduced or eliminated. One way to develop this sense of identity is to take a look at what expectations others have for their services.

Suggestions for Nursing Practice

There are two observations which can be made from the findings of this study. First, the identification of the role of the school nurse and the services she/he is expected to provide have widespread application for the profession and for the health of the school-aged population. A strong identity and sense of purpose will lead to increased utilization of the nurses in the school system. This will benefit the profession in terms of an improved image, and

hopefully increased numbers of school nurses. In turn, the school children will benefit by a stronger school health program.

A second observation is the fact that information about many of the health education and counseling topics that a school nurse deals with change rapidly. It is essential for the nurse to constantly update her/his professional knowledge about such topics as AIDS and sexually transmitted diseases. The school nurse must also be aware of local resources to which to refer students who may be in need of services for AIDS testing, drug abuse help, or birth control information. Students, parents, and teachers rely upon the school nurse to provide accurate information about these topics and to provide referrals for those needing help for a variety of health problems.

Specific suggestions for school nurse practice as a result of this study are summarized:

1. Each individual school district is unique and its expectations of the school nurse should be identified.
2. These local expectations should be combined on a statewide basis and a comprehensive list of services should be compiled.
3. The expectations from large groups of people should be compiled to see if a national image exists. Requirements for education and licensure need to be uniform across the country before this can be accomplished.

Recommendations for Further Study

Insights gained from the results of the study suggest the following recommendations for further research:

1. Studies similar to the present one should be replicated in other high school districts to determine if there is a basis for generalization of the findings of the study.
2. Replication of this study with a larger sample should be done.
3. Replication of this study for an elementary and/or unified school district should be done.
4. A more uniform set of school nurse services needs to be identified on a larger scale, perhaps through the state professional organizations, such as California School Nurse Organization. This, in turn, could be sent back to local school districts to be used in carrying out health programs and in hiring school nurses.
5. A standardized tool for assessment of school nurse services should be developed and evaluated. Associated with this activity would be the development and evaluation of a standardized tool for the assessment of health needs in a school district.

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APPENDIX A
School Nurse Definition from
California Education Code

School Nurse Definition from California Education Code.

Section 49426. School nurses; qualifications; services.

School nurses strengthen and facilitate the educational process by improving and protecting the health status of children and by identification and assistance in the removal or modification of health-related barriers to learning in individual children. The major focus of school health services is the prevention of illness and disability, and the early detection and correction of health problems. The school nurse is especially prepared and uniquely qualified in preventive health, health assessment, and referral procedures.

Nothing in this section shall be construed to limit the scope of professional practice or otherwise to change the legal scope of practice for any registered nurse or other licensed health arts practitioner. Rather, it is the intent of the Legislature to provide positively for the health services, many of which may be performed in the public schools only by physicians and school nurses. School nurses may perform, if authorized by the local governing board, the following services:

- (a) Conduct immunization programs....
- (b) Assess and evaluate the health and developmental status of pupils....
- (c) Interpret the health and developmental assessment to parents, teachers, administrators, and other professionals directly concerned with the pupil.
- (d) Design and implement a health maintenance plan to meet the individual health needs of the students....

(e) Refer the pupil and his or her parent or guardian to appropriate community resources for necessary services.

(f) Maintain communication with parents and all involved community practitioners and agencies to promote needed treatment and secure reports of findings pertinent to educational planning.

(g) Interpret medical and nursing findings appropriate to the student's individual educational plan and make recommendations to professional personnel directly involved.

(h) Consult with, conduct in-service training to, and serve as a resource person to teachers and administrators, and act as a participant in implementing any section or sections of a comprehensive health instruction curriculum for students by providing current scientific information regarding nutrition, preventive dentistry, mental health, genetics, prevention of communicable diseases, self-health care, consumer education, and other areas of health.

(i) Counsel pupils and parents....

(j) Assist parents and pupils to solve financial, transportation and other barriers to needed health services. (West's annotated California codes. Vol. 27B, 1988, pp. 185-6.)

APPENDIX B
Sample School Nurse Job Description

School Nurse Job Description from District in Study

ADMINISTRATIVE REGULATION

SCHOOL NURSE

DUTIES

- I. The responsibilities and duties of the school nurse are as follows:

- | | |
|--|-----------------------------------|
| A. Assist in providing a safe and healthful school environment. Attend to emergency illnesses, injuries, and provide for leadership in administration of first aid. | EMERGENCY HEALTH NEEDS |
| B. Maintain current health records and emergency cards for all students | EMERGENCY CARDS HEALTH RECORDS |
| C. Assess and evaluate the health status of pupils and guide, counsel and follow up on students' individual health needs. Participate in procedures relating to referrals for district guidance and home teaching. | WORK WITH STUDENTS |
| D. Participate in the screening process for students in Special Education programs, Adaptive Physical Education, Driver Training and lunch program. | SPECIAL PROGRAMS |
| E. Conduct hearing and vision tests required by law, make appropriate referrals, and follow through on these referrals. | HEARING AND VISION TESTS |

- | | |
|--|---|
| F. Identify students having special problems and work with teachers, counselors, parents, special services personnel and administrative staff in providing for their special needs. Confer with family and physicians as necessary. Administer medication as necessary . (bee sting, diabetes, etc.) | SPECIAL PROBLEMS |
| G. Be responsible for the implementation of requirements on immunization, and advise on prevention of communicable disease. | COMMUNICABLE DISEASE |
| H. Provide resource assistance for teachers in Health Education and related courses | RESOURCE ASSISTANCE |
| I. Perform additional duties as assigned, including but not limited to, supervising procedures for reporting injuries, administering arrangements for medical excuses, medical clearance for athletics and Driver Training, and periodically review and evaluate the Health Services program | OTHER DUTIES EVALUATION OF PROGRAM |
| J. Represent the school health program to other community agencies and programs. | REPRESENT PROGRAM |

APPROVED: July 1, 1961

REVISED: November 18, 1968

REVISED: December 6, 1972

REVISED: February 4, 1976

REVISED: June 6, 1980

(Board Policy, school district in study, 1988)

APPENDIX C
School Nurse Service Data Collection Tool

Directions: Would you please indicate with a checkmark in the appropriate column whether you feel this particular task is very important, important, somewhat important, or not important for the school nurse to provide as part of her duties?

| | Very Important | Important | Somewhat Important | Not Important |
|---|-------------------|-----------|-----------------------|------------------|
| 1. The school nurse should have an active teaching role in the classroom health education class. | | | | |
| 2. The school nurse should provide screening services to all students for hearing and vision problems. | | | | |
| 3. The school nurse should act as a liaison between the student, the family, the doctor and the teachers when there is a major health problem. | | | | |
| 4. The school nurse should take an active role in identifying and eliminating health hazards at the school site. | | | | |
| 5. The school nurse should provide emergency care in the event of a student injury. | | | | |
| 6. The school nurse should carry on an active program for the prevention of the spread of communicable diseases. | | | | |
| 7. The school nurse should provide individual health counseling to students who have a particular health question or concern. | | | | |
| 8. The school nurse should take an active part in sponsoring health related community activities such as a blood drive or junior volunteers. | | | | |
| 9. The school nurse should be available to staff members to provide personal health counseling. | | | | |
| 10. The school nurse should take an active role in providing CPR (cardiopulmonary resuscitation) instruction to students and staff. | | | | |
| 11. The school nurse should be a member of any school committee which deals with students having academic difficulties in order to assess any health component. | | | | |
| 12. The school nurse should be the school official to coordinate services for the handicapped. | | | | |

| | Very Important | Important | Somewhat Important | Not Important |
|---|-------------------|-----------|-----------------------|------------------|
| 13. The school nurse should take an active role in classroom alcohol/drug education. | | | | |
| 14. The school nurse should act as a resource person for the health education teacher in alcohol/drug topics. | | | | |
| 15. The school nurse should assess students for the presence of emotional problems in the students she sees. | | | | |
| 16. The school nurse should be available to make home visits to families when this seems appropriate to help them resolve health problems. | | | | |
| 17. The school nurse should be alert for the presence of family problems with students and should take appropriate action to help resolve them. | | | | |
| 18. The school nurse should help screen chronic absenteeism for potential health problems. | | | | |
| 19. The school nurse should participate in the recording of daily student attendance for the school. | | | | |
| 20. The school nurse should provide health related inservice programs for school faculty. | | | | |
| 21. The school nurse should help organize and lead support groups for students who have chronic illnesses, who have experienced the death of a parent, or who have other personal problems which may interfere with their schoolwork. | | | | |
| 22. The school nurse should help coordinate the school lunch program for needy students. | | | | |
| 23. The school nurse should take a leadership role in the development of a school disaster plan. | | | | |
| 24. The school nurse should investigate all requests to the school for a home teacher because of illness. | | | | |
| 25. The school nurse should screen student applications for special physical education classes due to health reasons. | | | | |
| 26. The school nurse should screen students enrolling in special education classes in order to rule out health problems which might be causing the learning problem. | | | | |

40. School nurses are frequently asked to make classroom presentations on a variety of topics. Would you please indicate how important you think it is for the nurse to be involved in providing information on the following topics:

a. smoking

b. physical fitness

c. nutrition

d. A.I.D.S.

e. sexually transmitted diseases
(other than A.I.D.S.)

f. reproductive physiology/anatomy

g. birth control

h. alcohol/drug education

i. abortion

j. mental health

41. School nurses are frequently asked by students to provide them with information about health topics. Would you please indicate how important you think it is for the nurse to provide information on the following topics when it is requested?

a. smoking

b. physical fitness

c. nutrition

d. A.I.D.S.

e. sexually transmitted diseases
(other than A.I.D.S.)

f. reproductive physiology/anatomy

g. birth control

h. alcohol/drug education

i. abortion

j. mental health

42. Of the possible nursing duties listed in questions 1-38, would you please list the 8 most important duties you think the school nurse should be providing to the school? (The list does not have to be in any order).

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

43. Are there services not listed which you feel the school nurse should be providing to the school?
If yes, please list them.

- 1.
- 2.
- 3.
- 4.

44. Please tell me something about yourself.

1. Are you a student_____ parent_____ teacher_____?
2. If you are a student, what grade are you in? 9_____ 10_____ 11_____ 12_____
3. If you are a parent, what grade is your student in? 9_____ 10_____ 11_____ 12_____
4. If you are a teacher, what is your subject area? _____
5. Are you female_____ male_____?

THANK YOU !!

APPENDIX D
Agency Consent Letter

November 12, 1987

Dear Diana:

The materials you plan to use in your survey for the purpose of gathering material for your Master's Degree are quite appropriate. Hopefully, you will receive enough responses so as to formulate and substantiate your final conclusions.

As you requested, this letter is an acknowledgement of receipt of your materials and permission to begin your research project. Also, Diana, I am very interested in the results you obtain and would appreciate your sharing the information with me.

Best of luck.

~~Sincerely,~~ N ..

Superintendent ~