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The School nurse role as perceived by parents

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The school nurse role as perceived by parents

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San Jose State University, 1993

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THE SCHOOL NURSE ROLE AS PERCEIVED BY PARENTS

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

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May, 1993

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ABSTRACT

THE SCHOOL NURSE ROLE AS PERCEIVED BY PARENTS

By Suzanne Cassel

The components of the school nurse's role were rated as perceived by parent members of the California State Parent Teachers Association (PTA). A descriptive, survey design was used. The School Nurse Service Data Collection Tool was used to collect data from parents (N = 134). The data were analyzed to determine what importance the parents place on services provided by the school nurse. Data were analyzed using Oda's components of the school nurse role: health supervision, health education, and health counseling.

Those services considered very important by the parents were all classified under Oda's health supervision component. Those services were emergency care, reporting child abuse, hearing and vision screening, first aid policies, prevention of communicable diseases, and dealing with health hazards at the school site. Two services considered not important by the parents were coordinating the lunch program for needy children, and attendance recording. Questions for further research are generated from the data.

ACKNOWLEDGMENTS

I wish to thank the California State PTA for their assistance in gathering the information for this study. I also wish to thank my family for putting up with their wife and mother while I was going through this process. I also wish to thank Dr. Virginia Young for her guidance and for being there when writing a thesis was the last thing I wanted to do.

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Chapter 1

Introduction

School nursing in the 1990's is facing a dilemma. School districts in California are being forced to cut back on expenditures to balance budgets. School nurses are frequently part of these cutbacks because they are usually invisible members of the education system. It has been very difficult for school nurses to demonstrate their value to the education system. "As the cost of education increases, school personnel not directly related to the education of the student are eliminated." "When nurses realized the importance of demonstrating their worth, these reductions had already started" (Whited & Starke, 1989, p. 446).

It is widely accepted that healthy children learn better and have better attendance in school. There is a crisis in the United States concerning the number of children without access to health care. To some of these children school is the only stable environment they know, and the attention they may receive from a school nurse may be the only medical and dental attention they receive. There are also many children in stable, middle class homes who are not insured due to the inability of their families to afford health insurance (Nienhuis, 1987). This crisis definitely affects the children of California. Children Now, a nonpartisan, California-based policy and advocacy organization for children, reported in 1991 that: (a) more than one in five children in California live in poverty; (b) one in five California youths drops out of high school; (c) in California alone, 2.1 million children have no health insurance, either public or private; (d) millions of children in California lack adequate health care, food, or shelter; and (e) more than half of all California two-year olds are not adequately

immunized (Children Now, 1991).

The crisis in education funding and the crisis in available health care for children makes it imperative that school nurses find a way to justify their value to school districts in California and to school districts in the rest of the United States, as well. For school nurses to remain in the education system and to provide health care to these children in need is an important step in keeping these children healthy so they can complete school. Educated graduates will be better prepared to contribute to the health and productivity of our future generations.

Statement of the Problem

School nursing has been a specialty in nursing practice in the United States for more than 80 years. The problem of role clarity in school nursing has perplexed nurses for just as long. The school nurse's role is delineated in the standards established by the American Nurses' Association (ANA) in 1983 (American Nurses' Association, 1983), and for the state of California in Standards of Program Quality and Effectiveness for Developing and Evaluating Programs of Professional School Nurse Preparation in California (Commission on Teacher Credentialing, 1989). However, due to factors such as the school district's philosophy, the location, the population served, and the supervisor's priority there is confusion as to the role of the school nurse. Everyone, including administrators, teachers, students, and parents has a different idea about the role of the school nurse. "Is she a first aid expert, a health educator, a mental health counselor, a mother surrogate, a health consultant, an attendance checker, and/or an official louse detector?" (Oda, 1985, p. 368). School nurses also have difficulty documenting the roles that they do perform because there is seldom an immediate measurable outcome for much of their work.

School nurses today fill many roles. They provide direct care, counsel students and families, teach health practices, and serve as community liaisons. The populations they serve also vary widely. Some of the populations include newborns with congenital anomalies, the medically fragile, the chronically ill, the retarded to age 21 years, and the healthy child who needs screening. They also deal with the results of the breakdown of our society, children of drug users, the economically disadvantaged, and the psychologically distressed (Young-Cureton & Epstein, 1991).

One result of this role confusion is that school nurse positions are among the first eliminated when moneys in budgets are cut by school districts. There are no federal or state requirements that nurses be hired by school districts, nor is there a school district established nurse-to-student ratio. The California School Nurse Organization (1988) recommends one nurse to 1200 students, but this ratio exists as a recommendation only. The nurse is the only medically trained person in the schools, and many children with physical handicaps and special medical needs are mainstreamed into regular classes. In California most school nurses who are employed are funded through local or individual school districts. When reductions are threatened school nurses must present evidence demonstrating why their jobs should not be eliminated. Some school nurses have a difficult time defining their role and justifying their presence in the education system. Students, parents, and school administrators each define the role of the school nurse differently.

There are two steps the school nurse can take. The first is to gather information and prepare data indicating what aspects of their role are important to different populations, for example, administrators, teachers, and parents. The second is to align the results of these analyses with what they consider important,

and with the priorities they have set for their own profession. As a result of this process school nurses will be better able to clarify their role and prioritize their role functions. A more definitive and commonly accepted definition of role and function would enable school nurses to present stronger evidence demonstrating their value in the education system.

The purpose of this study is to gather data on the school nurse's role as perceived by a specific group of parents. This study represents one step in the process of more precise definition of the school nurse role. There is little research on this topic. A study of the perception of the school nurse's role by school nurses is being analyzed by Elaine Palmer, master's degree candidate, (personal communication, 1992). A recent study has been completed on school teachers' perception of the school nurse's role (Sadik, 1992). Research on administrators' and students' perception of the school nurse role also needs to be done. After the information is obtained and analyzed, the roles of the school nurse as perceived by self and others could be compared and prioritized. This comparison would give school nurses information on which to build support for their position. It would also assist in clarifying and prioritizing the different aspects of the school nurse role, thus enabling nurses to improve their job performance.

The overall objective of this study is to discover what parents expect of the school nurse, and what aspects of the school nurse's role they perceive to be important or not important. These results, added to the results of the above studies and future studies showing what other populations (administrators, teachers, and possibly students) expect of the school nurse, would provide a basis for a more definitive role definition for the school nurse. A more definitive definition of the school nurse role would lead to more research, directed toward

showing the value of the results of the school nurse's interventions in the school population.

Research Questions

1. What do parents who are members of the Parent Teachers Association (PTA) in the state of California perceive as the roles of the school nurse in the public schools?
2. What roles performed by the school nurse do these parents consider very important and important, and what roles do they consider not important?

Purpose of the Study

The purpose of this study is to add to a small but growing body of knowledge now being gathered on the perceived role of the school nurse. Information was gathered on parents' perception of the role of the school nurse. This information will be used to help define and validate the role of the school nurse as a member of the education team.

Significance of the Study

Because of the difficulties school nurses have in clarifying their roles and justifying to the school district the value of their services, many school districts believe they can do without health services and without school nurses. The results of a study to discover what tasks performed by the school nurse are important or not important to different populations can be used as a start in defining the role of the school nurse. Even though the school nurse's role is defined in standards issued by the ANA and California's Commission on Teacher Credentialing (CTC), many school nurses are unclear about their role. Also, those with whom they work may see different roles as important. Many of the people working in the education field are uninformed as to the role of the school nurse. This data will enable the school nurse to clearly explain her value to the

uninformed who may include members of school district administrations and boards of education. Once those functions that school nurses value are identified and compared with the functions valued by other groups, school nurses can build on those areas commonly seen as important. They can educate others to understand the contributions of those role functions valued by school nurses, that may not be seen as important by other groups. This could lead to school nurses having more support as they perform their duties. The clarification of the school nurse role would also facilitate further research into measuring the results of the interventions by the school nurse. When the school nurse's role is better clarified the nurse could concentrate on specific roles and could devise a method of evaluating the outcomes of services provided.

Definitions

For the purpose of this study, the following definitions apply:

1. Health supervision is the act of performing such tasks as health assessment, screenings, emergency care, and health deficit identification (Oda, 1985, p. 374).
2. Health education includes activities such as planning, promoting, and implementing health instruction as well as providing consultation services in health-related matters and recommendations regarding individual and group health conditions (Oda, 1985, p. 374).
3. Health counseling is the interpretation of health information, and guidance and counseling regarding health behaviors (Oda, 1985, p. 374).
4. A school nurse in California is a registered nurse holding a bachelor's degree, with background knowledge in public health. California school nurses have completed at least one full year of full-time graduate course work in school nursing that qualifies them for a Professional School Nurse Service Credential

that parallels the teaching credential. A school nurse is normally employed by a school district to provide certain health related services (Young & Epstein, 1991).

5. The Parent Teachers Association (PTA) is a voluntary organization of parents, teachers, and sometimes students. These volunteers are usually parents who act as workers and supporters of the schools their children attend. The volunteers are usually involved with and knowledgeable about their children's school and other schools in their area. There are school, district, and state units of the PTA.

Research Design

The research was done using a descriptive and non-experimental survey tool (see Appendix A) developed by Diana J. Nehls, MSN, RN, and modified by Elaine Palmer, BSN, RN. It was further modified to fit this population. The tool is a questionnaire consisting of 49 questions. Questions are about the different roles of the school nurse and demographic information. The tool was pilot tested by Nehls and used by her as the data collecting instrument for her research (Nehls, 1989). The tool was recently used as the data collecting instrument by two Masters Degree students (Palmer, 1993; Sadik, 1992). Respondents answered on a Lickert-like scale whether they found the roles of the school nurse to be very important, important, somewhat important, or not important for the school nurse to include in his/her scope of practice (Nehls, 1989).

Summary

School nursing has been a part of the education system in the United States for more than 80 years. Just as the education system has changed, school nursing in the United States has changed since its inception in the early years of this century. The current economic crisis in education in California has placed great demands on school nurses, as well as eliminating many school

nurse positions. Many populations affected by the education system want to have their say about what the school nurse should and shouldn't do. This input has led to role confusion on the part of the school nurse. It has also led to confusion within the system as to the school nurse's role. This study was undertaken to discover what parents consider to be the school nurse's role. Research to discover the priorities of different populations within the education system will contribute to the definition of the future role of the school nurse within this system.

Chapter 2

CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

Conceptual Framework

Dorothy Oda (1985, p. 373) has done much research and writing on the role of the school nurse. Oda states, "School health programs have traditionally been divided into three parts: school health education, healthful school living, and school health services." School health education provides learning experience for the student in health and safety measures, hygiene, accident prevention, and other health topics. Healthful school living encompasses the environment of the school and its effect on the student both physically and socially. School health services are concerned with the physical health of the student. According to Oda, school nursing services include all of these areas, but are best clarified by a framework that identifies three intertwining and overlapping components: health supervision, health education, and health counseling (see Figure 1).

Figure 1. Visual Depiction of School Nursing Services Framework

Source: Oda, D. S. , (1979). Community nursing in schools: Developing a specialized role. In S. E. Archer & R. P. Fleshman (Eds.), Community Health Nursing (pp. 495-511). Belmont, CA: Duxbury Press.

Activities, such as health assessment, screenings, emergency care, and health deficit identification are included under health supervision. Interpretation of health information, and guidance and counseling regarding health behaviors are part of health counseling. Health education includes planning, promoting and implementing health instruction. Actual school nursing practice encompasses all of these components and moves in a directional flow as described by Oda (see Figure 2). These are three intertwining areas in which most school nurse tasks are included. These are broad responsibility areas.

Figure 2. Visual Depiction of School Nursing Service Flow

Source: Oda, D. S. , (1979). Community nursing in schools: Developing a specialized role. In S. E. Archer & R. P. Fleshman (Eds.), Community Health Nursing, (pp. 495-511). Belmont, CA: Duxbury Press.

The everyday detail of what goes on in a school is not detailed in this conceptual framework because these tasks differ from school district to school district (Oda, 1985, p. 375). This framework, however, fits very well as a basis

for defining the role of the school nurse. This study examines tasks in each of these areas that parents may think are important and tasks parents consider as not important.

Review of the Literature

The school nurse's role has changed over the years since the first school nurse in the United States went into the schools in 1902 (Wold, 1981, p. 6). What has not changed, however, is that the school nurse role is largely one about which there is a notable lack of agreement (Oda, 1979, p. 495). Any review of the literature must include something about the history of health services in the schools and school nursing.

School health services in the United States began in Boston in 1894. These services began with health inspections performed by doctors to exclude from the schools those children with communicable diseases. Unfortunately, after these children were excluded there was no follow-up. The children and their families were not informed as to the care of these diseases or how and when the children could return to school. Consequently many children who should have been in school were roaming the streets and not receiving an education. In November of 1902, Lillian Wald, who had started the first nurses' settlement in the United States, placed Lina Rogers as the first school nurse in the four New York City schools with the greatest number of exclusions. Rogers' health education efforts and follow-up of individual cases greatly reduced not only the length of exclusions but also the number of exclusions. Shortly thereafter the Board of Education hired 25 more school nurses. The role of the school nurse expanded during the years that followed. The school nurse's role grew to include first aid, health education, screenings, ordering supplies and clerical duties (Wold, 1981).

During the 1920's and 1930's health education was added to the school nurse's role. The school nurse was expected to develop an integrated health curriculum. Several studies done at this time showed that school nurses were doing a poor job compared to nurses working in other areas of public health nursing. It was speculated that this low level of job performance was due to the inadequate education the nurses were receiving in hospital-based programs. It was suggested that those nurses working full-time in the schools strengthen their public health background. Many school nurses considered themselves more educator than nurse at this time which lead to even more role confusion.

During and right after World War II emphasis was again placed on health inspection. This was due to the reports that many of those young men drafted during the war were unfit medically for service due to physical defects. Also at this time the emphasis on who should teach health education changed. The teacher was expected to do health teaching, and health became a school subject. During the late 1940's, 50% of public health nurses worked in the schools. However, as the role of the school nurse expanded, school nurses found they had increasing problems defining their role and position within the school health program.

In the 1950's and 1960's follow-up and prevention of problems found on physical exam were stressed. Also at this time more and more of the actual physical exams were being done away from the school, so coordination and referral became more important. A 1966 definition of school nursing was: "School nursing is a varying combination of what an administrator wants, teachers expect, students need, parents demand, the community is accustomed to, the situation requires, and what the nurse, herself, believes" (Wold, 1981, p. 14).

By the late 1960's school districts were starting to be faced with fiscal problems and many districts began to regard the school health program as a luxury. This resulted in the reduction of school health programs and the elimination of school nurse positions. These cutbacks led to the school nurse's need to demonstrate her accountability. The role confusion and accountability factor continued into the 1980's, and made it very difficult for the nurse to clarify and justify her role (Wold, 1981, pp. 6-17).

In 1983, the American Nurses' Association (ANA), the American School Health Association (ASHA), and the National Association of School Nurses jointly developed nationally accepted standards of practice for school nurses. However, certification for employment of school nurses does not exist in every state (American Nurses' Association, 1983).

A study by Brajkovich and Madison (1986) in California asked school nurses to rate competencies pertaining to the education and training they had received to qualify for a school nurse credential in the State of California. Respondents found many of the competencies lacking in their education. Some of the competencies they found lacking were the knowledge and/or skills required for physical assessment (69%), screening (81%), special education (67%), and the legal aspects of the school health program (65%). The study indicated that the required standards in the education program for school nurses needed to be reviewed and updated to better prepare future school nurses.

In 1987 school nurse educators and practitioners began meeting with a consultant from the state of California, Commission for Teacher Credentialing (CTC). The purpose of these meetings was to update the requirements for school nurse preparation in California. The result of these meetings was the completion of the Standards of Quality and Effectiveness for Developing and Evaluating

Programs of Professional School Nurse Preparation in California (Commission on Teacher Credentialing, 1989).

Zanga and Oda (1987) state that students cannot learn unless they are healthy. School health services today support the process of education. Emphasis is placed on prevention and early intervention. However, there is little agreement among school districts as to what school health services should consist of, what results should be expected from these services, and who should pay for these services. There is little in the literature documenting the effect school health services have on students.

One study, The Health of Arizona's School Children (The Flinn Foundation, 1989) found that children who performed poorly on the Iowa Test of Basic Skills saw the school nurse frequently for multiple health related problems. Children who did the best in the testing had no visits to the school nurse. Key statements made in this study include: (a) "Schools represent a strategic and appropriate place to intervene in order to improve the health of the state's children," and (b) "Educators and legislators must adopt a broader view of the role of school health services in education" (The Flinn Foundation, 1989, p. 17).

O'Neil and Gajdostik conducted a study in which 15 school nurses were interviewed to determine what their responsibilities were, and how they communicated with other professionals in the school system. Some of these nurses were school nurses and some were public health nurses who worked in the schools. They all agreed the role of the school nurse was changing. These nurses identified a need to clarify their changing role to other school personnel and the public. They were frustrated in their attempt to communicate this changing role to the public and other school personnel. Some suggestions that came out of this study were that: nurses need to become more visible in the

schools and school nurses should become more involved with the public. "Nurses are partners in the education process, but it is their responsibility to explain the relationship" (O'Neil & Gajdostik, 1987, p. 245).

Several studies have been done in the area of documenting school nurse activities in the schools. These studies were used in the development of tools to study school nurse activities.

Cowell (1988) did a study in Illinois using 27 school nurses selected from a population of 350 nurses representing a variety of school settings, including some special education settings. Eighteen (66%) of the school nurses completed the time study. These nurses used a tool developed by Cowell for a two week period. The data obtained from the tool as used by the nurses were analyzed. The data indicated that nursing activities for regular students and special education students were understood to be primarily assessment of problems and direct services. More research is needed to test the validity of the tool.

Carvey, Kittell, and Hadeka, (1987) did a study using a tool developed to document care, which would be easy to use and would improve the quality of information recorded. The tool was designed to be completed by both the nurse and the student. The students completed a form that listed common signs and symptoms. They checked those that applied to them on that occasion. The nurse's section indicated her assessment and her plan for intervention. Several benefits were recognized as a result of using this tool. They were: (a) students took responsibility for identifying the reason for their visit, (b) there was earlier identification of students at risk, (c) permanent health records were more current, and (d) accountability increased because the nurses were documenting more information.

A study was done by Newman, Newman, and Martin (1981) in a small rural elementary school in the mid-west. For a two year period all health services activities were recorded. Analysis of the data for the first year of this study indicated that if the health aide and school nurse had not been in this school, teacher time spent to care for routine and emergency health care would equal one-half of one teacher position time. This was in a school of 294 students. This study showed that school health services contributed to education and the economics of student learning in this small elementary school. The implication of this study, if applied to a large urban school with a diverse ethnic and economic population, is staggering.

White (1985) completed an analysis of a questionnaire sent to 836 school nurses (48% response rate) in selected school districts in New York State. The questionnaire identified five clusters of nursing activities: (a) physical care, (b) facilitation, (c) instruction, (d) administration, and (e) clerical. The nurses who answered the questionnaire spent the most time on and felt the most comfortable with physical care activities. They spent the least time and felt the least comfortable with administrative functions. The nurses felt that the clerical activities named in this study were inappropriate to their role. These five areas could be the basis for further study in defining the nurse's role in the schools.

Lucero (1978) did a study in a school district in the greater San Francisco Bay Area. Her populations were the teachers and administrators in this school district. She used a questionnaire to determine the perceptions these two groups had of school nursing services. In her study Lucero drew the following conclusions: Teachers rely on the school nurse as a health provider and health counselor, and there is no difference between teachers' and administrators'

perceptions of the school nurse role. Lucero recommended further study was needed in the area of the school nurse's role and how it is perceived.

In 1981 and 1982 Goodwin and Keefe (1984) did a study involving 350 school nurses from Illinois, New Hampshire, Arizona, and Washington who had participated in the University of Colorado School Nurse Achievement Program (SNAP). Two hundred randomly selected nurses from this group were sent a survey to complete. The nurses were also requested to have a principal and a teacher with whom they worked complete a separate survey. Almost 45% of the surveys were returned. This survey, The Views of School Principals and Teachers on the Role of the School Nurse with Handicapped Students, "seems to suggest: (a) that school nurses were making many contributions to meeting the health-related needs of handicapped students in schools and yet there was a need to increase their involvement; (b) that continuing effort to explicate and define the components of the school nurse's role, and provide continuing education for school nurses in this area was certainly warranted; (c) that principals and teachers might benefit from additional information about the school nurse's role; and (d) that handicapped students in schools have a variety of special and challenging needs" (Goodwin & Keefe, 1984, p. 108).

Nehls (1989) also did a study in a school district in the greater San Francisco Bay Area, but not the same district as Lucero. This school district had a student population of approximately 3000 high school students (grades 9-12). The populations she studied were students, parents, and classroom teachers. She used a questionnaire with a Likert-like scale to gain information on the perceived role of the school nurse as seen by these three groups. The conclusions drawn from this study indicated that this school community had definite opinions about the services expected of the school nurse. The school

community considered many of the services performed by the school nurse as important. Thirteen of the 38 possible services assessed in this study were rated as important or very important. All populations of the study, parents, students, and classroom faculty, rated the nurse's professional knowledge as important. All three populations did rate emergency care as the most important service for the school nurse to provide. The populations, however, did rate other services differently. For students and parents the second most important service was first aid practices and policies, while the teachers were more concerned with knowing if one of their students had a major health problem such as diabetes or epilepsy (Nehls, 1989). Nehls recommends that her study be replicated in other high school districts and in elementary school districts. She also suggests that a standardized tool for assessment of school nurse services be developed and evaluated along with the development and evaluation of a standardized tool for the assessment of health needs in a school district. This would lead to a more uniform set of guidelines for school nurse services being developed.

Sadik (1992) did a study using Nehl's tool with modifications by Palmer and included demographic questions that addressed her population. Her population was all elementary and middle school teachers in a San Francisco Bay Area school district. One hundred and seventy questionnaires out of 380 distributed were returned. The teachers in this study perceived the most important services provided by the school nurse to be: providing emergency care; hearing and vision screening; identifying and referring child abuse; investigating health concerns; and liaison with family, doctor, student, and teacher. The results of this study were similar to the results of the teachers' portion of Nehl's study (Sadik, 1992).

Summary

Several studies have been done in the area of role perception of the school nurse. However, there has been no extensive research done in this area. The research that has been done in this area has not been used to a great extent to clarify the role of the school nurse. More studies need to be done and conclusions need to be drawn so that the differences perceived by different populations (e.g., principals, teachers, students and parents) can be compared. When this type of comparison has been achieved school nurses will be able to correct misconceptions regarding their role, services and functions. When a similar perception of this role is held by all groups, the first step will have been achieved in gaining the support of the school community. With this support the benefits to the health of children attending school will increase.

The purpose of this study was to increase the data on role perception pertaining to the services of the school nurse as perceived by parents. The questionnaire developed by Nehls with some minor changes was used to collect the data.

Chapter 3

RESEARCH DESIGN AND METHODOLOGY

Research Design

A questionnaire survey tool was used to explore the following questions:

1. What do parents who are members of the Parent Teachers' Association (PTA) perceive are the roles of the school nurse in the public schools?
2. What roles performed by the school nurse do these parents consider very important and important, and what roles do they consider not important?

Subjects

The population of this study consisted of PTA members from across California. The California State PTA is divided into 35 geographic districts. Each district has a president. These presidents meet periodically during the year to discuss subjects of interest and to deal with the governing of the State PTA. The researcher asked permission of the PTA to address one of these meetings. A direct presentation by the researcher was not permitted by the California State PTA. After some discussion with the PTA's Health Officer, it was decided that packets would be assembled by the researcher and that the health officer would make a presentation to the district presidents requesting they take part in the study. After receiving permission from the State PTA (see Appendix B), the presentation was given at the PTA Presidents' October 1991 meeting. Each district president was given the opportunity to take a packet of questionnaires back to her district to distribute. PTA members in each president's district who were willing to participate in this study were asked to fill out a questionnaire. Each questionnaire contained an informed participation statement (see Appendix C).

Each packet contained 15 questionnaires and a letter of direction (see Appendix D), which was to be used by the district presidents to instruct the participants. The wishes of those presidents who chose not to participate were respected. Participation in this study was completely voluntary. The presidents distributed the surveys to active PTA members. For the purposes of this study active PTA members means only that the parents have joined the PTA. It does not necessarily indicate how active parents were in the schools their children attended. Participants were given a stamped self-addressed envelope in which to return the questionnaires to the researcher. The participants were given a time period in which to complete the study. They were asked to return the completed questionnaires to the researcher by January 15, 1992. As of that date 134 (30%) of the questionnaires had been returned to the researcher. No follow-up was done since the researcher was not given access to the district presidents' addresses or phone numbers.

Human Subjects Approval

A proposal for this study was presented to the San Jose State University Human Subject Institutional Review Board. Approval was granted (see Appendix E).

Instrument

The research was done using a survey tool (see Appendix A) developed by Diana J. Nehls, MSN, RN, and modified by Elaine Palmer, BSN, RN. Permission was obtained from Diana Nehls (see Appendix F) and from Elaine Palmer (see Appendix G) to use this tool. It has been further modified to fit this population. The tool was pilot tested and evaluated by professional school nurses, and has been used as the basis of two known masters theses. The tool

is a questionnaire consisting of 49 questions about the different roles of the school nurse and includes some demographic questions.

Respondents answered the first 48 questions of the survey tool on a Lickert-like scale. Each item number 1 - 47 contained a school nurse role. Each role was rated as whether respondents found that role of the school nurse to be very important, important, somewhat important, or not important for the school nurse to include in his/her scope of practice (Nehls, 1989). Question 48 asked the parents' opinion on the importance of confidentiality. Question 49 asked participants to list up to three services they felt the school nurse should be doing that were not covered in the survey. There were 9 demographic questions that included the age and education level of the respondents, and the ages of their children. It also included the type of area in which they lived, rural, urban, or suburban, and in which PTA district they resided. This information was gathered to categorize the participants geographically.

Analysis Procedures

Descriptive analysis was used to analyze the results of the questionnaire. Percentages were obtained, and results were categorized according to the roles of the school nurse described in Dorothy Oda's conceptual framework.

Chapter 4

ANALYSIS AND INTERPRETATION OF THE DATA

Introduction

The purpose of chapter 4 is to present the findings of this study. The sample is described, and the results of the study are presented. The purpose of this study was to determine which school nurse services a specific group of parents considered very important, important, somewhat important, and not important. The School Nurse Service Data Collection Tool by Nehls was modified and used to collect the data from the specified parents. Computerized statistical analysis was performed to determine frequency and mean. The results of the data are presented in the following order: (a) characteristics of the sample, (b) frequency and mean, (c) a ranking of the services in order of importance as perceived by the population of this study, and (d) report on the responses to the open ended question. These services were also classified according to Oda's framework into the three components of health supervision, health education, and health counseling (Oda, 1979).

Characteristics of the Sample

The sample of this study was composed of parent members of the California Parent Teachers Association (PTA). Questionnaires were distributed by elected district presidents of the California PTA to its membership. The researcher was not permitted to address the membership or to deal with the membership personally. Four hundred and fifty questionnaires were given to the PTA representatives to distribute to their membership with stamped, self-addressed envelopes. The participants were to mail the questionnaires directly to the researcher. One hundred and thirty-four (30%) of the questionnaires were

returned by participants. Table 1 shows the summary of the demographics of the sample.

Table 1

Demographic Characteristics of the Sample (N = 134)

Characteristics and Group	n	%
<u>Age in Years</u>		
20-30	3	2
31-40	62	46
41-50	53	40
51-60	16	12
Total	134	100
<u>Gender</u>		
Female	128	96
Male	5	4
Not Identified	1	<1
Total	134	100
<u>Personal Education Level</u>		
High School	49	37
BS/BA	63	47
MS/MA	18	13
Higher	4	3
Total	134	100

(table continues)

Characteristics and Group	n	%
<u>Spouses' Education Level</u>		
High School	44	33
BS/BA	39	29
MS/MA	25	19
Higher	18	13
Not Identified	8	6
Total	134	100
<u>Number of Children</u>		
0	1	<1
1	13	10
2	60	45
3	39	29
4	13	10
5	3	2
6	2	<2
7	1	<1
8	1	<1
9	1	<1
Total	134	101
<u>Geographic Area</u>		
Rural	38	28
Suburban	76	57
Large City	20	15
Total	134	100

(table continues)

Characteristics and Group	n	%
<u>Public or Private School</u>		
Public	128	96
Private	2	<2
Not Identified or None in School	4	3
Total	134	101
<u>Area of Residence within California</u>		
North	34	25
Central	30	22
South	66	49
Not Identified	4	3
Total	134	99

Note. Percentages do not always equal 100% due to rounding.

The majority of the participants were between the ages of 31 - 50 years (86%) and were female (96%). Eighty-four percent had either a high school education or had received a BS/BA degree. The remainder had higher education. Of their spouses, 62% had high school or BS/BA degree education, most of the rest had higher education. A few did not respond to this question. Seventy-four percent had two or three children; the remaining had a range of 0 - 1 child or 4 - 9 children. The majority (57%) lived in suburban areas with 28% in rural areas and 20% in large cities. Ninety-six percent sent their children to public schools. Due to the limitations of the data analysis tool, one demographic question was eliminated from statistical analysis and one was modified. The question asking the ages of the participant's children had to be eliminated because only one answer could be entered into the data analysis program and there was the possibility of more than one answer to that particular question. The participants were asked to specify in which PTA district they lived;

there are 35 districts designated by the PTA. Because of computer limitations these categories were collapsed to three categories representing geographical areas of the state. The researcher designated these areas arbitrarily due to the limitations of the analysis tool. Of the participants, 50% live in the southern area of California, while 25% live in the north and 22% in the midsection of the state. Three percent of the surveys either did not have responses to this question, or the researcher could not tell from the response in what area the participant resided.

Frequency and Mean of Responses

Data from the sample was analyzed to determine the frequency and mean of the parents' responses. The participants were requested to rate the importance of the varied roles of the school nurse (questions 1- 45) as: not important (1), somewhat important (2), important (3), or very important (4). Frequency and percentages for each item were calculated and are presented in Table 2.

The researcher used Likert values to assign numerical value to each response. A Likert value of 4 was given to a "very important" response and a 1 was given to a "not important" response. These responses were used to rank order the questions from very important to not important. Thus, the higher the numerical score the more important the service. The researcher calculated a numerical mean (M) for each question. Two decimal points were used in mean calculation to more accurately show rank order. These results are shown in Table 3. Each question was also classified according to Oda's conceptual framework, either health supervision, health education or health counseling. One question did not fit any of these classifications. Table 3 also indicates these classifications.

Table 2

Frequency and Percentage of Response to Items 1 - 45 (N = 134)

Item	Very Impt	Impt	Some- what Impt	Not Impt	Miss- ing
	f %	f %	f %	f %	f %
1. Teaching role in class	42 31	60 45	25 19	5 4	2 <2
2. Hearing/vision screening	95 71	30 22	8 6	0 0	1 <1
3. Health liaison with students	70 52	45 34	19 14	0 0	0 0
4. Dealing with health hazards at school	83 62	36 27	14 10	1 <1	0 0
5. Emergency care to injured students	118 88	11 8	5 4	0 0	0 0
6. Prevention of communicable diseases	80 60	47 35	6 5	0 0	1 <1
7. Health Counseling to students with questions	59 44	57 43	17 13	1 <1	0 0
8. Health related community activities	10 8	33 25	67 50	23 17	1 <1
9. Health counseling for staff	10 8	23 17	58 43	43 32	0 0
10. Teach CPR to staff and students	43 32	53 40	30 22	8 6	0 <1
11. Committee to assess academic difficulties	34 25	33 25	53 37	14 10	0 0
12. Coordinate services to handicapped students	19 14	53 40	47 35	14 10	1 <1

(table continues)

Item	Very Impt	Impt	Some- what Impt	Not Impt	Miss- ing
	f %	f %	f %	f %	f %
13. Educate students on alcohol/drug abuse	36 27	59 44	33 25	6 5	0 0
14. Serve as resource for alcohol/drug education	44 33	59 44	24 18	7 5	0 0
15. Assess emotional problems of students	32 24	55 41	37 28	9 7	1 <1
16. Home visits to students with health problems	31 23	45 34	42 31	15 11	1 <1
17. Help students with family problems	28 21	48 36	47 35	11 8	0 0
18. Screen chronically absent students for health problems	52 39	52 39	25 19	5 4	0 0
19. Record daily attendance	8 6	11 8	31 23	82 61	2 <2
20. Provide health related inservice to staff	20 15	50 37	43 32	20 15	1 <1
21. Support groups for students with problems	21 16	45 34	50 37	17 13	1 <1
22. Coordinate lunch program for needy students	9 7	12 9	33 25	80 60	0 0
23. Leadership role in disaster preparedness	25 19	46 34	40 30	22 16	1 <1
24. Investigate request for home teaching for ill students	26 19	48 36	44 33	15 11	1 <1
25. Screen applications for special(adaptive) PE	28 21	51 38	45 34	9 7	1 <1

(table continues)

Item	Very Impt	Impt	Some- what Impt	Not Impt	Miss- ing
	f %	f %	f %	f %	f %
26. Screen special education students for health problems	38 28	53 40	32 24	11 8	0 0
27. Help develop health curriculum	40 30	48 36	36 27	10 8	0 0
28. Health related inservice for parents	19 14	56 42	41 31	18 13	0 0
29. Assess immunization records for status of each student	73 55	33 25	16 12	11 8	1 <1
30. Identify and refer students with drug abuse problems	72 54	48 36	12 9	0 0	2 <2
31. Maintain first aid policies for school	90 67	38 28	5 4	0 0	1 <1
32. Provide inservice to staff on basic first aid	64 48	51 38	18 13	1 <1	0 0
33. Make and share with staff list of students with health problems	79 59	40 30	10 8	2 <1	3 2
34. Identify/refer students who are victims of child abuse	102 76	26 19	4 3	1 <1	1 <1
35. Follow-up on teacher referrals of students with health problems	66 49	57 43	8 6	1 <1	2 <2
36. Maintain accurate health files on each student	72 54	42 31	14 10	5 4	1 <1
37. Provide immunizations to students who need them	23 17	30 22	40 30	39 29	2 <1

(table continues)

Item	Very Impt	Impt	Some- what Impt	Not Impt	Miss- ing
	f %	f %	f %	f %	f %
38. Provide TB skin tests to to staff	30 22	30 22	39 29	34 25	1 <1
39. Provide special procedures to students needing them (i.e., suctioning)	30 22	33 25	32 24	29 22	10 8
40. Monitor administration of needed medicine at school	67 50	37 28	21 16	8 6	1 <1
41. Help plan budget for health plan	47 35	50 37	31 23	4 3	2 <2
42. Precept other school nurses	27 20	54 40	39 29	9 7	5 4
43. Documentation to demonstrate accountability	45 34	54 40	26 19	5 4	4 3
44. Present program to school board	64 48	40 30	21 16	7 5	2 <2
45. Evaluate own practice according to guidelines	67 50	47 35	15 11	2 <1	3 2

Note. Percentages may not add up to 100% due to rounding.

Table 3

Items 1-45 Rank ordered by Mean (M) Score (N = 134)

Code according to Oda's School Nursing Services Framework

C = Health Counseling

S = Health Supervision

E = Health Education

Item #	Key Words for Question	Code	<u>M</u>	<u>Rank</u>
5.	Emergency Care	S	3.84	1st
34.	Ident. Child Abuse	S	3.69	2nd
2.	Hearing/Vision Screen	S	3.63	3rd
31.	First aid Policies	S	3.61	4th
6.	Prevent Comm Disease	S	3.53	5th
4.	School Hlth Hazards	S	3.50	6th
33.	Health Prob. List	S	3.42	7th
30.	Ident. Stud. Drug Abuse	S	3.40	8th
3.	Health Liaison	C	3.38	9th
35.	Health Follow-ups	S	3.37	10th
36.	Maintain Health Records	S	3.34	11th
32.	Teach Staff First Aid	E	3.33	12th
7.	Indiv. Health Coun.	C	3.29	13th
45.	Eval. Own Practice	S	3.39	13th
29.	Assess Imm. Status	S	3.24	15th
40.	Monitor Admin. Meds.	S	3.20	16th
44.	Report to Sch. Brd.	E	3.17	17th
18.	Screen Absent Stud.	S	3.13	18th
14.	Resource Drug Abuse	E	3.04	19th
1.	Active Teach Role	E	3.01	20th
41.	Plan Health Budget	C	3.01	20th
10.	Teach CPR Staff/Students	E	2.98	22nd
43.	Document Service	S	2.98	22nd
13.	Teach Drug/Alcohol	E	2.93	24th

(table continues)

Item #	Key Words for Question	Code	<u>M</u>	<u>Rank</u>
26.	Screen Sp. Ed. Students	S	2.88	25th
27.	Dev. Health Curriculum	E	2.88	26th
15.	Assess Emot. Problems	S	2.81	27th
25.	Screen for Special PE	S	2.72	28th
17.	Deal with Family Prob.	C	2.69	29th
16.	Home Visits	S	2.67	30th
42.	Precept Nurses	E	2.66	31st
11.	SST Committee	S	2.65	32nd
24.	Invest. Home Teach	S	2.62	33rd
28.	Parent Health Inservice	E	2.57	34th
12.	Coord. Handicapped Serv.	S	2.56	35th
23.	Sch. Disaster Program	C	2.54	36th
20.	Staff Health Inservice	E	2.51	37th
21.	Student Support Groups	C	2.51	37th
38.	TB test for Staff	S	2.40	39th
39.	Special Services for Students	S	2.33	40th
37.	Provide Immunizations	S	2.25	41st
8.	Community Activity	E	2.21	42nd
9.	Staff Health Counseling	C	2.00	43rd
22.	Coord. Lunch Program	C	1.63	44th
19.	Record Attendance	*	1.56	45th

Note. * indicates the service does not fall into any of Oda's components.

The services of the school nurse that the participants rated as very important (M = 3.5 or over) were all classified in Oda's health supervision component. According to Oda, health supervision includes health assessment, vision and hearing screening, emergency care, and health deficit identification (Oda, 1979). Those services participants rated as very important are:

5. Provide emergency care in the event of a student injury (S).

34. Take an active role in identifying and referring students who are victims of child abuse (S).

2. Provide screening services to all students for hearing and vision problems (S).

31. Establish and maintain first aid policies and procedures for the school (S).

6. Carry on an active program for the prevention of the spread of communicable diseases (S).

4. Take an active role in identifying and eliminating health hazards at the school site (S).

Fifteen services were considered important by the participants ($M = 3 - 3.5$). Eight were classified under Oda's component of health supervision. Three were classified in Oda's component of health counseling. Health counseling includes providing interpretation of health information, guidance and counseling regarding health behavior, and recommendations regarding individual and group health conditions. The other 4 fell into Oda's health education component. Health education includes planning, promoting and implementing health instructions as well as providing consultation services in health related matters (Oda, 1979).

Twenty-two services considered somewhat important by the participants ($M = 2-3$) include 11 classified under Oda's component of health supervision, 4 under health counseling, and 7 under health education.

Two services were considered not important by the participants. One of these could be classified under Oda's component of health counseling, but the other (19) did not fall under any of Oda's components, and was classified as a

clerical duty. These services are:

22. Help coordinate the school lunch program for needy students (C).

19. Participate in the recording of daily student attendance for the school (* = clerical).

Two questions asked the participants the importance of classroom presentation (46), and the nurse being a resource for students (47) on certain topics. Table 4 gives these topics and the participants' perception of the importance of these particular topics.

Table 4

Health Education and Health Counseling of Students

10 Topics in each area Rank Ordered by Mean (M) Score (N = 134)

Item	<u>M</u>	<u>Rank</u>
<u>Heath Education</u>		
AIDS	3.47	1st
Sexually Transmitted Diseases	3.46	2nd
Alcohol/ Drug Abuse	3.39	3rd
Nutrition	3.24	4th
Smoking	3.22	5th
Birth Control	3.16	6th
Reproductive Physiology/Anatomy	3.10	7th
Physical Fitness	3.06	8th
Mental Health	2.96	9th
Abortion	2.70	10th
<u>Health Counseling</u>		
Alcohol/ Drugs	3.65	1st
Sexually Transmitted Diseases	3.63	2nd
AIDS	3.54	3rd

(table continues)

Item	<u>M</u>	<u>Rank</u>
Smoking	3.51	4th
Birth Control	3.49	5th
Reproductive Physiology/Anatomy	3.47	6th
Physical Fitness	3.43	7th
Mental Health	3.41	8th
Nutrition	3.40	9th
Abortion	3.29	10th

Question 48 pertained to confidentiality and asked the participants: The school nurse has traditionally maintained as confidential that which she discusses with her students. How important do you think it is for her to maintain this confidentiality? The M on this question was 3.67 with 73% (n = 98) of participants considering it very important and 23% (n = 31) thinking it important. Two percent (n = 3) of participants considered it only somewhat important and less than one percent (n = 1) considered it not important.

Question 49 asks the participants to list any services they felt the school nurse should be doing that were not mentioned in the questionnaire. Twenty percent (n = 27) of the participants responded to this question. Those participants who responded used this question as a comment area rather than listing services that were not included in the survey. Eight of the 27 or one-third requested either more nurse time or full-time nurses at their school sites. One commented "Wish we had nurses^{ly}." Three wanted inservice for parents as well as staff. Other comments were:

1. Employee assistance referral for school staff.
2. Work with principal, PTA to provide services for needy students.
3. Mandatory CPR and 1st Aid for all school staff.
4. Building a healthy self-esteem for all students.

5. Check students for head lice.
6. Address eating disorders -- possibly support groups for students/staff.
7. Should be consulted on all health/child related issues.
8. Refer students and families to other agencies as appropriate.
9. With budget restraints, I feel that it is necessary to omit all extra personnel -- nursing services should be limited to only those services that cannot be provided adequately by other personnel.
10. Provide avenues for distribution of emergency info on medical crises ('90 measles).
11. Nurse to have current medical information on all students.
12. Routine immunizations to all at low cost.
13. Adequate immunization screening of records.
14. Adequate scoliosis screening.
15. Proper vision and hearing screening.
16. Eye test at least once a year.
17. Some services can be provided by other staff.
18. Work with local Health Department.
19. Identify really ill and faking students -- Counseling for fakers to find out why avoiding school.
20. Notify parents of contagious conditions.

Summary

The purpose of this study was to determine what parent members of the California State PTA considered the important and very important services provided by the school nurse. Those services they considered only somewhat important and not important were also examined. The characteristics of the sample were discussed in this chapter, and the findings of this study using the

School Nurse Service Data Collection Tool were presented. Responses to the open ended question were described. In chapter 5 the findings and implications of this study will be discussed. Some recommendations will be given.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Summary of Study

This chapter contains a discussion of the study findings. It also includes limitations of this study, recommendations for further research, and recommendations for school nurse practice.

The research questions for this study were: (a) What do parents who are members of the Parent Teachers Association (PTA) in the state of California perceive as the roles of the school nurse in the public schools? and (b) What roles performed by the school nurse do these parents consider very important and important and what roles do they consider not important? The School Nurse Service (SNS) Data Collection Tool, developed by Nehls, was used to collect information from 134 parents who were members of the California State PTA. The surveys were completed by parents representing areas that encompass the state of California. Data were analyzed and ranked according to importance based on the mean (M). Data were also classified into Oda's components of health supervision, health counseling, or health education. The services considered very important by the parents were all classified in Oda's health supervision component. They included emergency care, reporting child abuse, hearing and vision screening, first aid policies, prevention of communicable diseases and identifying and eliminating health hazards at the school site. Only two services were considered not important by the parents. One was attendance recording that does not fall into any of Oda's components. The other was coordinating the lunch program for needy children that could be considered part of Oda's component of health counseling.

Conclusions

In classifying the questions used in the SNS Data Collection Tool according to Oda's framework, most questions in the tool easily fit into one of Oda's components. There were a few questions that fit into more than one component and one that did not fit any component. In comparing how this researcher interpreted Oda's framework in relation to the questions in the tool, to how another researcher, Palmer (1993), interpreted the framework, there were only two questions that initially could have been classified differently. These two questions were: (1) Item #35 "...investigate and report back on student health concerns referred by classroom teachers," and (2) Item #22 "...help coordinate the school lunch program for needy children." The first of these two questions could fit either Oda's health supervision or health counseling component. For purposes of analysis and to provide a basis for comparison, Palmer's classification of health counseling was accepted. However, this researcher strongly disagrees with Palmer's classification on the second question. Palmer (1993) classified coordination of the school lunch program as a clerical duty. Schools are feeding many children breakfast and lunch at school, and in many cases this is the only time some of these children eat. It is well within the bounds of the school nurse's scope of practice to be consulted about the school lunch program. This item was classified as health counseling in this study.

Forty-two of the items were initially classified under identical Oda components and one was evaluated as a clerical duty by Palmer and this researcher. Nonnursing clerical duties are not included in Oda's classifications. One item could be classified in either of 2 classifications. There was disagreement on the classification of only one item out of 45 items. This similar interpretation of most items demonstrates the validity of Oda's model as a

conceptual framework for school nursing. This tool also lends itself to supporting Oda's contention that her components overlap one another. Using Oda's service flow model (see Figure 2) many of the services described in the tool do flow from one component to another, taking the nurse from screening to referral and consultation with the student, parent, teacher, and doctor, to educating the student in prevention or treatment.

The parents surveyed in this study considered direct care of students to be very important. All services that scored very important ($M = 3.5 - 4$) were classified under Oda's health supervision component. This finding corresponded to the findings in Nehl's (1989) study concerning her parent subgroup. The number one ranked service in both studies was emergency care. Other services considered very important by parents in both studies were child abuse reporting, hearing and vision screening, first aid policies, and preventing the spread of communicable diseases. Sadik (1992) indicated that teachers were in agreement that three of these services were very important. They were emergency care, hearing and vision screening, and child abuse reporting. In her study surveying school nurses, Palmer (1993) found that the nurses considered four of the six services very important. The nurses did not consider emergency care important and this exception may be attributed to the fact that school nurses are not at a school full-time and someone else usually performs emergency care for children. School nurses might reexamine this factor as 57% of accidents in children occur at school (California School Nurses' Organization, 1988). The other role parents considered very important but school nurses did not was eliminating health hazards at the school site. Parents want their children to be safe wherever they are, but because a school nurse is not at a school full-time

this task does not fall to the nurse unless she notices something obviously unsafe. Lucero (1978) found similar results.

Fifteen services were considered important ($M = 3 - 3.5$) by the parents in this study. All of these services are related to direct care of students. Eight would fit into Oda's component of health supervision, 3 were health counseling, and 4 were health education. However, even those classified as health education concerned the direct care of students. One example is the teaching of first aid and cardiopulmonary resuscitation to teachers and staff. If the staff knows what to do in an emergency and how to give first aid, the students will be healthier and safer while in school. This outcome is exactly what the parents want: healthy, safe, happy children.

Services considered somewhat important ($M = 2 - 3$) included 11 classified as health supervision, 4 as health counseling, and 7 as health education. There is no way to generalize about these services, but some statements can be made about some of the services. Parents realize that the nurse cannot do everything and this is part of the reason parents prioritized the services the way they did. Immunizations and Tuberculin (TB) skin tests are something these parents expect private doctors to provide for their children, and they do not expect the school nurse to provide these services. Teaching to parents, staff, and students in the classroom, are also services the parents can see doing without so that their children receive the direct care they need. These services also ranked low with the parent subgroup of Nehl's (1989) study. In Nehl's teacher subgroup TB skin tests for staff ranked fairly high but giving immunizations to students ranked low. In Sadik's (1992) study the teachers ranked both immunizations and TB skin tests low on their priorities.

There are two items in this grouping (somewhat important) that raise questions. One is health counseling for staff. This service ranked very low ($\bar{M} = 2$) in this study. It also ranked low in other studies (Nehls, 1989; Sadik, 1992). It was considered important in Palmer's (1993) study with school nurses. Why do parents and teachers think this service is not very important? Do they know what is meant by the question, or maybe they consider counseling to be therapy and do not want to admit a teacher may need some counseling? The other service that was ranked low ($\bar{M} = 2.33$) in the somewhat important category of this study was providing special procedures such as suctioning and catheterization at the school site to the students requiring special procedures. This service was not included in Nehls' study. In Sadik (1992) it was also ranked as a low priority. The school nurses in the study by Palmer (1993) ranked this service as important. Because the federal law Education for All Handicapped (PL 94 - 142) of 1975 mandates free appropriate education, least restrictive environment, due process, non-discriminatory testing, individual education program (IEP), and parent consultation for handicapped children, there will be growing responsibility for the nurse in the schools as more of these children are mainstreamed into regular classes (Procci, Magary, & Tucker, 1981). Because most of the parents surveyed probably do not have medically fragile or handicapped children and do not know about this law, they did not consider this service important. Many teachers have not had these children in their classroom so they also see this service as less important.

Two services were considered not important ($\bar{M} = \text{less than } 2$). One of these could be considered health counseling, the other does not fit into Oda's classifications and would be considered a clerical duty. These two are coordinating school lunch programs and attendance recording. Three other

studies (Nehls 1989; Palmer 1993; Sadik 1992) showed these two services to be the least important of the school nurse's services.

Parents were asked how they felt about ten different health education topics that could be taught by the nurse in the classroom. The parents surveyed did not consider the teaching of any of these topics by the nurse to be "very important." They did consider several to be "important." Important topics for the nurse to teach include: Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted diseases (STD), and drug/alcohol abuse. The subject ranked the lowest on this question was abortion. Parents feel their children need to be informed of the dangers around them, but are still reluctant to have a topic such as abortion discussed outside the family. There were several comments written in by parents indicating that abortion was not a subject to be taught in school.

Another question asked how parents felt about their children getting information from the nurse one-on-one about these topics. The parents surveyed considered health counseling a little more important than the classroom teaching, but again were very reluctant about information concerning abortion.

Confidentiality between nurse and student was asked about, and 96% of the parents considered confidentiality to be important or very important. At the high school level confidentiality is especially important. Many problems would not be shared with the nurse if students thought that these problems would be shared with the parents, and the parents understand this sentiment. This understanding enables the nurse to help many students with problems that might go unattended and which also might endanger a child's life. These problems might range from pregnancy, abuse, or fear of having AIDS, to something as normal as the physiological changes taking place in their bodies. Many students are hesitant or afraid to ask their parents about these topics.

When asked about what additional services the school nurse could perform that were not listed on the survey, 20% of the parents responded. Most of the responses, however, did not list additional services but gave additional comments the parents wanted to make. These comments included wanting nurses or more nurse time, inservice for parents as well as staff, and wanting the nurses to only do those services that could not be done by other staff. These comments can be attributed to the parents' knowledge that school nurse time has been cut due to budget restraints. "With budget restraints, I feel that it is necessary to omit all extra personnel -- nursing services should be limited to only those services that cannot be provided adequately by other personnel" is an interesting request. If personnel are eliminated because someone else can do the job, additional personnel will not be hired. Someone who already has a full-time job and responsibilities will become overburdened or the service will not be done. In many situations the service will not be done at all. All these services that are neglected lead to a loss for all concerned, the student, the parents, the school staff, and the nurse.

Limitations

There are several limitations to this study. One of these is that the population was not randomly chosen. By using parents who are members of the PTA, the respondents may be better informed than the general population of parents with children in the school system. Also because the method of questionnaire distribution was not controlled by the researcher, the respondents may not equally represent all parts of the state of California. There were only 134 questionnaires returned. This is a small number compared to the number of parents of school age children in California.

The tool itself is another limitation. Even though it has been used for several studies there is no guarantee as to its reliability and validity. There may be roles of the school nurse that are not on the questionnaire and there may be roles on the questionnaire that may not be required of all school nurses.

The participants may not be completely familiar with all the roles of the school nurse. This is partially addressed in question 49 that asks if there are other roles the participants feel the school nurse should perform. The participants may also be under the impression that a person at their child's school who is performing health related services and first aid is a school nurse. The person filling this position may be an untrained volunteer or a clerk/secretary who only may have been trained in first aid.

Another limitation is that the participants may not be totally truthful or accurate in answering the questions. Their answers may be their accurate perception, or they may be the answer they think is expected and /or desired. The fact that most participants do not know the researcher may help the participants to answer truthfully and accurately. Many parents may not know what answers the researcher wants so they may give their honest opinion.

Recommendations for Researchers

Further research should be done to study the role of the school nurse as perceived by parents. This study surveyed a limited number of parents in one state. To replicate this study in other states and with a larger group of parents would allow some generalizations to be made as to what parents think the role of the school nurse should be.

The tool itself could use some refinement, especially in this time of limited funding and cutbacks in nursing time. Is it reasonable to include all the services considered in this study as part of the school nurse's role when a school nurse

spends one day a week at a particular school? Again, if parents expect the nurse to do all the jobs described, are they willing to intercede and obtain more school nurse time for their school? Having a larger body of research would assist parents and nurses to make these decisions.

There are a few recommendations that would help clarify the results obtained from this tool. The first is that most schools have attendance clerks to do attendance, and most districts have nutritionists to plan school lunches. Deleting these two services from the survey might be reasonable since they were considered the least important services in this study as well as in other studies (Nehls 1989; Palmer 1993; Sadik 1992). The second is a basic demographic question that could have been asked that would have clarified some of the results of this survey. The question is: Does your school have school nurses? Having this information would help interpret the data.

Two more questions for further research are related to the importance of services provided by the school nurse. The first is health counseling for staff at the schools. Why did this service rank low in studies done with parents and teachers? The second is providing special procedures such as suctioning and catheterization at the school site for students requiring special procedures. Because of federal law more of these students are being transferred into the regular classrooms. Supervising and caring for these students provides another area of possible research as school nurses, teachers, parents, and regular education students come face-to-face with more of these students.

Another needed research project is a comparative analysis of past studies. Findings from studies concerning the role of the school nurse as perceived by school nurses, teachers, parents, administrators and students, should be compared. Research has been and is being done on the perceived role of the

school nurse. In addition, research on what school nurses actually do is needed. A comparison can then be made between school nurse roles believed to be important and those roles actually being performed.

Research on the outcome of school nursing services needs to be done to document the effect these services have on the student's health and learning ability. Such studies should include the role of the school nurse and the outcomes resulting from interventions. Thus, the role of the school nurse and the benefits the school population receives from these services can be better understood.

Recommendations for Practice

The parents who responded to this survey considered direct student care and assessment to be very important. Due to the present economy and the growing complexity of problems in the school age population (Children Now, 1992) the nurse will have to do two things. The first is set priorities. School nurses may have to train less qualified personnel to provide simple emergency care, and rely on other personnel to handle clerical duties. Students with more complex health needs will add to the nurse's duties, and these students will take more school nursing time. School nursing time can only be stretched so far.

The second thing nurses must do is advocate for themselves and for the value of their education, knowledge, and skills. Even though there is a growing need for school nursing services, there are cutbacks in nursing time due to the financial problems confronting all school districts in California. These cutbacks will continue to add to the problems already facing school nurses. School nurses must learn to market themselves. They must make themselves visible to those with whom they work: administrative staff, boards of education, parents, and students. Only then will their services be valued as essential and not just something extra that can be eliminated when money gets short. This study, other

related studies, and future studies are a basis for information needed to market school nurses and increase their visibility. The public needs to be made aware of the services provided by school nurses and how these services affect the student populations in the state of California.

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APPENDIX A
Questionnaire for Study

SCHOOL NURSE SERVICE DATA COLLECTION TOOL

Grateful acknowledgement to Diana J.Nehls, M.S.N., R.N., School Nurse for permission to use/revise/adapt her 1989 Tool and to Elaine Palmer, R.N., School Nurse for her permission to use/revise/adapt her revisions to the Tool. Questions 1-38 are by Nehls, 39-48 by Palmer. Question 49 and demographic questions have been added to the tool. Some words have been revised (r), but the meaning of questions are not changed.

Directions: Please indicate with a check mark 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/his duties. "Her" is used in this tool because the majority of school nurses are female.

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

	Very Important	Important	Somewhat Important	Not Important
THE SCHOOL NURSE SHOULD:				
12. ...be the school official to coordinate services for the handicapped.				
13. ...take an active role in classroom alcohol/drug education.				
14. ...act as resource person for the health education teacher in alcohol/drug topics.				
15. ...assess students for the presence of emotional problems in the students she sees.				
16. ...be available to make home visits to families when appropriate to help them resolve health problems (r).				
17. ...be alert to the presence of students with family problems and take appropriate action to help resolve problems (r).				
18. ...help screen chronically absent students for possible health conditions and/or problems (r).				
19. ...participate in the recording of daily student attendance for the school.				
20. ...provide health related inservice programs for the school faculty (r).				
21. ...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. ...help coordinate the school lunch program for needy students.				
23. ...take a leadership role in the development of a school disaster plan.				
24. ...investigate all requests for a home teacher because of student illness (r).				
25. ...screen student applications for special physical education classes due to health reasons.				
26. ...screen students enrolling in special education classes to rule out health problems which might be causing the learning problems (r).				

	Very important	Important	Somewhat important	Not important
THE SCHOOL NURSE SHOULD:				
27. ...take an active part in developing curricula for all health education classes in the school district (r).				
28. ...provide health related inservice programs for parents (r).				
29. ...assess every student's immunization status to make sure immunizations are up to date (r).				
30. ...take an active role in identifying and referring for help those students who are abusing drugs.				
31. ...establish and maintain first aid policies and procedures for the school.				
32. ...provide inservice on basic first aid procedures to as many school staff personnel as possible.				
33. ...maintain a list of students with health conditions and major health problems and should share this list with the teachers of these students (r).				
34. ...take an active role in identifying and referring students who are victims of child abuse.				
35. ...investigate and report back on student health concerns referred by classroom teachers (r).				
36. ...maintain accurate health files on each student in the school.				
37. ...provide routine immunizations to students who need them.				
38. ...provide routine T.B. skin testing to staff members who request it (r).				
39. ...provide special procedures such as suctioning and catheterizations at the school site to the students requiring special procedures.				
40. ...monitor the administration of medications at the school site to the students requiring medications.				

	Very important (VI)	Important (I)	Somewhat important (SI)	Not important (NI)
THE SCHOOL NURSE SHOULD:				
41. ...actively participate in planning the budget for the health program.				
42. ...precept/mentor other school nurse credential candidates.				
43. ...demonstrate accountability for practice by consistently and systematically documenting, evaluating, and reporting the numbers/kinds of services performed.				
44. ...attend the district school board meeting at least once each year to summarize the nursing services delivered and outline the program plans for the coming year.				
45. ...evaluate her own practice annually according to the Standards of School Nursing Practice and according to her individual goals and objectives for that school year.				
46. School nurses are frequently asked to make classroom presentations on a variety of topics. Indicate how important you think it is for the nurse to be involved in providing information on the following topics (r):				
	VI	I	SI	NI
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				
47. School nurses are frequently asked by students to provide them with information about health topics. Indicate how important you think it is for the nurse to provide information on the following topics when requested (r):				
	VI	I	SI	NI
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				

	Very important	Important	Somewhat important	Not important
48. The school nurse has traditionally maintained as confidential that which she discusses with her students. How important do you think it is for her to maintain this confidentiality?				

49. Are there any services not listed on this questionnaire which you feel the school nurse should be providing to the school? Please list them(r). Use back of this page if necessary.

1. _____
2. _____
3. _____

PARENTS PERCEPTIONS ABOUT THE VALUE OF THE SERVICES OF THE SCHOOL NURSE

Demographic Information

Please place a check mark in the spaces **before** all items that apply.

1. What is your age in years? (person filling out questionnaire)
☐ 20-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 61+
2. What is your gender?
☐ Female ☐ Male
3. What is the highest educational level you have attained?
☐ High School ☐ BS/BA ☐ MS/MA ☐ Higher
4. What is the highest educational level your spouse/significant other has attained?
☐ High School ☐ BS/BA ☐ MS/MA ☐ Higher
5. How many children do you have? _____
6. What ages are your children? (Check all applicable. Use one check for each child)
☐ 0-5 ☐ 6-10 ☐ 11-13 ☐ 14-18 ☐ older
7. What type of area do you live in?
☐ rural ☐ suburban ☐ large city
8. Do your children attend?
☐ public school ☐ private school
9. What PTA district do live in? _____
 (name or number)

Thank You!

APPENDIX B
Approval From California State PTA

CALIFORNIA CONGRESS OF PARENTS, TEACHERS, AND STUDENTS, INC.

930 Georgia Street • P.O. Box 15015 • Los Angeles, California 90015
(213) 620-1100 • FAX (213) 620-1411

January 31, 1992

Suzanne Cassel
11480 Charsan Lane
Cupertino, CA 95014

Dear Suzanne:

This letter is in response to your correspondence of December 2, 1991. I do hope by now, that you have received more of the surveys that were distributed at the October California State PTA Board of Managers meeting on the "Parents' Perception of the School Nurse's Role."

This survey was given out to the District Presidents with the full knowledge and permission of the California State PTA Board of Directors.

Good luck to you.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Blackwell".

Gloria Blackwell, President

cc: Sheila Brown, Vice President for Health

APPENDIX C
Informed Participation Statement

A campus of The California State University

School of the Applied Arts and Sciences • Department of Nursing
One Washington Square • San José, California 95192-0057 • 408/924-3130

EXPLANATORY STATEMENT ABOUT PARTICIPATION IN A STUDY OF:
PARENTS' PERCEPTION OF THE VALUE OF THE SERVICES OF THE
SCHOOL NURSE

SAN JOSE STATE UNIVERSITY

being conducted by
Virginia Young, Dr.P.H., R.N.
Suzanne Cassel, B.S.N., R.N.

I understand that I am being asked to participate in a research study. My participation in this study on Parents' Perception of the Value of Services provided by the School Nurse will involve answering a short-answer questionnaire one time. It should take no more than 25 minutes to complete the questionnaire. The questions will be on the value parents place on the different services provided by the School Nurse. The results of this study will help school nurses define their services, their roles and their nursing practice. This information will be useful in planning effective school nurse program curricula, problem solving, and future research.

My consent is being given voluntarily without being coerced. I may decline to answer any question or questions. I may withdraw from the study at any time without prejudice to my relationship to the Parent Teachers Association (PTA) or to any relationship I may have to San Jose State University.

I understand there is no risk to participating. There is no direct benefit except for having participated in a research study. I will not receive any compensation for my participation. Results of this study will be available to me upon request.

The information I provide will remain confidential. This information will be used for scientific purposes only. It will be published in a form in which I can never be identified as an individual. I will not be identified by name.

Any questions I might have about my participation in this study will be answered by Dr. Virginia Young, (408) 924-3163. Any complaints about the research procedures may be presented to Dr. Virgil Parsons, Chair of the Nursing Department at San Jose State University, (408) 924-3130. For questions or complaints about research subject's rights, I may contact Serena Stanford, Ph.D., Associate Academic Vice President for Graduate Studies and Research, (408) 924-2480.

My completion of the questionnaire serves to acknowledge my willingness to be a participant in this study. I understand that I may keep this letter of information.

APPENDIX D
PTA Presidents Letter of Direction

School of the Applied Arts and Sciences • Department of Nursing
One Washington Square • San José, California 95192-0057 • 408/924-3130

TO: PTA District Presidents,

Please use this description as you inform likely participants about this study:

This is a study being conducted by Virginia Young, Dr. P.H., R.N., Associate Professor and School Nurse Program Coordinator, Department of Nursing, San Jose State University, and Suzanne Cassel, B.S.N., R.N., a master's degree candidate in the School of Nursing's graduate program.

The study is concentrating on parents' perceptions of the school nurse's role in the public school of the State of California. Parents will be asked to voluntarily fill out a questionnaire, which will take about 25 minutes of their time. The questions will ask about the parents' perceptions of the different services provided by the school nurse and the value of these services. There are also several demographic questions.

The parents do not need to identify themselves in any manner. The information they provide will remain confidential. This information will be used for scientific purposes only. It will be published in a form in which individuals can not be identified. Names will not be requested. The parents may withdraw from participating at any time. Participants will be provided with an explanatory statement which may be kept.

Results of this study will be available to participants upon request.

Any questions the parents might have about their participation in this study will be answered by Dr. Virginia Young, (408) 924-3163. Any complaints about the research procedures may be presented to Dr. Virgil Parsons, Chair of the Nursing Department at San Jose State University, (408) 924-3130. For questions or complaints about research subject's rights, they may contact Serena Stanford, Ph.D., Associate Academic Vice President for Graduate Studies and Research, (408) 924-2480.

APPENDIX E

San Jose State University Institutional Review Board Approval

A campus of The California State University

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Virginia Young and Suzanne Cassels,
11480 Charsan Lane
Cupertino, CA 95014

From: Serena W. Stanford
AAVP Graduate Studies and Research

Date: September 20, 1991

The Human Subjects Institutional Review Board has reviewed and approved your request for exemption from Human Subjects Review for the proposed study entitled:

"Parent's perception of the Value of School
Nursing Services"

You may proceed with this study without further review by the Human Subjects Institutional Review Board.

I do caution you that Federal and State statutes and University policy require investigators conducting research under exempt categories to be knowledgeable of and comply with Federal and State regulations for the protection of human subjects in research. This includes providing necessary information to enable people to make an informed decision regarding participation in your study. Further, whenever people participate in your research as human subjects, they should be appropriately protected from risk. This includes the protection of the confidentiality of all data that may be collected from the subjects. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised when people participate in your research as human subjects, each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have questions, please contact me at 408-924-2480.

APPENDIX F

Permission to use Questionnaire from Author, Diana Nehls

May 20, 1991

Virginia Young, Dr. Ph., R.N.
Associate Professor
San Jose State University
Department of Nursing
San Jose, CA 95192-0057

Dear Dr. Young:

I am delighted to give permission to you and to your students at San Jose State University to make use of the research tool I developed, the School Nurse Services (SNS) Data Collection Tool, and which was subsequently revised. I hope the research for which it is used proves valuable in the advancement of the school nurse profession.

I would like to receive a copy of the results of any studies for which the SNS Data Collection Tool or the revised format is used. It may be mailed to me at the address below.

Best wishes.

Diana J. Nehls, M.S., R.N.
1004 Leland Drive
Lafayette, Ca 94549
(415) 938-2492

APPENDIX G

Permission to use revised Questionnaire from
Elaine Palmer

101 Malmedy Road
Fort Ord, CA 93941-1512
May 3, 1991

Ms. Suzanne Cassel, BSN, RN
11480 Charsan Lane
Cupertino, CA 95014

Dear Suzanne:

This letter gives my written permission to you to use, adapt, and revise the School Nurse Service Data Collection Tool of 1991. The School Nurse Service Data Collection Tool was originally developed by Diana J. Nehls for her 1989 research. With Ms. Nehls' written permission, Dr. Young and I adapted and revised Nehls' 1989 Tool to collect my research data at the 41st Annual California School Nurses' Conference in 1991.

After using the 1991 Tool and attempting to analyze my data, I have several recommendations. First, question 49 would be more definitive if participants were asked to rank order the eight most important services. Second, the write-in question 50 prompted school nurses to give many categories of responses in addition to services. Coding these responses has been difficult at best. If asked as open-ended questions, 49 and 50 could potentially generate enough qualitative data for a thesis! Third, according to the data I have analyzed, a few important school nursing services are not encompassed by or specified on the Tool (1991). Consequently, I would revise the Tool (1991) before I would use it again.

If you use the School Nurse Service Data Collection Tool, I would appreciate receiving a brief summary or abstract of your completed research findings. As of June 1, 1991, my new address will be: 10727 Armstrong North, Clovis, CA 93612. I wish you much success in your research efforts.

Yours truly,

Elaine Palmer, BSN, RN

Elaine Palmer, BSN, RN
(209) 323-8189