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descriptive study**

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SCHOOL NURSES' PERCEPTIONS OF
THE VALUE OF THEIR SERVICES:
A DESCRIPTIVE STUDY

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

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

By
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May, 1993

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ABSTRACT

SCHOOL NURSES' PERCEPTIONS OF THE VALUE OF THEIR SERVICES: A DESCRIPTIVE STUDY

by Elaine A. Palmer

The school community's continuing lack of understanding of the school nurse's role and ensuing school nursing services is documented in the literature. Three hundred professional school nurses in California were surveyed by questionnaire to determine which school nursing services they perceived as most important. School nurses rated 45 specific school nursing services on a 4-point Likert scale from 4 = most important, to 1 = least important. Ninety-five percent rated acting "... as liaison between the student, the family, the doctor, and the teachers when there is a health condition or major health problem" as the most important school nursing service. A majority rated the following services as very important: individual student health counseling (80%), maintaining a health problems list (77%), investigating health concerns (76%), and identifying and reporting child abuse (75%). Findings can be used to clarify the school nurse role and prioritize school nursing services.

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This study was conducted to highlight the importance of the collective power of a unified school nursing profession in improving the health status of our nation's children; may the children benefit from the good health that contributes to a positive educational experience.

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Chapter 1

INTRODUCTION

The Problem

Since the beginning of the century, school nurses have increased their tasks and domains of practice to meet the changing needs of society and schools (Oda, 1979a; Regan, 1976; Wold, 1981). This expansion of tasks and domains has, unfortunately, increased confusion in both the school community and the school nursing profession about the school nurse's role. Roles the school nurse may play include clinician, educator, collaborator, coordinator, consultant, manager, administrator, researcher, change agent, planner, and facilitator (Hamric & Spross, 1989; Killip, Lovick, Goldman, & Allensworth, 1987; Menard, 1987; Wold, 1981). Today, school nurses experience conflict because of differing expectations about their roles. With a finite number of hours to perform their professional duties, school nurses bounce from task to task, lacking clear guidance in how to set priorities for the many roles they are expected to play (Greenhill, 1979; White, 1985; Young & Quick, 1991).

The services to be provided by school nurses are influenced by state laws, education codes, and professional standards of practice. Health services such as hearing and vision screening are given high priority because they are governed by state codes. The mandated health services in California include vision and hearing screening, scoliosis screening, assessment of immunization status, and reporting of child abuse (see Appendix A). Inadequately immunized students without appropriately signed immunization waivers filed in their cumulative health records cannot attend school. The school loses Average Daily

Attendance (ADA) funds when these and other students with health problems are absent.

Although other services such as first aid, emergency care, physical assessment, health counseling, and health education are not state legislated, they are recommended as standard practices by professional associations which provide guidelines for measuring performance of professional duties. The American School Health Association (ASHA), the National Association of School Nurses (NASN), and the American Nurses Association (ANA) collectively developed nationally accepted standards of practice. These ANA Standards of School Nursing Practice (1983) serve as nation-wide guidelines by which to evaluate professional competence.

In California, the California Commission on Teacher Credentialing (CTC) sets standards for developing and evaluating programs of professional school nurse preparation (1989). CTC's standards incorporate the ANA (1983) national standards, and add specific state requirements.

The ANA and CTC guidelines are implemented as much as possible, but practical constraints often dictate what non-mandated services school nurses provide (Hill-White & Christansen, 1987; Nader, 1990; Oda, 1979b; Zanga & Oda, 1987). Economic, political, social, and cultural constraints are unique to each school community. Funds, resources, prevailing sociopolitical climates, and school district policies all affect and often constrain what school nurses actually do (Feldman, W., Feldman, E., Milner, Caulfield, & Sackett, 1982; Greenhill, 1979; Igoe, 1980; Nader, 1990; Oda, 1979b; White, 1985).

Ideally, an educated, licensed, and credentialed professional school nurse determines the school nursing services to be provided at the school. The actual

services that school nurses provide, over and above state or district mandated services, depend primarily on the school nurse's assessment of the students' and school community's needs. Naturally, the school nurse's knowledge and beliefs about the importance of various kinds of services determine what is actually provided. As well, students, parents, school board members, and other key persons in the community influence these decisions.

In addition to individual interpretations of appropriate role tasks, school nursing practices can vary because of specific school district policies, which may or may not be in accord with standard practices as delineated by the ANA. School nursing practices may also vary because of non-uniform education, licensing, and credentialing requirements in various states of the nation. The absence of uniformity in these requirements and, subsequently, in qualifications leads to widespread misunderstanding and misperception of the school nurse's role (Brajkovich & Madison, 1986; Hill-White & Christansen, 1987; Zanga & Oda, 1987).

Purpose and Need for the Study

The confusion regarding appropriate tasks and establishing priorities for these tasks severely diminishes the effectiveness of school nurses. Often school nurses cannot provide services because of operational constraints (limited funds and resources), but just as often it is because of limiting attitudes of school personnel. School nurses frequently lack organizational support because school administrators misunderstand their role.

One of the serious problems impeding attitudinal change in school administrators is the confusion that exists among school nurses themselves. They lack a collective sense of identity and purpose, and therefore cannot

effectively advocate for themselves. School nurses need to agree on the services they should offer and on the priorities of those services to form a collective professional identity. They must first attain clarity before they can clarify others' misunderstandings of their roles. Only when visible, vocal, assertive, and competent school nurses act as a collective unit will the organizational environment change to support the profession of school nursing (CSNO, 1987; Hill-White & Christansen, 1985; Miller, 1990).

The continuing confusion about the school nurse's role in spite of more than 19 studies concerned with their activities, services, and roles in the past 20 years, attests to the need for continued study and dissemination of school nurses' perceived task priorities. The purpose of this research is to provide an answer to the question of what school nurses believe the school nurse role should be.

Research Questions

This study surveyed professional school nurses to assess their perceptions of the importance of specific services they provide. The research questions answered in the study were:

1. Which school nursing services do school nurses value as "very important" to their practice?
2. Which other services do school nurses value as "important" to their practice?
3. Are any other nursing services considered "somewhat important" to their practice?
4. Which nursing services do school nurses consider "not important" to their practice?

Conceptual Definitions

1. Client population is the group of persons who receive health services from the school nurse. The mandated population emphasis is the student population, but this emphasis extends to parents and guardians as related to student health concerns. Although not mandated, the population of school personnel may also receive school nurse services such as first aid, emergency care, health education, and health counseling (Oda, 1979a).
2. Parent population is the group of parents, families, or significant others who live with and are legally responsible for the welfare of dependent students.
3. School community is the group of persons with whom school nurses interact. This group may include the greater community population of agencies, organizations, service providers, and individuals involved with the school system. This community also includes the school population, student population, and parent population.
4. School personnel are the on-site and itinerant members of the school professional and supportive staff. They include but are not limited to: administrators, superintendents, principals, teachers, special education teachers, resource specialists, bilingual specialists, school nurses, speech and hearing specialists, psychologists, librarians, adaptive physical education teachers, substitute teachers, student teachers, teacher aides, secretaries, attendance clerks, health clerks, cafeteria workers, maintenance staff, transportation staff, and volunteers.
5. School Nurse Credentials are required in California. Nurses qualify to practice as a school nurse by securing a Preliminary and then a Professional School Health Services Credential as a school nurse. The State of California

Commission on Teacher Credentialing (CTC) issues both the Preliminary and the Professional Credential. The requirements for a Preliminary Credential are:

(a) the nurse must possess a valid registered nurse (RN) license issued by the Board of Registered Nursing (BRN), and (b) a Bachelor of Science or Art degree from an accredited college or university. The Preliminary Credential is issued for 5 years. The requirements for a Professional Credential are: (a) possession of a Preliminary Credential, (b) completion of an additional or 5th year of school nursing coursework at a CTC approved School Nurse Credential Program, and (c) successful employment as a school nurse in a public school district for 2 years full-time or its equivalent.

Significance of the Study

Confusion about the school nurse's role has become increasingly problematic as funds and resources for schools have tightened during the past decade, especially in California since the passage of Proposition 13. Tightening of funds has resulted in higher student-nurse ratios and less school nursing time at the schools. Concomitantly, today's students have greater cultural diversity, more health problems, and engage in more serious risk-taking behaviors. School nurses need enhanced knowledge and skill in order to provide culturally sensitive nursing care. Widespread poverty limits family resources for health care and increases the need for school nurses to provide preventive, primary, and palliative care to ever greater numbers of students. The more demanding conditions combined with the reduced resources have forced school nurses to focus on the services they believe are vital. These priorities may be at odds with those perceived by school administrators or mandated by school districts.

Perceptions of school nurses' task priorities are important to all those concerned with the on-going health care of students in schools. School nurses will use such information to decide on their daily tasks. School and district administrators can provide better support to school nurses when they agree on the services school nurses provide. Universities can use this information to design pertinent curricula and to plan the best, most relevant education for school nurses. The nursing profession needs this information to bring coherency, clarity, cohesiveness, and clout to the profession itself. Only by changing themselves can school nurses change their situations in the schools. In this regard, the findings of the study are intended to enhance and elevate the profession of school nursing.

Chapter 2

REVIEW OF THE LITERATURE AND CONCEPTUAL FRAMEWORK

The Growing Need for School Nursing Services

The role of the school nurse has been a varied one. First and foremost, school nurses were employed to provide direct nursing care for students. In 1902, this care was primarily controlling and preventing communicable diseases (Regan, 1976). Later school nurses began to provide health education for students in the classroom. They then expanded their role to provide health counseling services to students, staff, faculty, and parents (Greenhill, 1979; Igoe, 1980; Wold, 1981). Regan (1976) summarized the four periods of focus for the school nursing profession as:

1. 1900-1924 Disease control,
2. 1924-1949 Health education,
3. 1949-1969 Community health,
4. 1970-1976 Primary care.

Since the 1970s, research shows a growing population of students who require school nursing services. Igoe (1980) cited national trends in cultural plurality and poverty that contribute to this increasing need. The effects of poverty on student health range from the blatantly obvious to the subtle—from death, disease, hunger, abuse, and neglect to lack of parental support and supervision. Poor working parents are often unable to provide adequate family social support for the educational efforts of their latch-key students (Nader, 1990; Zanga & Oda, 1987). When their children need health care, they are not able to afford it because they do not have health insurance. This parent population is unfamiliar with the process of accessing the health care system and lacks familiarity, knowledge,

awareness, experience, and ability to find the resources for basic human needs (Flinn Foundation, 1989; Policy Analysis for California Education [PACE], 1989).

Poverty contributes to other disturbing trends such as the increase in students with chronic health problems. From 10% to 15% of the student population is affected by conditions such as asthma, diabetes, heart disease, and other serious and chronic health impairments. Students with two or more chronic conditions are also increasing (Rose & Thomas, 1987). Impaired health interferes with students' ability to fully function and adversely affects their ability to learn (California School Nurses Organization [CSNO], 1987).

Moreover, 11% to 16% of the student population is handicapped by a specific learning disability; mental retardation; an emotional problem; a hearing, speech, or visual impairment; or a combination of these. The impairments require special health services at school (Liebow, 1984; Zanga & Oda, 1987; Zill & Schoenborn, 1990).

Growing, developing, maturing students are normally curious about their world. Their curiosity often leads to high-risk behaviors such as alcohol consumption, cigarette smoking, substance use, and sexual activity. These high-risk behaviors have life-long effects and life-threatening consequences. Unfortunately, ever-increasing numbers of today's students abuse substances, become addicted, experience mental illness, contract sexually-transmitted diseases and Acquired Immune Deficiency Syndrome (AIDS), become pregnant, have abortions, commit suicide, have accidents, and are murdered (Flinn Foundation, 1989; Miller, 1990).

The professional nurse provides preventive education; appropriate, timely intervention; and counseling and referral to community resources regarding the

many problems resulting from students' risk-taking behaviors (Liebow, 1984). Students need health education to understand the consequences of their behaviors so they can make better decisions about their lives. The need for school nursing to provide health education is greater than ever before.

The school nurse is the professional who responds to the health, safety, and welfare concerns of students. A summative overview of school health services in the United States concluded that the system of school health services "... with a professionally prepared school nurse as its central focus provides the greatest hope for addressing the problems that are within the scope of school health service practice" (Zanga & Oda, 1987, p. 413).

School nurses are limited in their response to students by practical constraints, many of which are financial. Availability of resources for health care and education are ultimately limited by lack of adequate funding. Student-to-nurse ratios are constantly increasing. Because fewer resources are available to meet the needs of ever-increasing numbers of students, school nurses must prioritize their tasks to ensure that they are optimally effective in their role. To make such priorities, school nurses must take into account the legislated and mandated services required by their particular state and district, the standards of practice established by their professional associations, the priorities and preferences of their school administrators, and their own judgments of what services are most essential and valuable. Deciding priorities with so many considerations often leads to role confusion (Kramer, 1974) as school nurses try to please and adhere to many, often conflicting, demands.

Defining the School Nurse Role

The role of the California school nurse has been defined by the American School Health Association (ASHA, 1974), the American Nurses Association (ANA, 1983), the California School Nurses Organization (CSNO, 1987), and the California Commission on Teacher Credentialing (CTC, 1989). In 1974, the American School Health Association (ASHA) issued guidelines for school nursing practice. ASHA guidelines were used by Wold (1981), the referenced authority on school nursing, to identify five basic roles of the school nurse. These included:

1. Manager of health care,
2. Deliverer of health services,
3. Advocate for health rights of children,
4. Counselor for health concerns of children, families, and staff, and
5. Educator for school/community health concerns.

The American Nurses Association (ANA, 1983) Standards of School Nursing Practice are a basic framework of eight standards, for each of which is specified a rationale, criteria of structure, process, and outcome. The standards include (a) theory, (b) program management, (c) nursing process, (d) interdisciplinary collaboration, (e) health education, (f) professional development, (g) community health systems, and (h) research.

The State of California Commission on Teacher Credentialing (CTC, 1989) publishes the Standards of Quality and Effectiveness for Developing and Evaluating Programs of Professional School Nurse Preparation in California. These standards identify six roles based on those published by the American Nurses Association (ANA, 1983). They include:

1. Provider of client care,
2. Planner and coordinator of client care,
3. Client teacher,
4. Professional within the discipline of nursing,
5. Investigator, and
6. Communicator.

As can be seen from the standards listed above, the role of the school nurse is broad and encompasses a myriad of client services (Young-Cureton & Epstein, 1991). In addition, the State of California Education Code mandates specific school health services that must be delivered as part of school nursing practice (see Appendix A). School nursing services may include, but are not limited to, assessing, screening, evaluating, identifying problems, enforcing immunization requirements, preventing communicable diseases, performing first aid and specialized care procedures, administering medications, referring, reporting child abuse, following-up, case-managing, monitoring, planning, intervening, counseling, educating, and supervising others (Young-Cureton & Epstein, 1991).

School nursing occurs in a multitude of settings with many different populations, each with unique needs. Services are provided for the individual student, a small group of students, a classroom of students, several classrooms of students, an entire school, and groups in the greater community system.

Direct and indirect school nursing services address preventive, therapeutic, palliative, and rehabilitative needs of these various populations (Seidenberg, 1984). Direct services include the primary care and first aid given to students (White, 1985), health counseling for individual students (Oda, 1979a),

and health education provided either to individuals or groups (Wold, 1981). Indirect services include managing school health services, writing grants for program funding, attending community meetings, and acting as a consultant for reviewing and recommending curriculum materials (Allensworth & Kolbe, 1987).

Conceptual Framework

A broad framework is necessary to organize and define the many tasks and roles of the school nurse. Such a framework was developed by Oda (1979a) and was selected as the framework of school nursing services used in this study. Oda developed her conceptual framework while in school nursing practice. It consists of "three intertwining and overlapping components: health supervision, health counseling, and health education" (Oda, 1979a, p. 500). These three components are generally consistent with the categories of services mentioned in the professional associations' standards (ANA, 1983; ASHA, 1974; CTC, 1989).

Health Supervision

Health supervision includes most of the direct care that school nurses provide to students as clinicians or practitioners (Hamric & Spross, 1989; Menard, 1987; White, 1985; Wold, 1981). The clinician role encompasses the nursing processes of assessing, planning, intervening, anticipating expected outcomes, and evaluating (ANA, 1983).

Each school nurse begins each school year by formally or informally conducting a needs assessment of the health status and deficits of the client population. This assessment results in a plan of action or intervention for the school. Health assessment is on-going so that the school nurse can keep abreast of changing health care needs.

Assessment begins with evaluation of physical and mental health, and an assessment of neuromaturational growth and development, risk-taking behaviors, as well as coping and adaptive abilities. The health assessment also includes vision, hearing, dental, and spinal screening according to specific age groups or grade levels as mandated by law. Additionally, health assessment consists of screening as appropriate in response to student complaints, behaviors, symptoms, or conditions. Taking a health history is also part of the health assessment for students with chronic conditions, learning disabilities, or special health needs.

Health assessment is performed differently for individual students and groups of students. It is beneficial for the school nurse to have previously assessed the health conditions of a class before students leave the school grounds on a field trip. In supervising the health, safety, and well-being of students, school nurses are responsible to inform teachers if students will need medication on the trip. A variety of special conditions might apply. For example, some students with chronic conditions might require medication routinely at a specific time of day. Some students with acute conditions may need a dose of medication during the field trip. Some students with severe allergies (e.g., bee sting) might need medication available on an emergency basis. The school nurse is responsible to alert teachers of all these possibilities and ensure that appropriate medications and equipment (e.g., a bee sting kit) are taken along (ANA, 1983; CTC, 1989; Wold, 1981).

At a broader systems level, school nurses assess the health status and needs of the entire school population including students, school personnel, and

parents. Likewise, school nurses search for and identify health resources in the community (ANA, 1983; CTC, 1989; Wold, 1981).

Health supervision is the most recognizable component of the school nurses' role. The nurse is expected to provide first aid and emergency care, and to case-find and supervise students with health conditions (Nehls, 1989; Sadik, 1992; White, 1985; Young-Cureton & Epstein, 1991).

Another role of the school nurse which is increasingly important is that of supervising other school personnel. The nurse supervises other school personnel not only in clerical duties but also in rendering first aid and specialized medical procedures. Although not all schools employ a school health clerk, if one is employed, the clerk is under the supervision of the school nurse. In California, the California School Nurses Organization (CSNO) recommends that this person have at least a high school education, a certification in first aid and cardiopulmonary resuscitation (CPR), and be individually taught and supervised by the professional school nurse. With the trend toward increasing workloads of school nurses (O'Neil & Gajdostik, 1987; Young & Quick, 1991), the school health clerk will become a central figure in providing clerical and first aid assistance so that the nurse has time to provide mandated and other health services.

Health Counseling

Health counseling involves guidance and counseling of health behavior, interpretation of health information, and "recommendations regarding individual and group health conditions" (Oda, 1979a, p. 500). In this role, the school nurse serves as counselor, and refers and follows up on health problems (ANA, 1983; CTC, 1989; Hamric & Spross, 1989; Menard, 1987; Wold, 1981).

Health Education

Health education involves “planning, promoting, and implementing health instruction” (Oda, 1979a, p. 500). School nurses teach individual students and groups in the classroom or other special interest groups (ANA, 1983; CTC, 1989; Wold, 1981). The school nurse serves as a health information resource for teachers and school personnel, sponsors health awareness activities, and acts as an expert consultant on health education.

In summation, Oda’s (1979a) model for conceptualizing the role of school nurses provides a useful framework by which to organize tasks and duties the school nurse is expected to perform. In this study, data were collected using the School Nurse Service Data Collection Tool developed by Nehls (1989), which was based on Oda’s components of health supervision, health counseling, and health education.

Oda’s (1979a) three-way conceptual model of the school nurse’s practice can be used to show the commonalities and differences among the standards set by ANA (1983), CTC (1989), and Wold (1981). (Wold’s were based on ASHA’s [1974] standards.) A matrix shows the relationships among the standards (ANA, 1983; ASHA, 1974; CTC, 1989) and the researcher’s conceptualization of Oda’s three practice components of health supervision, health counseling, and health education (see Figure 1).

SCHOOL NURSING PRACTICE COMPONENTS			
	SUPERVISION	COUNSELING	EDUCATION
ASHA/Wold	Care manager Care deliverer Child advocate	Health counselor	Health educator
ANA	Theory Program manager Nursing process Interdisciplinary collaborator		Health educator
	Community health assessor		Systems researcher
	Professional development		
CTC	Care planner Care coordinator Care provider		Client teacher
		Communicator	Investigator

Figure 1. Matrix of School Nurse Roles.

Research Related to Students', School Staffs',
and Others' Perceptions of the
School Nurse Role

Studies have assessed the school nurse role from the perspectives of students, teachers, parents, physicians, counselors, school personnel, and school nurses themselves. The following research studies were attempts to either identify perceptions of a single group, or compare perceptions among and between various groups. The first few studies reviewed were to identify views of students.

Resnick, Blum, and Hector (1980) formed discussion groups led by adolescent peers to ask high school students about their school nurse and, specifically, about the school nurse role. The sample of 800 students were enrolled in 20 urban, suburban, and rural schools throughout one state. Five questions were asked:

1. Is there a nurse at your school?
2. What are the nurse's duties and responsibilities?
3. How important is the school nurse and what authority does the nurse hold?
4. Does the nurse's gender influence the nurse's effectiveness or make a difference to you when seeking the nurse's services?
5. How should the school nurse's role in the school be changed?

Findings indicated that students knew whether a school nurse was present at their school but they did not know when the nurse was available. Students said they avoided going to the nurse. They considered the school nurse the authoritarian "grantor of passes from school" (Resnick et al., 1980, p. 552).

Students reported that their school nurses provided first aid, health screening, physical assessments, gave injections, and disseminated health information and advice. Students correctly identified the roles of the school nurse as health supervisor, direct care provider, health counselor, and health educator. These findings replicated those by Feldman et al. (1982) who found that students classified school nurses as specialists in providing first aid, health screening, and health education.

Both male and female students in Resnick et al.'s (1980) study said they believed male school nurses would be more respected and esteemed than female nurses; however, some students reported they would be uncomfortable talking to a male nurse. The students were aware of the restrictions on medication and treatment school nurses could provide. They expressed a desire for the school to give the nurse the authority to provide them with such things as aspirin. They also felt the school nurse could teach health classes and do more counseling.

Resnick et al. (1980) suggested that school nurse practitioners should be able to provide medical care and classroom health education. They also recommended that school nurses garner student support as advocates for expanding the school nurse role and improving the nurse's image in the school community.

The following studies were attempts to compare several groups to determine how their perceptions of school nursing practice differed. Nehls (1989) surveyed students, parents, and teachers to learn their expectations for school nurses. Nehls's questionnaire asked respondents to rate on a 4-point Likert scale the importance of 39 school nurse services.

Findings showed that students, parents, and teachers rated providing emergency care as the most important school nursing service. Students and parents differed from teachers in what they found second in importance. Students and parents believed establishing and maintaining first-aid policies was second, whereas teachers believed compiling lists of students' health problems was second. There was also some discrepancy in what the three groups rated as third in importance. Students and teachers rated maintaining student health files as third, whereas parents rated control of communicable diseases as third.

Teachers ranked the following school nursing services as most important:

1. Providing emergency care,
2. Compiling a list of students with major health problems,
3. Establishing and maintaining first aid policies,
4. Investigating teachers' concerns about students' health problems and communicating the necessary information to teachers, and
5. Maintaining students' health files.

Teachers ranked the following school nursing services as least important:

1. Assisting with attendance records,
2. Determining students' eligibility for the school lunch program, and
3. Providing in-service education for parents.

Lucero (1978) surveyed a group of 88 elementary and secondary teachers to determine their perceptions of the importance of specific school nursing services. Findings from Lucero's study were that the following services were most important:

1. Conducting hearing and vision screening and referral (97%);
2. Reporting screening results to the teacher (96%);

3. Handling all major accidents (96%);
4. Practicing ethically within the guidelines of policy and law (94%); and
5. Managing cases of child abuse (92%).

Lucero's teachers found the following services least important:

1. Assisting in promoting the optimum health of the school staff (51%);
2. Arranging for clothing for needy school children (58%);
3. Transporting children home when they are ill (58%).

Another study of teachers' perceptions of the school nurse's role was conducted by Sadik (1992). Elementary and middle school teachers ($N = 170$) were asked to respond to a 4-point Likert type survey questionnaire. Sadik's teachers ranked the following services as most important:

1. Vision and hearing screening,
2. Emergency care,
3. Identification of child abuse,
4. Investigation of health concerns,
5. Communication with families and medical professionals.

Sadik's (1992) teachers ranked the following services as least important:

1. Recording attendance,
2. Coordinating the school lunch program,
3. Providing tuberculin (TB) testing,
4. Health counseling for the staff,
5. Community activities.

As seen from these three studies, there is marginal agreement among teachers about the most and least important activities for school nurses. Teachers agreed that providing emergency and first aid care to students was one of the

school nurse's most important functions. Teachers also agreed that school nurse services provided to parents, school staff, and others in the community were less important than those provided to students. But beyond these points, there was little agreement about other most or least important tasks for the school nurse.

Goodwin and Keefe (1984) surveyed 179 principals and teachers associated with the Colorado School Nurse Achievement Program (SNAP) to obtain perceptions on the school nurse's role with handicapped students. Their interview survey asked about the school nurse's role in three areas: "overall assessment, management and evaluation of the health needs, . . . Individual Education Plans (IEPs), . . . and major health needs or unsolved problems . . ." (Goodwin & Keefe, 1984, p. 107). They also included an open-ended item asking respondents to describe what does and should exist.

These researchers found that the educators believed school nurses were experts in identifying students' needs and problems, communicating with school personnel about how health problems affect learning, and serving as a liaison between home and school. The educators disagreed about how much a school nurse should participate in supervision of special treatments and environmental modifications for handicapped students. Generally, results showed that principals' and teachers' views of the school nurse's role with handicapped students were congruent with the general functions outlined in the ANA's (1980) publication School Nurses Working with Handicapped Children.

Goodwin and Keefe (1984) concluded that school nurses make many important contributions. They recommended that nurses write health objectives for students' Individualized Education Plans (IEPs). They also suggested that school nurses assume a supervisory role with handicapped students. Finally,

they recommended that the community should be educated about the school nurse's role.

Greenhill's (1979) study was intended to identify perceptions of the school nurse's role as perceived by school nurses, principals, teachers, and counselors ($N = 300$) from 52 public intermediate and secondary schools. Greenhill used a 4-point Likert-type scale with 50 items with which she intended to compare perceptions of school nurses with the other school personnel surveyed.

Greenhill's (1979) results confirmed her expectation that the perceptions between school nurses and other school personnel about the school nurse's role are significantly different. Post-hoc tests revealed four items on which there were significant differences: making home visits, transporting students to the hospital, annual vision and hearing screening, and first aid. She concluded that "different perceptions of the school nurse's role prohibits proper utilization of school nurses" (Greenhill, 1979, p. 370).

A similar study was conducted by Feldman et al. (1982) who surveyed random samples of nurses, primary care physicians, principals, teachers, 10th-grade students, and parents of the students. These researchers used a questionnaire and telephone interviews to determine the value of a school health program for teens which asked specifically about 18 activities school nurses might do for the program.

Again priorities seemed to differ among the different groups of respondents (Feldman et al., 1982). All groups thought school nurses should detect students' physical health problems. Most of the nurses and physicians thought school nurses should teach in the classroom, but only a small percentage of teachers and principals agreed. Most teachers, principals, physicians, and

nurses thought school nurses should make home visits, but parents did not. Most teachers, principals, and physicians thought school nurses should be involved in accident prevention at the school, but less than half of parents and nurses agreed. Most teachers, principals, and nurses felt students should discuss their physical health with the nurse, but parents did not. Most teachers and nurses thought teens should discuss their emotional health with the nurses, but parents did not. These conflicting views are precisely why school nurses have such difficulty setting priorities on their tasks.

An article by Seidenberg (1984) also pointed out the lack of understanding of the school nurse's role in the school community. Seidenberg was able to identify the primary school nurse functions as case finding, screening, referral, identification, and management of students' health concerns. She found that misunderstandings about the school nurse's role were often due to inadequate time at the school site for the nurse to present the information to faculty, student, and parent groups. Seidenberg suggested that school nurses need to take time for this communication and for writing news articles that clarify their roles.

Miller and Hopp (1988) conducted a study assessing parents, school personnel, and health practitioners to determine their views on school nurse priorities. Their sample ($N = 173$) consisted of parents, principals, teachers, teacher aides, school psychologists, audiometrists, physical therapists, school secretaries, janitors, parents, and school nurses. Their survey was based on the school nurse competencies identified by the California School Nurses Organization (CSNO).

Miller and Hopp (1988) found wide discrepancies among these populations in the priorities they assigned to various school nurse skills,

competencies, and tasks. Principals thought screening was the most important of the nurse's functions. Parents, teachers, staff, and other health practitioners believed first aid and emergency care were most important. School nurses thought communicable disease control, identification, and follow-up were most important.

The groups likewise differed in their opinions about the relative importance of school nurses educating students and others. Principals and other staff members felt the school nurse should provide inservice education. In contrast, the nurses believed they should be providing education to the students in classes and their parents. Although all groups felt health counseling for physical problems was of prime importance, only nurses reported that health counseling for emotional problems was almost as important.

Miller and Hopp (1988) recommended that school nurses focus on communicating their competencies and skills to the school community. They also suggested that school nursing curricula be changed to emphasize the role of the school nurse as program planner, program manager, and researcher/evaluator of client and program outcomes.

In summation, these studies have demonstrated that expectations for the performance of school nursing functions and tasks differ substantially between and among groups composed of students, teachers, administrators, school personnel, health professionals, physicians, and nurses. The differing expectations held by different groups contribute to the difficulty school nurses have in deciding how to set priorities for their activities.

Research Related to Nurses' Perceptions of the School Nurse Role

Regan's (1976) classic study was one of the first to address role confusion of school nurses. Regan attributed much of the confusion to the extended roles of these nurses as health educators and health counselors, and to the practice of nursing in a non-nursing setting with well clients. Regan pointed out that the baccalaureate degree was required for school nurses but that nursing certification requirements in the United States were not uniform. [Interestingly, they still are not today (Zanga & Oda, 1987)]. Regan highlighted the collaborative, interdependent, and expanded-practice concept of the school nurse role. She recommended that expert opinion from medicine and education also be used to develop school nursing programs and to implement school nursing practice.

Oda (1979b) surveyed 16 expert school nurses in supervisory, consultant, and educational positions and found that differences in educational preparation existed for school nurses. These differences should be eliminated to ensure standard qualifications. Oda found that these experts believed school nurses should be accountable and show cost effectiveness of practice. Other experts in the field, including Ridge (1980), stressed that services must be documented, measured, and evaluated for cost-effectiveness (Zanga & Oda, 1987).

One of the most pertinent studies found in the literature was conducted by White (1985). White's sample included school nurses with at least 10 years of school nursing experience. White's questionnaire was designed to gather descriptive data about school nurse activities for the purpose of identifying, naming, and describing categories of activities.

From the listing of 32 activities, White (1985) identified five activity clusters: (a) physical care, (b) facilitation, (c) instruction, (d) administration, and (e) clerical. Physical care included physical assessment, first aid, emergency care, and other direct nursing care. Nurses reported that they felt adequately prepared to render physical care. Facilitation included interactive functions such as coordination of services, referral to agencies, collaboration with the school community on behalf of the students, providing inservice to faculty, and counseling. Again, responding nurses indicated they felt adequately prepared in facilitation. Instruction included all the activities involved in educating students and others. While 30% of the nurses reported they did not teach classes, 58% said they were prepared to teach.

Administration included planning, implementation, and evaluating professional school nursing practice and school health problems. Other activities in this cluster were attending faculty meetings, budget justification, and inspecting the school environment. White (1985) found that nurses spent little time on administrative activities and felt themselves relatively less capable of these activities than those in the first three clusters. Clerical activities included taking attendance, writing excuses for students, and scheduling. The responding school nurses reported they spent little time on these activities and did not believe they were appropriate uses of their time.

In summary, White (1985) found that school nurses spent most of their time "assessing students' health complaints (62%) and providing first aid (52%)" (p. 54). School nurses were confident in providing physical care and facilitation activities. Moreover, school nurses did not feel administrative activities were a priority, nor did they feel prepared to provide them. Finally, school nurses

reported activities such as taking attendance and scheduling were clerical responsibilities. These activities were not included in the standards of school nursing practice and were inappropriate school nursing activities.

Summary of Research Studies Relative
to the Conceptual Framework

Health Supervision

Overall, studies indicate that health supervision is the most appreciated and understood of the three components of school nursing (Oda, 1979a). Direct nursing services were considered important by students, parents, teachers, principals, other school staff members, physicians, and school nurses. Students and parents emphasized as important first aid, emergency care, screening, and health assessment (Feldman et al., 1982; Miller & Hopp, 1988; Nehls, 1989; Resnick et al., 1980). Additionally, parents identified control of communicable diseases as important (Nehls, 1989).

Teachers identified as important providing first aid, emergency care, screening, investigating students' health problems, identifying child abuse, maintaining a health problems list of students, communicating with teachers about students with health problems, and maintaining students' health files (Feldman et al., 1982; Goodwin & Keefe, 1984; Greenhill, 1979; Lucero, 1978; Miller & Hopp, 1988; Nehls, 1989; Sadik, 1992). Principals targeted as important screening, health assessments, first aid, home visits, and accident prevention at school (Feldman et al., 1982; Goodwin & Keefe, 1984; Greenhill, 1979; Miller & Hopp, 1988). Other school staff members identified first aid, emergency care, and screening as important (Greenhill, 1979; Miller & Hopp, 1988).

Physicians identified as important health assessments, home visits, and accident prevention (Feldman et al., 1982). School nurses identified as important screening, health assessments, communicable disease control, coordinating services, collaborating (liaison) with school staff on behalf of students, referring students, and making home visits (Feldman et al., 1982; Greenhill, 1979; Miller & Hopp, 1988; White, 1985).

Health Counseling

In all, studies indicated that health counseling is less appreciated and understood than health supervision. Students saw school nurses as health advisors and counselors (Feldman et al., 1982; Resnick et al., 1980). Some parents did not see school nurses as health counselors for their students' physical or emotional health concerns (Feldman et al., 1982), while some parents saw them as health counselors for students' physical concerns but not emotional concerns (Miller & Hopp, 1988).

Teachers did not rate student health counseling of prime importance in three studies (Lucero, 1978; Nehls, 1989; Sadik, 1992). Teachers rated student health counseling for physical and emotional concerns as important in the study by Feldman et al. (1982). Teachers, principals, and other school personnel rated student health counseling for physical concerns as important in a study by Miller and Hopp (1988).

Physicians and school nurses rated student health counseling for physical and emotional problems as important (Feldman et al., 1982). School nurses rated themselves as competent in student health counseling or facilitation according to White (1985).

Health Education

Altogether, studies indicated that health education is the least appreciated and understood of Oda's (1979a) three components of school nursing. Opinions differ most on the importance of health education to school nursing services. Feldman et al. (1982) and Resnick et al. (1980) found that students considered school nurses as classroom health educators. Feldman et al. (1982) found few teachers or principals considered classroom health education as important, whereas many physicians and school nurses did. Miller and Hopp (1988) found that teachers, principals, and other school staff members expected inservice education from the school nurse. School nurses considered classroom health education more important (Miller & Hopp, 1988). White (1985) found that 70% of school nurses considered health education important. Fifty-eight percent were prepared to teach health.

In summation, all groups studied (students, parents, teachers, principals, other school staff members, physicians, and school nurses) rated health supervision (Oda, 1979a) as the most important component of school nursing practice. The direct nursing care role was most understood and appreciated by all groups (Feldman et al., 1982; Goodwin & Keefe, 1984; Greenhill, 1979; Lucero, 1978; Miller & Hopp, 1988; Nehls, 1989; Regan, 1976; Resnick et al., 1980; Ridge, 1980; Sadik, 1992; Seidenberg, 1984; White, 1985; Winkleman & McKaig, 1983).

Students understood the school nurse's role as health counselor (Feldman et al., 1982; Resnick et al., 1980). Teachers, principals, and other school staff members rated student health counseling for physical problems as important (Feldman et al., 1982; Goodwin & Keefe, 1984; Greenhill, 1979; Lucero, 1978; Miller & Hopp, 1988; Nehls, 1989; Sadik, 1992; White, 1985). School nurses rated

health counseling (Oda, 1979a) for physical and emotional problems as an important component of school nursing practice (Feldman et al., 1982; Greenhill, 1979; Miller & Hopp, 1988; White, 1985). Physicians and school nurses rated classroom health education (Oda, 1979a) as an important component of school nursing practice (Feldman et al., 1982; Miller & Hopp, 1988; White, 1985).

In conclusion, the literature shows that all groups acknowledge health supervision as important, but differ in their understanding of the school nurse's role and services provided in supervising health. Furthermore, all groups differ in their perception of the importance of the school nurse's role as health counselor and health educator as well as in the subsequent provision of health counseling and health education services. These persistent differences in perception and understanding of the school nurse's role and school nursing services underscore the need for this study.

Chapter 3

RESEARCH METHODOLOGY

Overview of the Design

The purpose of this study was to determine the perceptions of school nurses in California regarding the importance of school nursing services. A descriptive survey design was selected because it was the most appropriate, expedient way to gather the opinions of a sizable group of school nurses.

Data Collection Tool

Nehls's (1989) survey questionnaire, the School Nurse Service Data Collection Tool (see Appendix C), was modified to collect additional data from school nurses (see modified version in Appendix D). The survey includes 44 questions, the first 38 of which were to measure attitudes about the relative importance of specific services performed by the school nurse. Question 39 asked about the importance of confidentiality to school nursing practice. Question 40 asked about the importance of health education for students and, specifically, about the school nurse making classroom presentations on 10 health topics. Question 41 asked about the importance of health counseling for students and, specifically, about providing information to students on these same 10 health topics.

Respondents rated these 41 questions according to order of importance on a 4-point Likert-type scale from 4 = very important to 1 = not important. Question 42 asked respondents to list the eight most important services. Question 43 asked them to list any additional services not identified. Question 44 asked for demographic data from the respondents.

In developing this survey, Nehls (1989) relied on Oda's (1979a) conceptual model of school nursing services which included the three components of health supervision, health counseling, and health education. Nehls consulted nine school nurse experts to review the survey for content, completeness, clarity, format, and validity. She then pilot-tested the survey using three groups of teachers, students, and parents. Their input was incorporated into Nehls's final questionnaire (see Appendix C). No reliability studies were conducted.

Nehls granted permission (see Appendix B) to the researcher to modify the School Nurse Service Data Collection Tool (1989) and use it in this study (see Appendix D). Slight changes were made to wording of Questions 1, 3, 11, 16, 17, 18, 20, 24, 26, 27, 28, 29, 33, 35, and 38. Seven questions (39-45) were added to address specific school nursing services not addressed by Nehls. These were based on published professional standards for school nursing practice (ANA, 1983; CTC, 1989) and reviewed by an expert school nurse advisor.

On the final version of the survey, 48 items were asked using the Likert 4-point scale (see Appendix D). Question 49 was an open-ended item asking the school nurses to list the eight most important services given on the survey. Question 50 was an open-ended item asking them to list any other important services not mentioned on the survey. The final page consisted of demographic questions including: age, gender, marital status, parenting status, highest educational level, discipline, financial remuneration for advanced educational status, type of school nurse credential, years of school nursing experience, age of student population at school, part-time or full-time work status, regular or year-round nursing practice, CSNO region of school locale, and job title. Currently the school nurse has either a Preliminary or Professional Credential as described

in the Ryan Act of 1970. Prior to the Ryan Act, credentialed nurses held a Provisional (Preliminary-Ryan, 1970) or Clear (Professional-Ryan) Standard Designated Services Credential under the Fisher Act of 1961. Before the Fisher Act, school nurses were issued a Health and Development Credential (Life) (CTC, 1989).

Research Sample

A convenience sample of 300 school nurses was recruited from California school nurses attending the 41st Annual California School Nurses Organization (CSNO) Conference in Fresno, California from January 25-27, 1991. The school nurses were from all five geographical regions of the California CSNO including Northern, Southern, Central Valley, Bay Coast, and San Diego/Imperial Valley.

Data Collection

Approval to conduct this research was granted by the San Jose State University Human Subjects Institutional Review Board (see Appendix B). The research was exempt from review because it was a survey designed to protect respondents' anonymity. There was no risk to respondents' professional liability, standing, reputation, or employability, nor was there financial risk or gain. Participation was entirely voluntary. The California School Nurses Organization (CSNO) gave its approval to the researcher to conduct the study during the 41st Annual California School Nurses Organization (CSNO) Conference (see Appendix B).

Prior to beginning of the conference, six labeled collection boxes were placed in strategic areas of the conference center to collect the questionnaires. A questionnaire packet was added to each CSNO Conference Registration and

Orientation Folder before participants registered. Each school nurse registering for the conference received a folder with the questionnaire packet inside.

The questionnaire packet consisted of an explanatory statement, a 5-page questionnaire, and a final page requesting demographic data. The Explanatory Statement About Participation identified the university name, address, and phone number; the researcher's name and contact numbers; and the title, nature, and purpose of the research. In addition, the research was described as voluntary and of little potential benefit or risk to participants. Explanatory statements were stapled on the front of each questionnaire (see Appendix D), which respondents were instructed to remove and keep if desired.

At the beginning of the conference's first general session, an announcement was made about this research and other research projects being conducted at the conference. Again, the voluntary nature of participation was stressed.

At the end of the general session, all questionnaires not taken and left on the chairs were collected by the researcher. Questionnaires were removed from all labeled collection boxes after each general session, and twice a day each day of the conference.

Of the 600 questionnaire packets distributed, 325 were returned and completed. Of the 325, only 300 were sufficiently complete to be analyzed. This was a return rate of 50%.

Analysis Procedures

The Likert-type scale responses were tabulated. Demographic data were coded. Open-ended responses were classified by the researcher according to Oda's (1979a) classification schema, then sorted and counted. The entire data set

was analyzed by computer to determine descriptive statistics (i.e., frequencies, percentages, and means). Chapter 4 contains the data analysis and interpretation for the following research questions:

1. Which school nursing services do school nurses value as "very important" to their practice?
2. Which other services do school nurses value as "important" to their practice?
3. Are any other nursing services considered "somewhat important" to their practice?
4. Which nursing services do school nurses consider "not important" to their practice?

Chapter 4

ANALYSIS AND INTERPRETATION OF THE DATA

Introduction

The purpose of Chapter 4 is to present the study findings. The chapter contains a description of the sample followed by results pertaining to the research questions. The purpose of this study was to determine which school nursing services were considered most and least important to school nurses in California. A modified form of the School Nurse Service Data Collection Tool by Nehls (1989) was used to collect data from school nurses. The data were processed by computerized statistical analysis to determine descriptive statistics of frequencies, percentages, and means.

The data results are reviewed as follows. Frequencies and percentages are computed to describe the sample characteristics. Frequencies and percentages are calculated for items on the survey. A mean ranking of the services perceived as most important are classified according to Oda's (1979a) three components of supervision, education, and counseling. A report is made of responses to the open-ended items which requested that school nurses reiterate the eight most important school nursing services and any other services not mentioned on the questionnaire that should be offered.

Characteristics of the Sample

The 600 school nurses attending the 41st Annual California School Nurses Organization (CSNO) Conference in Fresno, California from January 25-27, 1991, were the targeted sample for this study. Of the 600 nurses attending the conference, 325 returned questionnaires, and of these, 300 were completed sufficiently to be included in the analysis. This was a return rate of 50%.

Demographic characteristics of the 300 nurses participating in the survey are presented in Table 1. Seventy-two percent of the respondents were 41 to 60 years old. Thirty-seven percent were 41-50 years old, while 35% were 51-60 years old. The majority of respondents were female (97%), married (77%), and had children (92%).

Sixty-six percent of respondents held Bachelor of Science or Art degrees. Thirty-three percent held Master of Science or Art degrees. One percent held doctoral degrees. Respondents were educated in the following disciplines in descending order of frequency: nursing (45%), philosophy (21%), public health (14%), education (11%), combination of disciplines (7%), and missing cases (2%). Seventy-seven percent of respondents received financial remuneration from employers for graduate degrees.

Types of school nursing credentials held by respondents in descending order of frequency were as follows: Life (55%), Clear (20%), Preliminary (14%), Professional (10%), and missing cases (1%). Respondents' years of school nursing experience in descending order of frequency were as follows: 15-19 years (22%), 10-14 years (19%), 0-4 years (19%), 5-9 years (16%), 20-24 years (13%), and 25 or more years (11%).

Eighty percent of respondents served students ages 0-10 years. Forty-two percent served students ages 5-10 years, while 38% served students ages 0-4 years. Ninety-one percent of respondents worked full-time academic years in California.

The majority of the respondents were from the Central Valley CSNO section (26%). Responding nurses represented all five geographical regions of CSNO: Central Valley, Northern, Southern, Bay Coast, and San Diego/Imperial

Table 1

Demographic Characteristics of the Sample (N = 300)

Characteristic and Group	<u>n</u>	%
<u>Age in Years</u>		
20-30	2	<1
31-40	57	19
41-50	110	37
51-60	104	35
61 plus	26	9
Missing Cases	<u>1</u>	<u><1</u>
Total	300	100
<u>Gender</u>		
Female	297	99
Male	<u>3</u>	<u>1</u>
Total	300	100
<u>Marital Status</u>		
Single	68	23
Married	<u>232</u>	<u>77</u>
Total	300	100
<u>Children</u>		
Yes	275	92
No	<u>25</u>	<u>8</u>
Total	300	100

(table continues)

Characteristic and Group	<u>n</u>	<u>%</u>
<u>Educational Level</u>		
BS-BA	198	66
MS-MA	98	33
PHD-DPH-DNS	3	1
Missing Cases	<u>1</u>	<u><1</u>
Total	300	100
<u>Discipline</u>		
Nursing	134	45
Education	32	11
Public Health	43	14
Philosophy	63	21
Combinations of disciplines	21	7
Missing Cases	<u>7</u>	<u>2</u>
Total	300	100
<u>Remuneration for Advanced Educational Status</u>		
Yes	230	77
No	66	22
Missing Cases	<u>4</u>	<u>1</u>
Total	300	100

(table continues)

Characteristic and Group	<u>n</u>	%
<u>Type of School Nursing Credential</u>		
Preliminary	43	14
Professional	30	10
Clear	59	20
Life	164	55
Missing Cases	<u>4</u>	<u>1</u>
Total	300	100
<u>Years of School Nursing Experience</u>		
0-4 years	56	19
5-9 years	49	16
10-14 years	57	19
15-19 years	67	22
20-24 years	39	13
25 + years	<u>32</u>	<u>11</u>
Total	300	100
<u>Age of Students Served</u>		
00-04 years	113	38
05-10 years	127	42
11-14 years	16	5
15-18 years	20	7
19-21 years	1	<1
22 + years	1	<1
Combinations of ages	13	4
Missing Cases	<u>9</u>	<u>3</u>
Total	300	100

(table continues)

Characteristic and Group	n	%
<u>Percentage of Work</u>		
Part-time (0-50%)	27	9
Full time (51% or more)	272	91
Missing Cases	<u>1</u>	<u><1</u>
Total	300	100
<u>Work Year</u>		
Academic School Year	245	82
Year Around School	36	12
Both	14	5
Missing Cases	<u>5</u>	<u>2</u>
Total	300	100
<u>Regions</u>		
Central Valley	79	26
Northern	78	26
Southern	64	21
Bay Coast	58	19
San Diego/Imperial Valley	19	6
Missing Cases	<u>2</u>	<u><1</u>
Total	300	100
<u>Job Title</u>		
School Nurse	267	89
School Nurse Consultant	19	6
School Nurse Practitioner	10	3
School Nurse Administrator	2	<1
Missing	<u>2</u>	<u><1</u>
Total	300	100

Note: Percentages may not add to 100 due to rounding error.

Valley. The Central Valley region was represented by 79 nurses, 26% of the sample. The Northern region was represented by 78 nurses, 26% of the sample. The Southern region was represented by 64 nurses, 21% of the sample. The Bay Coast region was represented by 58 nurses, 19% of the sample. The San Diego/Imperial Valley region was represented by 19 nurses, 6% of the sample. Eighty-nine percent of respondents were school nurses. Six percent of respondents were nurse consultants. Three percent of respondents were school nurse practitioners. One percent of respondents were school nurse administrators.

Results Related to the Research Questions

The first research question asked: "Which school nursing services do school nurses value as 'very important' to their practice?" To answer this question, the total sample data were analyzed to determine the frequencies and means of responses from school nurses. Nurses were asked to rate their perceptions of the relative importance of 45 school nurse services on a Likert scale: very important = 4; important = 3; somewhat important = 2; not important = 1. Frequencies and percentages of responses were calculated for each item and are shown in Table 2.

Additionally, the mean response of each item was computed and used to rank order the items from most important to least important. These results are presented in Table 3 by item number. As seen from Table 3, the majority of functions were perceived as important by the responding school nurses. Only 3 of the 45 functions were considered unimportant (below 2.00 on average).

In Table 3, the Oda-model component to which the item relates is coded following each item as supervision (S), counseling (C), and education (E). Of the

Table 2

Frequency and Percentage of Response to Items 1-45 (N = 300)

Item	Very Impt f %	Impt f %	Some- what Impt f %	Not Impt f %	Miss- ing f %
1. Teach in health classes.	145 48%	110 37%	41 14%	3 1%	1 <1%
2. Hearing/vision screening.	210 70%	75 25%	14 5%	1 <1%	0 0%
3. Liaison when student has health problem.	286 95%	14 5%	0 0%	0 0%	0 0%
4. Eliminating health hazards at school.	156 52%	125 42%	19 6%	0 0%	0 0%
5. Emergency care to injured students.	158 53%	92 31%	43 14%	7 2%	0 0%
6. Contain communicable diseases.	210 70%	84 28%	5 2%	1 <1%	0 0%
7. Provide health counseling to students with questions.	239 80%	57 19%	3 1%	0 0%	1 <1%
8. Participate in health- related community activities.	28 9%	130 43%	134 45%	8 3%	0 0%
9. Staff health counseling.	108 36%	145 48%	43 14%	3 1%	1 <1%

(table continues)

Item	Very Impt f %	Impt f %	Some- what Impt f %	Not Impt f %	Miss- ing f %
10. CPR instruction to staff and students.	68 23%	122 41%	94 31%	15 5%	1 <1%
11. Assess health status of underachieving students.	174 58%	99 33%	24 8%	3 1%	0 0%
12. Coordinate services to handicapped students.	115 38%	125 42%	45 15%	12 4%	3 1%
13. Educate students on alcohol/drug abuse.	63 21%	151 50%	74 25%	10 3%	2 <1%
14. Serve as resource for alcohol/drug education.	155 52%	124 41%	21 7%	0 0%	0 0%
15. Assess students' emotional problems.	115 38%	143 48%	37 12%	1 <1%	4 1%
16. Visit homes of students with health problems.	174 58%	100 33%	22 7	2 <1%	2 <1%
17. Maintain awareness of students with family problems and help resolve.	124 41%	149 50%	21 7%	3 1%	3 1%
18. Screen chronically absent students.	130 43%	133 44%	34 11%	2 <1%	1 <1%

(table continues)

Item	Very Impt f %	Impt f %	Some- what Impt f %	Not Impt f %	Miss- ing f %
19. Record daily attendance.	4 1%	17 6%	55 18%	223 74%	1 <1%
20. Provide inservice to faculty.	94 31%	141 47%	53 18%	8 3%	4 1%
21. Provide support to students with personal problems.	59 20%	146 49%	85 28%	9 3%	1 <1%
22. Coordinate school lunch program.	2 1%	27 9%	104 35%	166 55%	1 <1%
23. Take leadership role in developing disaster plan.	57 19%	147 49%	77 26%	17 6%	2 <1%
24. Investigate requests for home teachers.	72 24%	101 34%	94 31%	31 10%	2 <1%
25. Screen special PE applications.	96 32%	121 40%	68 23%	15 5%	0 0%
26. Screen special ed students for health problems.	206 69%	78 26%	11 4%	4 1%	1 <1%
27. Develop health curricula.	95 32%	121 40%	70 23%	12 4%	2 <1%

(table continues)

Item	Very Impt f %	Impt f %	Some- what Impt f %	Not Impt f %	Miss- ing f %
28. Inservice to parents.	61 20%	152 51%	81 27%	4 1%	2 <1%
29. Keep current student immunization status.	124 41%	80 27%	70 23%	21 7%	5 2%
30. Help students who abuse drugs.	147 49%	124 41%	27 9%	1 <1%	1 <1%
31. Maintain first-aid policies for school.	189 63%	99 33%	10 3%	1 <1%	1 <1%
32. Provide inservice on first aid to staff.	116 39%	136 45%	38 13%	8 3%	2 <1%
33. Keep and share student health problem list with teachers.	230 77%	59 20%	7 2%	3 1%	1 <1%
34. Identify & refer students who are victims of abuse.	225 75%	64 21%	9 3%	1 <1%	1 <1%
35. Investigate student health concerns referred by teachers.	228 76%	70 23%	1 <1%	1 <1%	0 0%
36. Maintain accurate student health files.	196 65%	78 26%	18 6%	7 2%	1 <1%

(table continues)

Item	Very Impt f %	Impt f %	Some- what Impt f %	Not Impt f %	Miss- ing f %
37. Provide routine immunizations.	37 12%	47 16%	82 27%	129 43%	5 2%
38. Provide routine TB skin testing to staff.	33 11%	64 21%	112 37%	90 30%	1 <1%
39. Provide special procedures to students.	169 56%	72 24%	45 15%	11 4%	3 1%
40. Monitor medications to students.	190 63%	89 30%	16 5%	5 2%	0 0%
41. Plan budget for health program.	142 47%	116 39%	36 12%	4 1%	2 <1%
42. Mentor school nurse credential candidates.	152 51%	113 38%	30 10%	3 1%	2 <1%
43. Document services.	151 50%	109 36%	37 12%	2 1%	1 <1%
44. Attend school board meeting annually.	140 47%	111 37%	42 14%	5 2%	2 <1%
45. Evaluate practice according to guidelines.	168 56%	105 35%	26 9%	0 0%	1 <1%

Note: Percentages may not add to 100 due to rounding error.

12 items considered very important, 10 were in Oda's (1979a) category of supervision (S). The other two items were in the category of counseling (C).

Research Question 2 asked, "Which other services do school nurses value as 'important' to their practice?" The "important" services with means between 3.00 and 3.49 are shown in Table 3 by item number.

Of these 21 items, 14 were in Oda's (1979a) category of supervision (S), 6 were in the category of education (E). One item was in the category of counseling (C).

The third research question asked, "Are any other nursing services considered 'somewhat important' to their practice?" The "somewhat important" services with means between 2.00 and 2.99 are shown in Table 3 by item number. Of the items considered somewhat important, 4 were in Oda's category of supervision (S). Four items were in Oda's (1979a) category of education (E). One item was in Oda's category of counseling (C).

The fourth research question asked, "Which nursing services do school nurses consider 'not important' to their practice?" The "not important" services with means below 2.00 are shown in Table 3 by item number. Of these three items, two were in Oda's category of supervision (S). The other was a clerical item not included in Oda's (1979a) model of nursing practice.

Two questions on the survey asked responding nurses to indicate how important they thought it was for the nurse to make health education classroom presentations (Item 46) and to provide health counseling information to inquiring students (Item 47) on 10 topics. Responses of the nurses are shown in Table 4.

Table 3

Items 1-45 Rank Ordered by Mean (M) Score and Coded by Oda's Three Components of Health Supervision (S), Counseling (C), and Education (E) (N = 300)

Item Number	Content	Item Code	<u>M</u>	<u>Rank</u>
<u>Very Important</u>				
3.	Liaison	C	3.93	1st
7.	Health Counseling	C	3.79	2nd
35.	Health Concerns	S	3.75	3rd
33.	Health Problems List	S	3.73	4th
34.	Child Abuse	S	3.72	5th
6.	Communicable Disease	S	3.68	6th
2.	Hearing/Vision	S	3.65	7th
26.	Special Education	S	3.63	8th
31.	First Aid Policy	S	3.59	9th
36.	Health Files	S	3.55	10th
40.	Medications	S	3.55	11th
16.	Home Visits	S	3.50	12th
<u>Important</u>				
11.	School Committee	S	3.48	13th
45.	Evaluate Practice	S	3.48	14th
4.	Assess Health Hazards	S	3.46	15th
14.	Education Resource	E	3.45	16th
30.	Identify drug abusers	S	3.40	17th
42.	Precept/mentor Nurses	E	3.39	18th
43.	Accountability	S	3.37	19th
39.	Special Procedures	S	3.34	20th
5.	Emergency Care	S	3.34	21st

(table continues)

Item Number	Content	Item Code	<u>M</u>	<u>Rank</u>
1. Classroom education		E	3.33	22nd
41. Budget		S	3.33	23rd
17. Assess family problems		S	3.33	24th
18. Screen chronic absentees		S	3.31	25th
44. Attend School Board		S	3.30	26th
15. Assess emotional problems		S	3.26	27th
32. Inservice staff (first aid)		E	3.21	28th
9. Health counsel staff		C	3.20	29th
12. Coordinate services		S	3.16	30th
20. Staff inservice programs		E	3.08	31st
29. Assess immunizations		S	3.04	32nd
27. Develop health curricula		E	3.00	33rd
<u>Somewhat Important</u>				
25. Screen special PE		S	2.99	34th
28. Parent inservice programs		E	2.91	35th
13. Classroom alcohol/drug ed		E	2.90	36th
21. Student support groups		C	2.86	37th
23. Develop disaster plan		S	2.82	38th
10. Provide CPR instruction		E	2.81	39th
24. Home teacher requests		S	2.72	40th
8. Sponsor blood drive		E	2.59	41st
38. Staff TB skin testing		S	2.13	42nd
<u>Not Important</u>				
37. Routine immunizations		S	1.97	43rd
22. Coordinate lunch		S	1.55	44th
19. Record attendance		na ^a	1.34	45th

^aNot applicable. Unable to code as one of Oda's three components because the item is a clerical task.

Table 4

Ten Topics to Present in Class (Health Education) or to Students (Health Counseling) Rank-Ordered by Mean (M) Score (N = 300)

Items 46 and 47	<u>M</u>	<u>Rank</u>
<u>Health Education (Item 46)</u>		
AIDS	3.76	1st
Sexually-transmitted diseases	3.76	2nd
Reproductive physiology/anatomy	3.48	3rd
Birth control	3.39	4th
Alcohol/drugs	3.38	5th
Smoking	3.38	6th
Nutrition	3.28	7th
Mental Health	3.28	8th
Physical fitness	3.09	9th
Abortion	2.91	10th
<u>Health Counseling (Item 47)</u>		
AIDS	3.94	1st
Sexually-transmitted diseases	3.94	2nd
Reproductive physiology/anatomy	3.85	3rd
Alcohol/drugs	3.85	4th
Birth control	3.85	5th
Smoking	3.85	6th
Nutrition	3.85	7th
Mental Health	3.85	8th
Physical fitness	3.75	9th
Abortion	3.68	10th

In both the case of class presentations and answering personal questions of students, nurses saw the most important topics as related to AIDS, sexually transmitted diseases, and reproductive physiology/anatomy. Generally, nurses felt it was more important to counsel students about the 10 topics when students so requested than to educate students about the topics in their classrooms.

Item 48 asked nurses how important they felt it was to maintain confidentiality when discussing health concerns with students. Again, they were asked to indicate their response on a Likert-type scale from very important = 4 to not important = 1. All nurses felt confidentiality was either very important (92%) or important (6%) (missing 2%).

Open-ended Items 49 and 50 were also used to embellish the findings of the most and least important duties of school nurses. Respondents were asked to write in the eight most important duties. Responses were then tabulated. The eight most important duties as written in by respondents (Item 49) are presented in Table 5.

The final question (Item 50) on the survey asked nurses to list any services not already mentioned which they felt the school nurse should provide to the school. These write-in responses were then categorized and the number of nurses mentioning each were counted. In their order of mention, the services included those shown in Table 6.

Health Supervision

For the purposes of this study, the following functions were considered health supervision (S): attending/actively participating as a member/School Health Services expert; leading, supervising, managing, coordinating, implementing; assessing; advocating; planning/developing; screening;

Table 5

School Nurses' Eight Most Important Duties Based on Write-In Responses (N = 300)

Item 49	Code ^a	f	Rank
Student Screening	S	174	1st
Liaison	C	161	2nd
Health Education	E	139	3rd
Health Counseling	C	118	4th
Special Ed Screening	S	113	5th
Member School Committee	S	93	6th
Communicable Disease Control	S	84	7th
Emergency Care	S	75	8th
Specialized Procedures	S	64	9th
Health Problems List	S	63	10th

^aThe Oda-model component to which the item relates is coded following each item as Health Supervision (S), Counseling (C), or Education (E).

examining; providing/intervening; problem solving; identifying; and evaluating. The health supervision (S) functions were mentioned 194 times in response to Item 50 (Table 6). The service most mentioned under health supervision was attending and actively participating as a School Health Services expert member of various committees, teams, associations, organizations, and boards ($n = 45$).

Health Counseling

For the purposes of this study, health counseling was considered communicating as liaison/explaining and interpreting how health problems affect learning; facilitating/networking; referring; following-up; counseling

Table 6

Responses to Item 50 Regarding Services Not Mentioned on the Questionnaire
but Considered Important by Responding Nurses (N = 300)

Item 50: Service (Number of Mentions)

Health Supervision:

1. Attending, actively participating as a member/School Health Services expert
(45 mentions) (S):

- school committees/ teams (29)
- associations/organizations (7)
- school, community, parent-teacher meetings (3)
- school board and school attendance review board (3)
- child-health community groups (3)

2. Leading, supervising, managing, coordinating, and implementing functions
(29 mentions) (S):

- leadership, supervision, implementation, and coordination
of the School Health Service Program and budget (13)
- supervising the para-professionals and school staff in
providing first aid to students and clerical recording of students'
health matters, (12)
- case management of students with health conditions (3)
- coordinating Special Olympics Programs at school (1)

3. Assessing (23 mentions) (S):

- growth, development, and health of students (19)
- health of staff (2)
- health needs of school community (2)

4. Advocating (22 mentions) (S):

- child health (17)
- politically (3)
- extended day care (1)
- support services (1)

(table continues)

Item 50: Service (Number of Mentions)

5. Planning/developing (21 mentions) (S):
 - Planning the School Health Services Program, the School Health Services budget, and health care protocols (11)
 - developing health service policies, including specific policies for AIDS, lice, medications, and sex education in the school setting (7)
 - developing a computerized health care program, a health information library, and Individualized Education Plans (3)
6. Screening (16 mentions) (S):
 - scoliosis (8)
 - dental disease (3)
 - all mandated problems (2)
 - color vision (1)
 - neurological dysfunction (1)
 - staff health (1)
7. Examining students in a direct care provider/practitioner role (13 mentions) (S):
 - primary care provider/practitioner (6)
 - Child Health Disability Prevention exams (5)
 - athletic physicals (2)
8. Providing (12 mentions) (S):
 - intervening with high-risk/pregnant/parenting students and parents/families of students (9)
 - providing first aid, medications, and specialized medical procedures for students at school (3)
 - problem solving (1)
9. Identifying problems (7 mentions) (S).

(table continues)

Item 50: Service (Number of Mentions)

10. Evaluating (6 mentions) (S):

- School Health Services Program (2)
- school nursing services (2)
- special education services (1)
- students' health records (1)

Health Counseling:

1. Communicating as liaison, facilitating, networking (36 mentions) (C):

- communicating as liaison (19)
- networking (11)
- facilitating (6)

2. Referring students (30 mentions) (C).

3. Following-up on screenings and referrals (28 mentions) (C).

4. Counseling/counselor (11 mentions) (C).

5. Authority, expert advice source (3 mentions) (C).

Health Education:

1. Teaching/educating/training (25 mentions) (E).

2. Health promotion (20 mentions) (E).

3. Resource for health education (16 mentions) (E).

4. Role model a health lifestyle/behaviors (8 mentions) (E).

5. Writing (6 mentions) (E).

(table continues)

Item 50: Service (Number of Mentions)

6. Prevention of specific conditions (4 mentions) (E).

7. Research (2 mentions) (E).

Note: The Oda-model component to which the item relates is coded following each item as Health Supervision (S), Counseling (C), or Education (E).

individuals or specific small groups who request advice, and conducting specific student or staff support groups; and acting as an authority on school health issues and nursing trends. The health counseling (C) functions were mentioned 108 times in response to Item 50 (Table 6). The health counseling function mentioned most often was communicating as liaison, facilitating, and networking among health professionals ($\underline{n} = 36$).

Health Education

For the purposes of this study, health education was considered teaching/educating/training; promoting; acting as a resource person; role-modeling/mentoring; writing health curricula, publications, and grants; preventing specific disorders; and conducting research. Health education was provided for students, parents, school staff, other school nurses, and the general public. The health education (E) functions were mentioned 81 times in response to Item 50 (Table 6). The health education function mentioned most often was teaching/educating/training ($\underline{n} = 25$).

Other Responses

Other responses to Item 50 were not related to supervision, counseling, or education components of Oda's (1979a) model. Thirty comments were initially grouped into this "Other" category. For purposes of discussion, these comments were subsequently grouped into the following categories: knowledge, skills, qualities, professional image, marketing, shoulds, and should nots. Each category is discussed in turn.

Seven respondents addressed knowledge. Five asserted that the school nurse needs up-to-date knowledge about health. One respondent said school nurses need multicultural health knowledge. Another reported that computer knowledge was essential. Three respondents mentioned that the school nurse needs increased skill in physical assessment, in providing culturally appropriate health care, and in using a computerized health program.

Three respondents highlighted the important qualities of a school nurse. Two reiterated the importance of maintaining professional confidentiality. One respondent mentioned the importance of having a good sense of humor. Three respondents mentioned the importance of portraying a positive professional image.

Six respondents emphasized that school nurses need to market the school nurse role. One of these suggested soliciting support from Parent-Teacher-Student Associations (PTSA).

Five respondents gave "shoulds" for school nurses. One said the school nurse should support School Health Services policy decisions. A second said the school nurse should educate more holistically. A third said the school nurse should decrease health barriers. A fourth said the school nurse should stimulate

student interest in health careers. A fifth said the school nurse should have paid educational time.

Three respondents gave “should not” for school nurses. Two said the school nurse should not be in a clerical role, but rather have paid clerical or secretarial assistance. One said the school nurse should not have a first-aid role.

In the following chapter, the study and results are summarized. Also, conclusions from the data analysis, limitations of the study, and recommendations for future research and school nursing practice are discussed.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Summary of the Study

This chapter contains a summary and discussion of the study findings, the scope and limitations of the study, recommendations for further research, and recommendations for school nursing practice. The purpose of this study was to determine school nurses' perceptions of the relative value of 45 specific school nursing services.

The 300 school nurses responding to this survey were in attendance at the 41st Annual California School Nurses Organization (CSNO) Conference in Fresno, California, from January 25-27, 1991. The majority of school nurse respondents were 41-60 years old (72%), female (99%), married (77%), with children (92%). They held Bachelor of Science or Art degrees (66%), and Master of Science or Art degrees (33%). Fifty-five percent held Life Credentials, while 20% had Clear Credentials. Twenty-two percent had 15-19 years of school nursing experience, while 19% had 10-14 years of experience. The vast majority (91%) worked full-time academic years with elementary students ages 0 to 10 (80%) in California.

The 300 nurses were surveyed using an adapted version of the School Nurse Service Data Collection Tool (Nehls, 1989). The tool was based on Oda's (1979a) three-component model of school nursing practice. Data were coded and classified according to whether they were aspects of health supervision, health counseling, or health education.

Discussion of the Study Findings

Research Question 1. Which school nursing services do school nurses value as “very important” to their practice? School nurse respondents perceived 12 of 45 specific school nursing services as “very important” (a mean rating between 3.50 and 4.00 on the 4-point scale). The 12 services rated by school nurses in this study as “very important” were, in descending order of importance, as follows.

The most important school nursing service, which was rated as “very important” by 95% of the 300 nurses responding, was acting “as a liaison between the student, the family, the doctor, and the teachers when there is a health condition or major health problem” ($M = 3.93$). The second most important school nursing service was to “provide individual health counseling to students who have a particular health question or concern” ($M = 3.79$). Both of these services were classified under Oda’s (1979a) component of health counseling, indicating that a majority of school nurses in this study saw health counseling as “very important.”

Moreover, respondents wrote in 108 other school nursing services which were also classified under the component of health counseling. The school nursing services most frequently mentioned as open-ended responses to Item 50 were: communicating as liaison, explaining, interpreting, facilitating, networking (40 mentions); referring students (30 mentions); following up on student screenings and referrals (28 mentions); counseling/counselor (11 mentions); and authority/expert advice source (3 mentions).

Since not all school nurses responded to the open-ended Item 50, it is assumed those who did felt strongly about the importance of their responses.

Consequently, school nurses in this study see their role in communicating as liaison and health counseling as highly important to their overall practice. Other studies querying school nurses also showed that nurses saw their role as health counselors to students as important (Greenhill, 1979; Miller & Hopp, 1988; White, 1985). Since school nurses primarily focus on students, it was expected and found that health counseling for student concerns ($M = 3.79$) was rated more important than health counseling for school staff ($M = 3.20$).

In contrast to the importance of health counseling shown in this and those studies mentioned, studies by Nehls (1989) and Sadik (1992) using the School Nurse Service Data Collection Tool found the two health counseling services of serving as liaison and counseling individual students less important to groups of students, parents, and teachers. Nehls's (1989) sample of high school students, parents, and teachers rated individual health counseling for students as more important than serving as liaison. Perhaps this is because high school students and their parents consider high schoolers capable of communicating health information, concerns, and needs. The fact that parents and teachers rated serving as liaison more important than did students suggests that adults are less certain students will communicate about their health care to adult members of the school staff.

Sadik's (1992) sample of elementary and middle school teachers also rated serving as liaison more important than counseling students about health. Thus, in two studies using the same instrument as used in this study, teachers and school nurses perceived the nurse's serving as liaison of greater importance than health counseling for students and staff. This might partially be explained because the majority of school nurses and teachers in this study worked with

elementary students in contrast to Nehls's high school sample. Certainly, however, some of the discrepancy is due to differences in perceptions of role expectations. Teachers and school nurses probably perceive a greater supervisory role and a greater concomitant sense of responsibility for the health and well-being of students than parents or students realize.

Overall, students, parents, teachers, principals, and other school staff members seem to recognize the school nurse's expertise in providing physical health counseling for students (Goodwin & Keefe, 1984; Greenhill, 1979; Lucero, 1978; Miller & Hopp, 1988; Nehls, 1989; Sadik, 1992). Students appreciate the individual health counseling expertise of the school nurse (Feldman et al., 1982; Nehls, 1989; Resnick et al., 1980). Parents recognize the school nurse's role in communicating as liaison and in health counseling students in most studies (Miller & Hopp, 1988; Nehls, 1989). Only parents in a Canadian study by Feldman et al. (1982) disagreed that the school nurse should have a health counseling role. Parent disagreement may reflect the earlier data of Feldman et al.'s (1982) study, a different organization of school health services provided primarily by itinerant public health nurses, or cultural differences in expectations of the school nurse's role.

Further, all study groups queried, including students, parents, teachers, other school staff members, principals, and even school nurses themselves, seemed to consider the school nurse's counseling role less important for student's emotional than physical health (Feldman et al., 1982; Goodwin & Keefe, 1984; Greenhill, 1979; Lucero, 1978; Miller & Hopp, 1988; White, 1985). This could reflect respondents' perceptions of what constitutes emotional counseling, a less than ideal school environmental setting for such counseling, or the number

of serious problems requiring counseling by an experienced mental health professional rather than the school nurse.

Respondents were asked to objectively rate individual health counseling (Item 47, subcategory j) for 10 topics. Of the 298 school nurses responding to Item 47j, 234 (78%) rated mental health counseling as "very important" ($M = 3.85$). Of the 290 school nurses responding to Item 7, which did not specify, state, or separate types of health counseling as physical or emotional, 239 (80%) rated individual student health counseling as "very important." Likewise, in Nehls's (1989) study, students ranked mental health 7th, parents ranked it 9th, and teachers ranked it 10th in importance.

The other 10 school nursing services which were rated "very important" by this study's sample of nurses were classified under Oda's (1979a) component of health supervision. Functions so classified included attending/actively participating as a member/School Health Services expert; leading, supervising, managing, coordinating, and implementing; assessing health; advocating; planning and developing; screening; examining; providing/intervening; problem solving; and evaluating. Open-ended responses given to Item 50 (a total of 194), which pertained to health supervision were, in descending order of mention: attending/actively participating as a member/School Health Services expert (45 mentions); leading, supervising, managing, coordinating, and implementing (29 mentions); assessing health (23 mentions); and advocating (22 mentions).

The third most important school nursing service was "investigate and report back on student health concerns referred by classroom teachers" ($M = 3.75$). Nurses felt they should have a direct health supervision role and should maintain interdisciplinary communication and collaboration with teachers on

behalf of students. This replicates findings of other studies which found school nurses rated the direct care role as important (Greenhill, 1979; Miller & Hopp, 1988; White, 1985).

Teachers in other studies also rated investigating student health concerns and reporting back to teachers as "very important" (Nehls, 1989; Sadik, 1992). Both Sadik's (1992) teachers ($\underline{M} = 3.8$) and Nehls's (1989) teachers ($\underline{M} = 3.6$) rated this function as fourth in overall importance.

The fourth most important service was to maintain "a list of students with health conditions and major health problems and share this list with teachers of students" ($\underline{M} = 3.73$). At the beginning of each school year, at transition times, and on a regular basis, school nurses update the student health problems list. This function, like the previous one of investigating student health concerns, contains elements of both supervision and communication.

Teachers also rated maintaining a list of student health problems as important. Nehls's (1989) teachers ranked this second in importance ($\underline{M} = 3.7$), and Sadik's teachers (1992) ranked it sixth ($\underline{M} = 3.7$). Similar rankings suggest that school nurses and teachers agree on the importance of maintaining such a list. Where teachers and nurses might differ is in how much of the list nurses should share with teachers without jeopardizing student privacy.

School nurses rated as fifth in importance "taking an active role in identifying and referring students who are victims of child abuse" ($\underline{M} = 3.72$). This is a mandate and a responsibility of professional nursing, and is especially important for elementary school nurses who comprised the largest group in this study's sample.

Elementary and middle-school teachers in Sadik's (1992) study ranked identifying child abuse as third in importance ($\underline{M} = 3.9$). Sadik attributed the high rating of this function to the fact that the school district of Sadik's study specifically assigned a school nurse in each suspected case of child abuse. In contrast, in Nehls's (1989) study, the high school teachers ranked this function 11th in importance ($\underline{M} = 3.4$). This difference probably reflects the difference in ages of the students cared for by the school nurse.

Nurses in this study ranked as sixth in importance "to carry on an active program for the prevention of the spread of communicable diseases" ($\underline{M} = 3.68$). School nurses are educated and prepared as experts in communicable disease control, and are the only professionals at a school qualified to direct a communicable disease control program. This finding was similar to those of other studies (Greenhill, 1979; Miller & Hopp, 1988; White, 1985).

Teachers ranked control of communicable diseases slightly less important. Nehls's (1989) teachers ranked this service 9th ($\underline{M} = 3.4$), and Sadik's teachers ranked it 12th ($\underline{M} = 3.3$). The higher ranking by nurses than teachers indicates that this is an area in which the two groups hold different expectations for a school nurse's role.

The function ranked seventh by this study's sample of school nurses was "to provide screening services to all students for hearing and vision problems" ($\underline{M} = 3.65$). School nurses are specifically educated in these mandated screening techniques. The finding thus replicates those in other studies (Greenhill, 1979; Miller & Hopp, 1988; White, 1985).

Teachers likewise agreed that student screening was important. In fact, Sadik's (1992) elementary and middle-school teachers ranked screening as the

most important service ($\underline{M} = 3.9$). Nehls's (1989) high school teachers ranked screening eighth in importance. This difference was probably due to the difference in age of the students served by the school nurse and the fact that many deficiencies may previously have been identified and corrected in older students.

The school nurses in this study ranked as eighth in importance "screen students enrolling in special education classes to rule out health problems which might be causing the learning problems" ($\underline{M} = 3.63$). This was an expected finding since nurses are uniquely qualified in health supervision.

In contrast, however, teachers did not see this service as important as did nurses. Sadik's (1992) teachers ranked screening special education students as 17th ($\underline{M} = 3.2$), and Nehls's (1989) teachers ranked it 23rd ($\underline{M} = 2.8$). Likewise, Greenhill's (1979) study with nurses, teachers, and principals found that the groups differed in perception of the school nurse's role.

The service ranked ninth in importance in this study was to "establish and maintain first aid policies and procedures for the school" ($\underline{M} = 3.59$). The school nurse supervises students' health indirectly through the formulation of policies and procedures. Item 31 did not address direct provision of first aid by the school nurse. Rather it addressed providing emergency care. This was ranked 21st in importance ($\underline{M} = 3.34$). One nurse responding to open-ended Item 50 commented that the school nurse should not have a first-aid role. Nurses place a greater emphasis on establishing first aid policies than on actually providing first aid.

These findings contrasted with those in other studies. Nehls's (1989) high school teachers ranked establishing first aid policies and procedures as third in

importance ($\underline{M} = 3.7$), and emergency care as first in importance ($\underline{M} = 3.9$).

Sadik's (1992) elementary and middle-school teachers ranked first aid policies as 20th ($\underline{M} = 3.0$) and emergency care as second ($\underline{M} = 3.9$).

Assuming that teachers see emergency care as first aid, they see its administration as "very important." Nurses who provide school nursing services to more than one school might think that policies and procedures are more important since they are the guidelines for first aid when they are at different sites. Teachers disagree among themselves about the importance of first aid policies, and they disagree with nurses about the importance of emergency care.

Nurses in this study ranked as 10th in importance maintaining accurate student health files ($\underline{M} = 3.55$). This finding agreed with those of other studies. Nehls's (1989) teachers also ranked maintaining accurate files as "very important" ($\underline{M} = 3.6$) as did Sadik's (1992) teachers ($\underline{M} = 3.5$). Ideally this would be a supervisory responsibility for the nurse rather than a direct responsibility if the nurse had a health aide.

The service ranked 11th in importance in this study was monitoring administration of medications ($\underline{M} = 3.55$). This service was found more important than in Sadik's (1992) study ($\underline{M} = 3.2$).

The service ranked 12th in importance in this study was making home visits ($\underline{M} = 3.5$). This service was rated much higher in this study than either in Sadik's (1992) ($\underline{M} = 3.3$) or Nehls's (1989) ($\underline{M} = 2.2$).

Research Question 2. Which other services do school nurses value as "important" to their practice? In summary of research question 2, school nurses in this study perceived 21 of the 45 services as "important" (between 3.00 and 3.50 on the 4-point scale). Of these 21 services, 14 were classified under the

component of health supervision, 6 were under the component of health education, and 1 was classified under the component of health counseling. The 14 supervision services rated "important" were, in descending order of importance: member of school committee to assess students having academic difficulties; evaluate own practice; assess health hazards; identify drug abusers; demonstrate accountability for practice; provide special procedures; participate in planning the budget; assess family problems; screen chronic absentees; assess emotional problems; coordinate services, and assess immunization status.

The six education services rated "important" were, in descending order of importance: education resource; precept/mentor new school nurses; teach classroom education and inservice staff on first aid; teach staff inservice programs; and develop health curricula. Staff health counseling was also rated "important."

Although school nurses saw their role as educators as "important" generally, supervisory and counseling roles were usually rated of more importance. For 10 specific topics listed in Items 46 and 47, nurses generally felt the need for classroom education was less than the need for individual counseling on these topics. This may reflect the nurse's increased workload which translates into lack of time to deliver supportive services not specifically recommended by guidelines (Young & Quick, 1991). It may also reflect the infrequency with which nurses counsel students in a group setting or the less than ideal counseling setting of the school environment. It shows the difficulty in providing preventive education.

In summation, it appeared that when school nurses are faced with a choice, health counseling takes priority over education. With the exception of the

two services of individual student counseling and liaison, health supervision services overall were rated higher than either health counseling or health education services. These findings generally concur with conclusions from other studies of school nurses (Greenhill, 1979; Miller & Hopp, 1988; White, 1985).

Research Question 3. Are any other nursing services considered "somewhat important" to their practice? School nurses perceived nine services as "somewhat important" (between 2.00 and 3.00 on the 4-point scale). These nine services were classified into Oda's (1979a) components with four in supervision, four in education, and one in counseling.

The four supervision services rated as "somewhat important" were, in descending order: screen special physical education; develop a disaster plan; investigate home teacher requests; and provide staff TB skin testing. The four education services were: teach parent inservice programs; teach classroom drug and alcohol education; teach staff CPR; and sponsor blood drives and other community health education activities. Specific counseling support groups for students were rated "somewhat important" by the nurses in this study.

Research Question 4. Which nursing services do school nurses consider "not important" to their practice? There were only three services considered "not important" by the school nurses (less than 2.00 on the 4-point scale). Two of these services were classified under Oda's (1979a) component of health supervision; while the third could not be classified. It was considered a clerical function which was not part of Oda's classification system.

One of the services rated "not important" was providing immunizations to students who need them. Although the direct care role of providing immunizations is necessary, it is not currently standard school nursing practice.

Immunizations are usually given at the public health department or physician's office. Providing immunizations at the school site requires specifying medical guidelines, parental consent, and arranging for vaccines with other community agencies. Since the school nurse often divides practice time among several schools, this service may not be a realistic one for the nurse to provide.

The health supervision service of coordinating the school lunch program for needy students may be the school nurse's delineated duty because of special grant funding. If this is not the case, realistic time constraints explain the school nurses' rating of this service as "not important."

The service rated least important was recording student attendance. Limited nursing time coupled with increasing student-nurse ratios necessitates that a clerk or secretary be hired to do this clerical service. This finding is supported by those of White (1985), Nehls's (1989) and Sadik's (1992) studies which also rate this service least in importance.

Scope and Limitations

Sample. The sample population of 300 professional school nurses who attended the California School Nurses Organization (CSNO) 41st Annual Conference January 25-27, 1991 constituted 21% of the total population of 1,434 CSNO members. The sample may not be representative of the greater CSNO group's total population of 1,434 members (CSNO, personal communication, December 12, 1990). The sample may not constitute representative groups of CSNO's five geographical sections' total memberships listed in the California School Nurses Organization Membership Directory for the school year (1990-1991), and may not be representative of the nurses who did not attend. Additionally, the study sample may not be representative of all of California's

school nurses. Because participation was voluntary and the sample was a convenience sample without randomization or other experimental controls, the results may not generalize to other populations of school nurses.

Tool. The School Nurse Service Data Collection Tool was developed by Nehls (1989) but has no formal validity quotient. It was based on Oda's (1979a) conceptualization of school nursing practice, and developed with the assistance of nine school nurse experts, pilot tested, and revised (see Appendix C).

With Nehls's permission, her 1989 instrument was adapted for use in this study (see Appendix D). An expert school nurse advisor assisted the researcher to add seven questions (Items 39-45) which encompassed specific school nursing services not addressed on Nehls's (1989) tool. These added questions were based on professional guidelines from the American Nurses Association Standards of School Nursing Practice (1983), the California Commission on Teacher Credentialing (1989), and the literature review. Different forms of the tool have previously been used to measure different groups of student, parent, and teacher perceptions of the relative importance of specific school nursing services (Nehls, 1989; Sadik, 1992).

Some school nursing experts caution that specifying exact school nursing services may limit the school nurse role (Oda, 1979a; Wold, 1981). Nonetheless, the literature shows numerous different attempts to determine, describe, define, and clarify the school nurse's role and realm of practice (Hanson, 1987; Igoe, 1980; Liebow, 1984; Miller, 1990; Oda, 1979b; Regan, 1976; Ridge, 1980; Seidenberg, 1984; Winkleman & McKaig, 1983; Young-Cureton & Epstein, 1991; Young & Quick, 1991; Zanga & Oda, 1987). Different aspects of the school nurse's role and services were rated according to relative importance in studies

by Feldman et al. (1982), Goodwin and Keefe (1984), Greenhill (1979), and Lucero (1978). Studies which placed a value on the school nurse's services were conducted by Nehls (1989) and Sadik (1992). White's (1985) study categorized school nurses' descriptions and ratings of the importance of their activities. Miller's and Hopp's (1988) study rated the relative importance of school nurses' activities and skills based on professional competencies delineated by the California School Nurses Organization. This study was conducted because shrinking educational dollars and decreasing school nursing time make identifying and prioritizing school nursing services a necessity in order to meet the increasingly complex health needs of the ever-increasing student population.

While the Likert scale questionnaire is a commonly used attitude measure for humans, its reliability is necessarily considerably variable. Responses are limited by its "closed-ended items" (LoBiondo-Wood & Haber, 1986, p. 161). To minimize this limitation, eight open-ended responses (Item 50) gave respondents an opportunity to provide any information they thought important.

In addition, responding school nurses often made written comments on the survey that were not specific to the rating of the importance of school nursing services. Seven respondents commented that they were unable to provide some important services because of factors beyond their control. Three said that school district policies restricted the services they could provide. A fourth said administrators and school boards restricted nursing services. A fifth said the State Education Code placed a limit on the amount of health education a school nurse could provide about sensitive subjects such as abortion. A sixth said the services school nurses provide are limited by the size and general health status of the school population. A seventh said the increasing student-nurse ratio limits

the services. All seven of these comments were echoed in previously reported findings of other studies (White, 1985; Young-Cureton & Epstein, 1991; Young & Quick, 1991).

Recommendations

Revision of the Tool

Three respondents commented that the adapted School Nurse Service Data Collection Tool thoroughly encompassed school nursing services and would serve as a useful overview of school nursing practice. However, a number of other respondents made pertinent suggestions about improving the tool.

Overall, the adapted School Nurse Service Data Collection Tool should be revised in a number of ways. Some items should be altered and some should be eliminated to shorten the instrument. The open-ended items should be replaced with objective items about specific services not mentioned on the adapted tool.

1. Wording on the tool should be changed to increase its objectivity. The word "feel" should be replaced with "think" or "consider."

2. The perspective from which nurses answer the questionnaire should be clarified in the printed directions on the questionnaire. This revision is based upon three respondents questioning the researcher if they should have answered the questions according to what their current school nursing practice was in reality or what they thought it should be ideally. The real versus ideal perspective needs to be specified at the beginning of the questionnaire.

3. The school nurse's responsibility for performing school nursing services needs to be stated on the questionnaire. Several respondents asked if the school nurse had to actually perform all the services or if the school nurse could delegate responsibility for some of the services and then assume a supervisory

role in assuring that the services were performed. The questionnaire could state that school nurses may either directly perform the services or they can, in a supervisory capacity, delegate responsibility for performance of some of the services.

4. One respondent suggested that Item 2 should emphasize screening of all students for vision and hearing problems according to mandated guidelines. Based on responses to Item 50, scoliosis should be added to Item 2.

5. Eight participants commented that the questionnaire took too long to complete (20 minutes). Based on these comments together with the number of items that were left blank and the lack of response on the open-ended items, the questionnaire should be shortened by changing the open-ended items 48, 49, and 50.

Items 19, 48, 49, and 50 on the questionnaire could be omitted and replaced. Item 19 is a clerical task appropriate for an attendance clerk. Item 48 asked nurses to rate the importance of confidentiality. Even though confidentiality is not a nursing service, 93% of the responding school nurses felt it was "very important." Because of the complete agreement of its importance to school nurse professionalism, it is probably not necessary to include Item 48 on a revised version of the instrument. Item 49 requesting that nurses write in the eight most important school nursing services was unnecessary since most of the write-in responses were redundant with services already evaluated elsewhere on the questionnaire. Item 49 should be eliminated as was done by Sadik (1992).

Item 50 requesting that school nurses write in other school nursing services that should be offered might also be omitted. Responses to Item 50 were difficult to classify and sometimes not relevant to evaluating school nursing

practice. Many of the responses seemed to relate more to the professionalism of school nurses. A separate study on this topic might be warranted. Responses to Item 50 pertained to active participation in community child advocacy as well as professional knowledge, skills, ethics, and image. A qualitative study of what school nurses perceive as the salient aspects of professional school nursing practice would assist the school nursing profession in prioritizing services as well as defining the school nurse's role.

Items 19, 48, 49, and 50 could be replaced with objective items. Item 19 could read, "Refer students with health problems to appropriate resources." Item 48 could read "Follow-up on student screenings and referrals." These two items would be classified under Oda's (1979a) category of health counseling. Item 49 could read, "For students with symptoms or problems, assess growth, development, health, and neurological status." This item would be classified under the component of health supervision. Item 50 could read, "Educate students, parents, and members of the school staff about health issues and concerns." This item would be classified under the component of health education.

Recommendations for Further Research

The literature findings and findings of this study demonstrate the need for further research to determine school nurses' perceptions of their roles, services, and professional practice. Retrospective analysis of this study data according to demographic groupings such as years of school nursing experience might show some interesting differences in school nurses' perspectives. This analysis could be based on Benner's (1984) work which shows differences in expertise developing over years of practice and experience. Comparisons and contrasts

could be made among groups of school nurses with differing levels of experience. The most experienced school nurses' expert opinions could be used as a baseline from which to formulate school nursing practice priorities.

This study could be replicated to see if similar results are obtained with a similar population of school nurses in the California School Nurses Organization (CSNO). In fact, Nehls (1989) suggested that a set of school nursing priorities could come from the professional school nursing organizations like CSNO. This survey could be distributed to all CSNO members statewide. This study could be replicated with a larger, more diverse, randomized population of school nurses, for example, all of the school nurses in California. What better way to get a collective sense of school nurses' priorities! If larger, more diverse populations rated the importance of school nursing services similarly, study results would be more conclusive. An increase in the test-retest reliability of the survey tool would also be demonstrated.

Replication of this study in the future would help determine if the ways school nurses prioritize their services change if funding cuts and increased student loads continue. If the converse occurs, replication of this study in the future could also demonstrate what school nurses can accomplish with increased funding, adequate, appropriate support services, and a reasonable (CSNO-recommended) student-nurse ratio. Replication would help gauge the extent and rate of change in the school nursing profession.

Research historically shows a lack of agreement among different groups of parents, principals, teachers, and other school staff regarding which school nursing services are most important. Because of the differing roles of groups queried, this disagreement is expected to persist (Nehls, 1989). It is, therefore,

prudent and necessary for school nurses themselves to clearly define their practice priorities.

School nurses need to conduct further research within their profession about how to set practice priorities. Practice priorities must be set in order to make school nursing a more efficacious profession (Young & Quick, 1991). The school nurse whose practice is limited by policies reflecting a lack of awareness of the nurse's education, qualifications, knowledge, and skill is relegated to a position unbecoming a professional. Consistent inappropriate utilization of the school nurse leads to a sense of frustration on the part of the nurse. In turn, the cyclical nature of persistent frustration often leads to a sense of powerlessness and lack of self-efficacy in meeting practice goals and objectives (Bandura, 1986). Powerlessness and lack of self-efficacy are primary ingredients for burnout in the nursing profession (Kramer, 1974).

In contrast, the school nurse whose education, qualifications, knowledge, and skill are appropriately utilized has a sense of goal accomplishment, productivity, purpose, and self-efficacy (Bandura, 1986; Young & Quick, 1991). The school nurse who is acknowledged, recognized, and utilized as the professional expert in the School Health Services Program has the power to positively influence the health and, subsequently, the educational experience of students (Zanga & Oda, 1987). For this reason, it is absolutely imperative that school nurses themselves set their priorities based upon their profession's unified consensus of practice priorities. The ever-increasing numbers of students with increasingly complex health care conditions often depend upon school nurses to ensure that their health care needs are met. The school nursing profession must advocate for these students.

Recommendations for School Nursing Practice

The increasingly complex health problems of today's students are not sufficiently met in our present health-care system (Flinn Foundation, 1989; Nader, 1990; PACE, 1991; Zill & Shoenborn, 1990). The school-based health services center is one accessible, appropriate source of health care for at-risk students. In a school-based center, students who need immunizations or have health problems can be treated quickly and are less likely to miss school.

Not only is there a need for such centers, but there also is a need for school nurse practitioners to staff the centers. If there were more preparation programs for school nurses, which were more accessible and available geographically, more school nurses could be prepared as practitioners. Increased numbers of centers staffed by these nurses would ensure that a greater percentage of today's population of high-risk students received health care in expedient and cost-effective ways.

One of the recurring themes school nurses express is a lack of uninterrupted time to perform mandated school nursing services such as vision, hearing, and scoliosis screening (Young & Quick, 1991). Some school districts approach this problem by having district nurses work together to accomplish mass screenings or by contracting with an outside provider source to accomplish the screening mandates. Are there any other satisfactory solutions for meeting the screening mandates?

Another recurring theme among school nurses is how best to delegate necessary duties which can be performed by non-nursing professionals or nursing assistants. Given that school nurses see so many services as "very important" or "important" to their practice, how can these services continue to

be part of school nursing practice without delegating responsibilities for clerical and first-aid tasks? Some specific duties that could be delegated include the following: taking student attendance, coordinating the school lunch program for needy students, clerical recording of health screening results in the students' cumulative records, checking students' heads for head lice, and performing routine first aid. Each duty will be discussed in turn.

Taking student attendance may once have been appropriate in small schools where a school nurse was on-site every day. The nurse then would have known right away if a student had a health condition, or if a family needed health assistance. In the current practice realm, taking attendance probably is no longer an appropriate or efficient use of limited school nursing time. Contemporary studies conducted with students, parents, and teachers show that taking student attendance is not an important school nursing service (Nehls, 1989; Sadik, 1992). Nurses in White's (1985) study and in this study do not see taking attendance as a professional school nursing activity; thus, school nurses should no longer be expected to take student attendance. Rather, the nurse should be informed when a student has been absent.

Coordinating the school lunch program for needy students may necessarily be the school nurse's responsibility under particular title funding grants. Since the numbers of needy students are increasing (Nader, 1990; PACE, 1991; Zill & Schoenborn, 1990), and since hungry students are not able to attend to the task of learning as well as students who are not hungry (CSNO, 1987), it is important that someone who is consistently present at the school site coordinates the school lunch program for needy students. School nurses often are responsible for several schools; thus, they probably are not the best choice for this

role. School nurses need to know these needy students in order to meet their many health needs better. The school nurse could supervise a health assistant in coordinating school lunches for needy students.

Clerical recording of the students' health screening results in the students' cumulative records is a necessary task. Accuracy and efficiency in transcribing is required. Many school districts employ a health aide, assistant, or clerk at least part-time to perform this important task. The health assistant is supervised by the professional school nurse (CSNO, 1987). Districts with the resources and wisdom to employ a proficient health assistant undoubtedly make better use of their professional school nursing time.

Because of greater mobility of families and transient work situations of parents, students who have not been screened may move within or out of the school district before their screening results are transferred to their permanent cumulative health records. Screening results are not known; thus, the students must be screened again. Duplicate screening further compromises the nurse's already limited time. To minimize this, some districts have devised their own student health forms which are similar to individual student charts. The charts are always kept in the nurse's office. When the student comes into the nurse's office for a health concern, the concern is noted on the chart. Vision, hearing, and scoliosis screening results are directly recorded on the chart. The screening results are later transcribed to the student's cumulative health record. This system seems to protect the student's privacy best, ensures that screening results are not misplaced, and eliminates unnecessary rescreenings. The system works best if the school nurse has a diligent health assistant. What can be done if the

district does not see the importance of hiring a capable health assistant to allow the school nurse adequate time to accomplish mandated services?

Checking students' heads for head lice is a service not specifically mentioned on the School Nurse Service Data Collection Tool (Nehls, 1989) or the adapted version (see Appendix D). However, every school nurse knows about the necessity of this task as well as how time-consuming and how upsetting it is for everyone involved. A professional nursing license is not required to discern the presence or absence of nits or lice. Since contemporary school nursing practice consists of itinerant school nurses, someone who is consistently at the school site is the best choice for this role. The school nurse who is repeatedly called from one school to another to take care of lice problems has decreased time for mandated services. The problem recurs unless students are deemed nit-free before being allowed to return to school.

There are several possible solutions. Under the supervision of the professional school nurse, a proficient health assistant who is at the school site daily can keep the lice problem monitored and under control. The school nurse can use health education skills to teach the school office staff, teachers, or volunteers for the lice patrol role. Ideally, the more school staff members, volunteers, and parents who are taught to detect and control lice and nits, and the stricter the enforcement of the nit-free policy, the less nursing time will be spent dealing with lice problems. The school nurse can also offer inservices to parents, especially parents of kindergarten students who may be unfamiliar with the problem of head lice. The school nurse can design health education policies, protocols, procedures, and information about head lice. The professional school

nurse's practice is most efficient if the health educator role is emphasized in preventing the problem of head lice.

Providing routine first aid is regarded as an important school nursing service by students, parents, teachers, and administrators (Feldman et al., 1982; Goodwin & Keefe, 1984; Greenhill, 1979; Lucero, 1978; Miller & Hopp, 1988; Nehls, 1989; Sadik, 1992). Perhaps this is because the non-medical personnel feel the nurse is best qualified to administer first aid. While this is a logical conclusion, it does not approximate the reality of contemporary school nursing practice. Moreover, school nurses themselves see providing first aid as less important in this study and other studies (Greenhill, 1979; Miller & Hopp, 1988; White, 1985). Perhaps that is because today's school nurses often are responsible for more than one school, and cannot realistically travel quickly from one site to another to perform first aid. Itinerant school nurses realize the importance of their role as health educators in insisting that the school staff be prepared to give first aid and emergency care to students, and teaching and encouraging them to do so. Nurses also see the value of a dependable, multi-talented health assistant who can provide first aid, control head lice, and record results of students' screenings in the cumulative record at each school site daily.

School nurses could teach many school staff members to perform first aid, and to recognize and control the spread of head lice. Parents and volunteers could also be taught to minimize the head-lice problem. A standardized student self-care program could be employed to complement the school nurse's inservice. Students could be taught to perform the majority of their own first aid. This self-care program could help document the kinds and amounts of school nursing services provided to show cost effectiveness of school nursing. All groups who

were instructed would need to understand the benefits of health care information and self-care skills. Over time, the preventive nature of health education will be the most cost effective in yielding the best state of health for the most people. It also has the best possibility of increasing the time of the school nurse for performing professional school nursing services.

In all, the contemporary school nurse with limited time for providing professional nursing services at each school would benefit from placing greater emphasis on the preventive role of health education. Findings from this study indicate that nurses and teachers agree on the importance of investigating teachers' referrals and reporting back to teachers. This agreement implies that teachers would support the nurse's role as health educator. School nurses might capitalize on such teacher support by asking teachers to participate in inservices which will help them identify common student health conditions. Teachers who are educated to identify common health conditions would refer students to the nurse only when warranted, thus freeing the nurse to attend to greater numbers of students with more serious health problems.

School districts that value the professional services of the school nurse will allocate resources and other personnel to take attendance, coordinate the school lunch program for needy students, and do clerical recording of students' health screening data. The districts that assign sufficient numbers of adequately educated and dedicated personnel to accomplish these tasks will be supporting the quality of professional school nursing services. The districts unwilling or unable to provide this assistance are not only poorly utilizing their professional school nurses, but also are limiting their potential effectiveness. These districts are placing a limit on the kinds, numbers, and quality of school nursing services.

Whether intentional or not, the districts which do not allocate adequate, appropriate supportive services for school nurses are limiting professional school nursing practice. Unfortunately, school districts that do not provide adequate, appropriate school nursing assistance ultimately limit the potential health, education, and achievement of their students.

Moreover, school districts which relegate the school nurse to taking attendance are losing important benefits. School districts whose primary expectations of school nurses are in performing first aid, screening, and other common provisions of direct school nursing care are also losing many important short and long-term benefits for their entire school populations. The school districts which limit the school nurse's professional practice by relegating the nurse to a position unbefitting a professional are adversely affecting their students' health status, ability to learn, and overall scholastic achievement. Assuming that healthy children learn better, can we knowingly allow our students' futures to be limited?

Rather, professional school nurses must prioritize their own school nursing services before school nursing can be regarded by the school community as a true profession. To the maximum extent possible, school nurses must educate the entire school population in promotion of optimum health. School nurses must generously employ their communication, liaison, facilitating, networking, and health counseling expertise. School nurses must continue to provide their recognized and appreciated excellent direct nursing care services. Moreover, the increasingly complex health problems of contemporary students necessitate increased knowledge and physical assessment skills. School nursing programs must emphasize physical assessment skills in their curricula. School

nurses must support efforts to provide more pertinent primary care for all children. Care for children must be accessible and affordable. Care must be preventive, palliative, and rehabilitative. School nurses must collectively unite as a profession to determine their realm of practice. Only then will school nurses have the power to assume the child health advocacy role that is crucial to the future of our children.

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APPENDIX A
School Nurse Definition from
California Education Code

School Nurse Definition from California Education Code. Section 49426.

School nurses; qualifications; services.

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

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

- (a) Conduct immunization programs . . .
- (b) Assess and evaluate the health and developmental status of pupils . . .
- (c) Interpret the health and developmental assessment to parents, teachers, administrators, and other professionals directly concerned with the pupil.
- (d) Design and implement a health maintenance plan to meet the individual health needs of the students . . .
- (e) Refer the pupil and his or her parent or guardian to appropriate community resources for necessary services.

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

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

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

(i) Counsel pupils and parents . . .

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

APPENDIX B
Permission Letters

November 11, 1990

Elaine Palmer
101 Maledy Road
Fort Ord, CA 93941

Dear Elaine:

I am finally getting this thesis material you requested off in the mail to you. I'm sorry it has taken me so long.

Please look over the enclosed material. Everything (I think) is there as to how the survey was scored statistically. I have included the statistician's original notes, the original computer worksheets, etc. When you have some time, read it over and try to follow the scoring. If you have questions, please feel free to call me. I am giving you my home number, I can best be reached here in the evenings.

I wish you luck on your thesis. You have my permission to use the School Nurse Service Data Collection Tool for your research. If you add a research question, as you indicated you might, please note that it is your addition to the original tool. Also, I would like to have a copy of your findings when you have it available. I enjoyed this phase of my graduate study that you are entering into. I hope you enjoy it, too. It will be worth it when it is all over!

Sincerely,

Diana J. Nehls
1004 Leland Drive
Lafayette, CA 94549
(415) 938-2492

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: Elaine A. Palmer
101 Malmedy Road
Fort Ord, CA 93941-1512

From: Charles R. Bolz
Office of Graduate Studies and Research

Date: January 11, 1991

A handwritten signature in cursive script that reads 'Charles R. Bolz'.

The Human Subjects Institutional Review Board has approved your request to use human subjects in the study entitled:

"School Nurses Perceptions of Thier Services: A Descriptive Study"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. 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 that 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 any questions, please contact Dr. Stanford or me at (408) 924-2480.

cc: Virginia Young, R.N.

CALIFORNIA SCHOOL NURSES ORGANIZATION
1100 N Street, Suite 5E, Sacramento, CA. 95814 (916) 444-CSNO

December 11, 1990

San Jose State University
Department of Human Subjects
1 Washington Square
San Jose, CA 95192-0057

To whom it may concern,

Dr. Virginia Young has been authorized to distribute a questionnaire to the membership on "How School Nurses Value School Nursing Services."

This survey will be distributed at the Annual Conference of the California School Nurses Organization that will be held in Fresno, January 25, through January 27, 1990.

Exact day of distribution is yet to be determined.

We are looking forward to using the results of the survey in our efforts to meet the needs of school nurses and nursing.

Sincerely,

Jovine Hankins
Chair, Research Committee
California School Nurses Organization

JH:sn

cc: Anna Phillips
President
California School Nurses Organization

HEALTHY CHILDREN LEARN BETTER

APPENDIX C

School Nurse Service Data Collection Tool

by Nehls

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

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

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

	Very Important	Important	Somewhat Important	Not Important
27. The school nurse should take an active part in developing curriculum for all health education classes in the school district.				
28. The school nurse should provide health related inservice programs for the parents.				
29. The school nurse should assess every student's immunization status to make sure they are up to date.				
30. The school nurse should take an active role in identifying and referring for help those students who are abusing drugs.				
31. The school nurse should establish and maintain first aid policies and procedures for the school.				
32. The school nurse should provide inservice on basic first aid procedures to as many school staff personnel as possible.				
33. The school nurse should maintain a list of students with major health problems and should share this list with the teachers of these students.				
34. The school nurse should take an active role in identifying and referring students who are victims of child abuse.				
35. The school nurse should investigate and report back on student health concerns from the classroom teacher.				
36. The school nurse should maintain accurate health files on each student in the school.				
37. The school nurse should provide routine immunizations to students who need them.				
38. The school nurse should provide routine T.B. skin testing to staff members who request it.				
39. 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?				

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

	Very Important	Important	Somewhat Important	Not Important
School nurses are frequently asked to make classroom presentations on a variety of topics. Could you please indicate how important you think it is for the nurse to be involved in providing information on the following topics:				
a. smoking				
b. physical fitness				
c. nutrition				
d. A.I.D.S.				
e. sexually transmitted diseases (other than A.I.D.S.)				
f. reproductive physiology/anatomy				
g. birth control				
h. alcohol/drug education				
i. abortion				
j. mental health				

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

School nurses are frequently asked by students to provide them with information about health topics. Could you please indicate how important you think it is for the nurse to provide information on the following topics when it is requested?				
a. smoking				
b. physical fitness				
c. nutrition				
d. A.I.D.S.				
e. sexually transmitted diseases (other than A.I.D.S.)				
f. reproductive physiology/anatomy				
g. birth control				
h. alcohol/drug education				
i. abortion				
j. mental health				

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

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

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

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

44. Please tell me something about yourself.

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

THANK YOU !!

APPENDIX D

Revised School Nurse Service

Data Collection Tool

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:
School Nurses' Perceptions of the Value of Their Services**

San Jose State University

being conducted by
Virginia Young, D.P.H., R.N.
Elaine A. Palmer, B.S.N., R.N.

I understand that I am being asked to participate in a research study. My participation in this study on School Nurses' Perceptions of the Value of School Nursing Services 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 about the value school nurses place on the different services they perform. The results of this study will help to describe how school nurses perceive, value, clarify, and define their services, their roles, and their school 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 relations with the California School Nurses' Organization; to my status as a credentialed School Nurse in California; or to any relationship I may have with 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 participants 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 can keep this letter of information.

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. Questions 1-38 are by Nehls. Some words are revised (r), but the meanings of questions are not changed. Questions 39-45 and a demographic page have been added to Nehls' 1989 Tool.

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 (r).				
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 (VI) important	Important (I)	Somewhat important	Not (NI) important
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. Of the possible nursing duties listed in questions 1-45, please list the 8 most important duties you think the school nurse should be providing to the school. (The list does not have to be in any order).

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

50. 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).

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

Please complete the demographic information on the last page. Then deposit your completed questionnaire in the boxes marked Return questionnaires located at entrances/exits and/or CEU collection/distribution tables.

School Nurses, thank you for your time and assistance in providing the data for this research project. We sincerely appreciate your help.

SCHOOL NURSES' PERCEPTIONS ABOUT THE VALUE OF THEIR SERVICES
Demographic Information

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

1. WHAT IS YOUR AGE IN YEARS?
☐ 20-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 61+
2. WHAT IS YOUR GENDER?
☐ Female ☐ Male
3. WHAT IS YOUR MARITAL STATUS?
☐ Single ☐ Married
4. DO YOU HAVE CHILDREN?
☐ Yes ☐ No
5. WHAT IS THE HIGHEST EDUCATIONAL LEVEL YOU HAVE ATTAINED?
☐ BS/BA ☐ MS/MA ☐ PhD/DPH/DNS ☐ Other
6. IN WHICH DISCIPLINE/S ARE YOU EDUCATED?
☐ Nursing ☐ Education ☐ Public Health ☐ Philosophy
7. DOES YOUR EMPLOYER PROVIDE FINANCIAL REMUNERATION FOR ADVANCED EDUCATIONAL STATUS?
☐ Yes ☐ No
8. WHAT TYPE OF SCHOOL NURSE CREDENTIAL DO YOU HAVE?
☐ Preliminary ☐ Professional ☐ Clear ☐ Life
9. HOW MANY YEARS OF SCHOOL NURSING EXPERIENCE DO YOU HAVE?
☐ 0-4 ☐ 5-9 ☐ 10-14 ☐ 15-19 ☐ 20-24 ☐ 25+
Please write in the exact number of years: _____ years
10. HOW OLD (IN YEARS) ARE THE STUDENTS WITH WHOM YOU WORK?
☐ 0-4 ☐ 5-10 ☐ 11-14 ☐ 15-18 ☐ 19-21 ☐ 22+
11. ARE YOU HIRED TO WORK
☐ Part Time (0-50%) ☐ Full Time (51% or more)
12. WHEN DO YOU WORK?
☐ Academic School Year ☐ Year Round School
13. DO YOU WORK AS A SCHOOL NURSE IN CALIFORNIA?
☐ Yes ☐ No
14. IN WHICH CALIFORNIA CSNO REGION DO YOU WORK?
☐ North ☐ South ☐ Central ☐ Coast ☐ Imperial
15. WHAT IS/ARE YOUR JOB TITLE/S?
☐ School Nurse ☐ Administrator ☐ Other
☐ Consultant ☐ Practitioner

Please write in your actual title above. Thank you, School Nurses!