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School nurses : common hassles and uplifts

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School nurses: Common hassles and uplifts

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San Jose State University, 1993

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SCHOOL NURSES: COMMON HASSLES AND UPLIFTS

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

Christine Quick

May, 1993

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ABSTRACT

SCHOOL NURSES: COMMON HASSLES AND UPLIFTS

by Christine Quick

This study identifies the intensity of school nursing hassles and uplifts as perceived by members of the California School Nurses Organization (CSNO). A descriptive survey design was used. The School Nursing Hassles Scale and The School Nursing Uplifts Scale were used to collect data ($N = 300$). The data were analyzed using a 4 point Likert scale to determine the intensity of perceived school nursing hassles and uplifts. Demographic data and differences among groups were also examined. Those items that were considered to be "a great deal" or "quite a bit" of a hassle include constant interruptions, paperwork, not enough time to finish work, and high student to nurse ratio. Those items that were considered to be "a great deal" or "quite a bit" of an uplift include being asked for advice, networking with other school nurses, being recognized as the school nurse, interacting with faculty, and obtaining proper health care for students. Recommendations for practice and further research are generated from the data.

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Chapter 1
INTRODUCTION
Background

The role of the school nurse is continuously evolving. In the early 1900's, the school nurse was primarily responsible for carrying out public health mandates and controlling communicable disease. In the 1950's and 60's, the nurse's role was expanded to include services such as counseling, environmental assessment, and coordinating community health resources (White, 1985). According to White (1985), "as expansive federal and state legislation fostered the addition of special services personnel such as social workers, psychologists, and health educators, the school nurse had difficulty defining the boundaries of nursing responsibilities" (p. 52). The additional personnel and tasks developed during this time brought about role confusion. In the 1970's, school nurses were expected to become more aware of the increasing health needs of children and to develop interventions to address their needs. By the 1980's literature about the school nurse practitioner provided supporting empirical data about many elements of the practice, including increasing nursing effectiveness, helping students to stay in school, making appropriate referrals, and facilitating parent compliance (Brink, Dale, Williamson & Nadar, 1981).

A wealth of information regarding school nursing has been written by Susan Wold, R. N., M. P. H. (1981). In her book, School Nursing: A Framework For Practice, she cited the following:

Despite wide acceptance and praise during the first half of the 20th century, the numbers of nurses employed in schools is steadily

decreasing....As a result, today's school nurses too often have unrealistic expectations and unwieldy student-nurse ratios....School nurses must also contend with conflicting expectations of the role...and too often the unhappy results of these problems are an under use of school nurses' skills and expertise (preface, ix).

To define the school nurse's role and reduce confusion, the American Nurse's Association (1983) published Standards For School Practice. "The redefined role focused on a holistic approach through education, health promotion and disease prevention, and early detection and management of health problems" (Parsons & Felton, 1992, p. 499).

The Problem

School nurses in the 1990's now face complex student health problems labeled as "new morbidities" which include teen-age pregnancy, depression, nutritional deficits, drug and alcohol abuse, developmental delay, learning difficulties, and emotional and behavioral problems. As the school nurse's role expands to meet the changes of the school community, nurses must also increase their body of knowledge and advance in their clinical skills (Parsons & Felton, 1992). The increasing responsibilities perceived by school nurses may add to their role confusion. Parsons and Felton (1992) think that unsuccessful efforts to reduce role confusion will result in job dissatisfaction.

School nurses are also experiencing financial cutbacks in educational funding. Limited resources and decreased personnel make it difficult to meet the needs of the school community. This reality will also lead to job dissatisfaction as well as job stress.

Data show that job-related stresses affect work performance and adversely affect both the individual and those for whom they are providing a service (Packard & Motowidlo, 1987). "Chronic stress can reduce a health professional's ability to concentrate and solve problems and even lead to substance abuse being employed as coping mechanisms" (Muldary, 1983). Research projects published since 1981 have studied stress experienced by nurses in a variety of hospital settings; however, few studies have explored the stresses of nurses in the community health setting or, specifically, school nursing.

It is just as important to identify the rewards or satisfactions experienced by school nurses as it is to study the stresses. It was believed that salary determined job satisfaction, but Maslow (1954) dispelled this belief. He proposed that a hierarchy of human needs must be met before satisfaction can occur through work (Parsons & Felton, 1992). Young (1987) found that "uplifts reduce the negative impact of hassles and life events on psychological and physical health"(p. 173). Job satisfaction and dissatisfaction are perceived as separate phenomena, each possessing its own set of factors (Parsons & Felton, 1992). School nurses tend to stay in their positions for a long period of time, indicating that factors exist to make the job rewarding or satisfying. This study will identify both job stressors and rewards perceived by school nurses.

Purpose and Significance

The literature confirms that nurses have job stressors. These stressors can interfere with work performance and affect personal health. The purpose

of this research is to determine: (a) the intensity of the most commonly cited occupational hassles (job stresses) reported by school nurses, and (b) to determine the intensity of the most commonly cited occupational uplifts (job rewards) reported by school nurses. The results of this study will generate further research and the development of nursing interventions specific to those stressors associated with school nursing. In addition, by identifying the uplifts associated with school nursing, reinforcement of the positive aspects of the field can be implemented and/or strengthened.

Research Questions

This study identifies both job stressors and rewards experienced by school nurses. The research questions were: (a) How much of a school nurse hassle was this item for you during the last month? and (b) How much of an uplift was this item for you during the last month?

Definition of Terms

1. Hassles refer to those daily occupational activities, tasks, and/or responsibilities that decrease a school nurse's job satisfaction.
2. Uplifts refer to those daily occupational activities, tasks and/or responsibilities that increase a school nurse's job satisfaction.
3. School Nurse is a person employed by the school district who provides certain health related services. In California, school nurses are required to hold a Registered Nurse license, to have earned a minimum of a Bachelor's degree, and to possess a California School Nurse Credential issued by the California Commission for Teacher Credentialing (CTC) (Young-

Cureton & Epstein, 1991). A school nurse works full or part time in a K - 12th grade school setting and/or works in a special education program.

Summary

The role of the school nurse has always been demanding and challenging. As the role of the school nurse changed over time, it created new stressors that need to be addressed. The ability to cope to stress affects the nurse's ability or inability to serve as a role model in the schools for students, parents, and staff (McCarty, 1993). Stress affects quality of care and also affects recruitment, retention, job satisfaction, absenteeism, workman's compensation, and legal liability (Fiorentino, 1986; Ivancevich, 1986; Harris, 1989; Flanagan, 1990).

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF RELATED LITERATURE

The concept of stress has been studied by many disciplines including psychology, sociology, physiology, pharmacology, and nursing (Allanach, 1988). Each discipline has contributed to the understanding of stress and the effects which it has on an individual. This chapter describes the conceptual framework for this research study and reviews the related literature regarding nursing stress and job satisfaction.

Conceptual Framework

A model that has been useful in human stress inquiry is the interactionist model developed by Richard S. Lazarus (Allanach, 1988). "While acknowledging the environmental stimuli, Lazarus places emphasis on how the stressed person interprets the nature of the stimuli. This interpretation becomes the determinant of the relative 'positiveness' on the outcome for the person" (Allanach, 1988, p. 74).

Lazarus (1981) pioneered the area of stress research. His focus was twofold: (a) to study the relationships between daily stresses, rewards, and life events to health status (DeLongis et al., 1982, Lazarus, 1984) and (b) to study stress and coping (Lazarus, 1981, Lazarus & DeLongis, 1983, Lazarus et al., 1985, Lazarus & Folkman, 1984). Four concepts are involved in Lazarus' paradigm: antecedents, mediating processes, immediate effects, and long term outcomes.

Antecedents

Antecedents are personal beliefs and values that a person has during his or her lifetime. The way a person perceives a situation is also influenced

by the person's emotional state. Antecedents also include situational variables.

An environmental situation contains three features: (a) demands, (b) constraints, and (c) resources. A person's perception of a situation as stressful or positive depends on what is important to this individual, how the relationship with the environment is interpreted, and what the person's resources for coping are.

There are three classifications of environmental phenomena:

1. Cataclysmic phenomena are events in which large numbers of people are affected. This type of phenomenon is not within the control of any individual or group and is seen as universally stressful.
 2. Lesser phenomena are events in which a single person or few people are involved. This type of phenomena can be outside of individual control, such as an illness or a death of a loved one, or within individual control, such as changing a job or getting a divorce.
 3. Daily hassles and uplifts are defined by Lazarus (1984). Hassles are experiences and conditions of daily living that are appraised as salient and harmful or threatening to a person's well being. These conditions are environmental situations that are stable, repetitive, and/or chronic (Young, 1987). Daily uplifts are experiences and conditions of daily living that persons see as positive or favorable to overall personal health and well being. Delongis, et al., (1982) stated "when a subject endorses a hassle or an uplift, its significance derives from the background of the person's life as well as from what actually happened" (p. 133). Several researchers have used
-

Lazarus' hassles and uplifts scale as a tool in studies on stress (Chiriboga & Bailey, 1986; Ivancevich, 1986; Kinney & Stephens, 1989; Young, 1987; Zarski, 1984).

Social networks are also a part of antecedents. They can be positive because they provide support in stressful situations or negative because they make added demands on an individual when support is needed.

Mediating Processes

The second concept of Lazarus' paradigm is the mediating process. The mediating process consists of appraisal, reappraisal, and coping. Primary appraisal, according to Lazarus (1984), "concerns mainly the discrimination between transactions in which there is some personal investment and those that are irrelevant for the person's well-being" (p. 382). The issue is whether there is something "at stake" or not. If there is, reappraisal occurs.

Reappraisal is the process whereby feedback from the person or the environment may change the quality and intensity of the emotion and individual experiences. Coping then begins.

Coping can be problem-focused or emotion-focused or a combination of both. Problem-focused coping results in actions which change the situation for the better. This happens by changing one's own offending action, the demand or the threatening environment. Emotion-focused coping results in efforts to govern the somatic and subjective components of stress related emotions so that they do not become unmanageable and do not impair morale and social functioning (Young, 1987).

Information seeking, direct action, inhibition of action, and intrapsychic processes are the four modes of coping according to Lazarus' paradigm. Each can be problem-focused or emotion-focused. They can be focused on the self or the environment and can be concerned with the past, present, or future sources of stress. Each mode is explained below.

1. Information seeking is that mode that requires an evaluation of the aspects of a stressful encounter for the information needed for appraisal. Besides its problem-solving function of providing a basis for action, this mode can also allow the person to feel better by rationalizing or bolstering a past decision.

2. Direct action is the mode that changes the environment or oneself in some way in order to alter the injury, prevent harm, avoid the threat or meet the challenge.

3. Inhibition of action is the mode that results in resisting or holding back because of insufficient data, danger, or unwillingness to act based on ethical or moral grounds.

4. Intrapsychic processes are the processes or modes by which an individual manipulates his or her own attention or changes the way events are apprehended in order to reduce the sense of injury, harm, threat, or challenge. This form of coping includes denial, avoidance, romanticizing, and intellectualized detachment.

The last of the mediating processes is perception of social support. This type of support focuses on the nature of the interactions taking place within social relationships as evaluated by the individual. Perceived social

support is composed of three separate, yet interrelated, functions of (a) emotional support, (b) tangible support, and (c) informational support. Emotional support includes intimacy, attachment, reassurance, and the ability to confide in and depend on another person. The effect of this support causes an individual to feel cared about and loved, with a sense of belonging. Tangible support includes direct aid or services ranging from loans or gifts of money or goods to the provision of services such as helping with another's household chores (Young, 1987). Informational support includes both giving information and advice as well as providing feedback about a person's progress. It is important to distinguish between the different types of support because they may have independent effects on health, morale, or functioning. Although interrelated, each might produce a different effect on the coping process.

Immediate Effects and Long Term Outcomes

Effects of the coping process may either be immediate or long term. Immediate effects of the coping process include the intensity and quality of the emotions a person experiences, the kinds of actions in which the person is engaged, and the somatic changes which the person may suffer, react to, or enjoy. Immediate effects are short-term adaptational outcomes. Long term effects are somatic health or illness, morale, or psychological indices such as life satisfaction and social effectiveness. These are long range adaptational outcomes.

Young (1987) summarizes the interaction among the four classes of variables in Lazarus' stress and coping paradigm:

A stressful situation occurs as a result of the interaction between a person and the environment. Primary appraisal commences as part of the transaction. As feedback and reflection begin, secondary appraisal occurs. Coping ensues. During the ongoing process of coping, the individual may draw upon his or her perceived social support systems. Eventually, resolution of the transaction will occur through gathering information, direct action, or intrapsychic processes. The adaptational value will be demonstrated through immediate effects and long-range adaptational outcomes (p. 25).

Review of Related Literature

The review of literature is divided into two sections. The first section discusses nursing stress. The second section discusses nursing job satisfaction.

Occupational Stress

Chriboga and Bailey (1986) studied 544 registered nurses employed in medical-surgical units or critical care units in six types of acute care hospitals. They found that nurses who experience day to day hassles reported more feelings of burnout. It was recommended that nurses and their administrators identify daily stressors and take steps to reduce them or find interventions to deal with them more effectively.

Numerof and Abrams (1984) reviewed the literature related to stress in nursing and found that the most commonly reported stressors include dealing with patient's families, inadequate staffing, work overload, responsibility for others, and interpersonal conflicts. Their empirical

investigation of stress among 20 hospital nurses (1984) found that an individual's personality and experience affected the way stress was perceived. They also found that role status and the type of work unit or department also determined the types of stress experienced.

Harris (1989) studied stress among intensive care nurses and nonintensive care nurses. She found that regardless of work setting "nurses who are burned out have less hardiness, have higher stress, anxiety, turnover, are younger, less experienced, more hassled, less educated, less involved with work conditions, less able to anticipate problems, have feelings of alienation, powerlessness, and a lack of control, as well as somatic complaints" (Harris, 1989, p. 24 & 25). Fimian, Fastanau and Thomas (1988) studied 283 hospital nurses and found that those nurses who reported high stress were also considering leaving the profession.

Wolfgang (1988a) conducted a study to assess the level of stress among different health professionals and to determine whether stresses differed. The sample included physicians (291), nurses (379), and pharmacists (387). A Health Professions Stress Inventory (HPSI) developed by Wolfgang (1988) was piloted in this study and found to be "internally consistent and to show concurrent validity against a paper-and-pencil self report of tension in three health professions" (p. 222). According to the HPSI scores (Wolfgang, 1988b), nurses reported more stress than did either pharmacists or physicians. The results also indicated that nurses have a unique set of stresses that affect job satisfaction. Most common nursing stresses reported were work overload, meeting patient needs, and on-the-job conflicts (Wolfgang, 1988). In a study

by Donovan (1980) of 1,051 nurses, the major dissatisfiers identified were unsafe practices, poor leadership, and communication breakdown.

McCarty-Marple (1993) studied stressors and coping in school nursing. The sample included 46 practicing school nurses in Los Angeles Unified School District. Results indicate that inadequate salary, excessive interruptions, increasing responsibilities, noncompliant parents, and paperwork were among the most frequently reported stressors in school nursing.

Job Satisfaction

Herzberg (1966) expanded on Maslow's hierarchy of needs theory when he postulated that lower-order physical needs represented job "dissatisfiers" and higher-order social, psychological, and self-actualization needs were "satisfiers" (Parsons & Felton, 1992, p. 498). Herzberg claimed that "unfulfilled lower-order needs would result in job dissatisfaction but fulfillment of these needs would not necessarily produce job satisfaction. Instead, the interplay of these factors create satisfaction or dissatisfaction" (Parsons & Felton, 1992, p. 499).

Packard and Motowidlo (1987) studied subjective stress, job satisfaction, and job performance among 171 hospital nurses. They reported that

Stress and job satisfaction are not directly related, and that stress, primarily acting through depression, is associated with lower levels of job performance. Job satisfaction is unrelated to job performance, and

is based on depression and hostility which are affected by stress and personal characteristics (p. 253).

Job satisfaction studies have also been completed by McLaney and Hurrell (1988) and Kettinger-Geiger and Davit (1988). McLaney and Hurrell (1988) studied nurses working in hospitals, nursing homes, community and occupational health agencies, physicians offices, and educational institutions. They found that "increased task control and control over the physical environment was related to greater job satisfaction regardless of the type of job demands" (p. 223). According to Kettinger-Geiger and Davit (1988), "a significant difference in job satisfaction ($p = .007$) was found when comparing hospital and public health nurses" (p. 54). The sample included 43 hospital nurses and 41 public health nurses, of whom 15% were school nurses. Analysis of the data revealed higher job satisfaction among hospital nurses than among public health nurses. However, public health nurses agreed more strongly than hospital nurses that their job was desirable, that their administrators were satisfactorily planning for the future, and that they were informed of new developments regarding their nursing specialty.

Parsons and Felton (1992) conducted a study on role performance and job satisfaction among school nurses. This was the only documented job satisfaction study that pertained to the school nursing specialty.

There were 98 school nurses practicing in a southeastern state in their sample. The purpose of the study was to determine if role performance as well as intrinsic and extrinsic job satisfaction would improve after implementing an educational program aimed at expanding the school nurse

role. Intrinsic factors included creativity, skill, interest, importance, and respect. Extrinsic factors were related to promotion, salary, and routinization. Bullough's (1974) Job Satisfaction Scale and the Role Performance Scale developed by Parsons and Felton (1992) were used to collect data. Data were gathered on the first day of orientation, on the last day of class, and 9 months after the conclusion of the program. Results indicated that the relationship between role performance and intrinsic job satisfaction remained the same, but correlations between role performance and extrinsic job satisfaction decreased. Increased role performance with no improvements in extrinsic satisfaction suggest that school nurses are motivated to perform their role even if extrinsic satisfiers are not present. "Study findings also suggest that continuing educational programs can positively influence role transition and ultimately role redefinition" (Parsons & Felton, 1992, p. 508).

Summary

The nursing research in the area of job satisfaction investigated nurses working in a variety of settings. Most of the research related to stress in nursing focused exclusively on acute-care settings. There is a paucity of research related to the stress experienced by community health nurses, particularly school nurses. Only one study can be credited for exclusively exploring job satisfaction among school nurses. The literature confirms the need for further research in the area of job stress and satisfaction among school nurses.

Chapter 3

RESEARCH METHODOLOGY

Research Design

The purpose of this study was to determine the intensity of the most commonly cited occupational hassles and uplifts reported by school nurses. A non-experimental descriptive design was used. This design was selected as the most appropriate way of collecting information on school nursing hassles and uplifts from a large number of school nurses. School nurses attending a state conference participated in this study. The research questions were (a) How much of a school nursing hassle was this item for you during the last month? and (b) How much of a school nursing uplift was this item for you during the last month? Nurses were asked to gauge the intensity of either the hassle or the uplift. Intensity was measured on a 4 point Likert Scale where 0 = none, 1 = somewhat, 2 = quite a bit, and 3 = a great deal.

Subjects and Setting

Data was collected during a California School Nursing Organization (CSNO), annual state conference held in Southern California in February, 1990. A convenience sample of 300 school nurses voluntarily participated in this study. The nurses who attended this conference represented all five CSNO geographical sections of the State of California including Northern, Central Valley, Bay Coast, Southern, and San Diego-Imperial Valley.

Human Subjects Approval

The study protocol was submitted and received approval from the Committee for the Protection of Human Subjects, San Jose State University, San Jose, California, prior to data gathering at the convention (see Appendix

A). Approval by the California School Nurses Organization was also obtained prior to the distribution of questionnaires (see Appendix B).

Data Collection

Before the plenary session, on the last day of the conference, 450 questionnaires were distributed (one questionnaire for each seat in the room). At the beginning of the session, during the announcements, the purpose of the research was explained and the conference attendees were invited to participate. A letter of information was attached to the questionnaire assuring participant anonymity and providing names and addresses where more information could be obtained regarding the study (see Appendix C). Names were not requested, thereby ensuring confidentiality. Participants were asked to submit completed questionnaires by depositing them in boxes provided at the back of the room. Participants were requested to return questionnaires before the end of the conference. Three hundred questionnaires were returned.

Instrument

To develop the questionnaire used in this study, a pilot study was completed. The pilot study consisted of administering a preliminary survey and compiling its results to generate the items used in the questionnaires for this study.

The preliminary survey consisted of two open-ended questions regarding the hassles and uplifts in school nursing. The question on everyday school nursing hassles read, "Please list the 5 most frequent and/or severe hassles you experience as a school nurse." The question on school

nursing uplifts read, "Please list the 5 most frequent and/or pleasant uplifts you experience as a school nurse." (see Appendix D).

The preliminary survey was administered to two groups of practicing school nurses during the Fall of 1989. The first group of twenty-eight school nurses were attending a regional National Association of School Nursing (NASN) workshop. The second group of twenty-two school nurses were attending a Bay Coast section meeting of the California School Nurses Organization (CSNO). Responses from the school nurses attending the NASN workshop were grouped according to topic and subject area as were the responses from the Bay Coast CSNO nurses. The most frequently reported topic and subject areas which had been reported by both groups were used to develop the items on school nursing hassles and the items on the school nursing uplifts for the questionnaires used in this study. After both questionnaires were completed, they were evaluated by 4 different practicing, experienced school nurses and one nurse educator for clarity and accuracy.

All 10 items from the School Nursing Hassles Scale developed by this researcher were included in the Sources of Stress in School Nursing Scale used by McCarty-Marple's (1993) study. This study examined stressors and coping in school nursing among 46 practicing school nurses in the Los Angeles Unified School District. Results indicated that 5 items of the School Nursing Hassle Scale were ranked among the top 10 of 33 hassles most frequently reported by school nurses. All items taken from the School Nursing Hassles Scale ranked among the top 21 of 33 hassles.

Peer review and replication of the study items with a different population provided reliability for the data collection tool. It also added to the content validity of the questionnaire items.

The School Nursing Hassles Scale and the School Nursing Uplifts Scales were used by the researcher to gather data at the 40th Annual CSNO Conference held in February, 1990, in Long Beach, California . The School Nursing Hassles Scale included the following items (see Appendix E):

1. Paperwork
2. Constant interruptions
3. Administration or teacher lack of understanding of the school nurse role
4. High student ratio
5. Inadequate work environment
6. Not enough time to finish work
7. Poor secretarial help
8. Noncomplying parents
9. Irrate parents
10. Uncooperative administration or teachers

The School Nursing Uplifts Scale included the following School Nursing items (see Appendix F):

1. Administrative/teacher praise for work done
2. Student/parent praise for work done
3. Obtaining appropriate health care for students
4. Finishing work

5. Interacting with faculty
6. Being recognized as the school nurse
7. Networking with other school nurses
8. Being asked for advice
9. Getting hugs
10. Teaching health education

Nurses were asked to rate the intensity of each hassles item and each uplift item using a 4 point Likert scale (0 = none, 1 = somewhat, 2 = quite a bit, and 3 = a great deal). If there was no response to an item, a nine (9) was recorded to indicate a missing response. Demographic information requested of participants included age, gender, marital status, years of work experience, level of education, type of school setting, position, status, and number of contract days (see Appendix G).

Analysis Procedures

Computerized statistical analysis was performed on the data to determine frequency and percent of responses. A coding system was used to record responses. The coding system involved assigning a number to each variable in the demographic section and to each hassle and uplift item on the questionnaires. If an item was not answered, a 9 was recorded as a missing case. The numbers were recorded on a spread sheet and then transferred to the Statistical Package for the Social Sciences (SPSS) computer program. Findings and interpretation of this data are presented in Chapter 4.

Chapter 4

FINDINGS AND INTERPRETATION OF THE DATA

The purpose of this study was to determine the intensity of the most commonly cited hassles and uplifts reported by school nurses. This chapter describes the sample, reports the results of the data collected, and discusses the differences among groups. Findings will be presented using tables and discussion.

Description of the Sample

Three hundred school nurses participated in this study. Table 1 presents the distribution of demographic characteristics of the sample by age, gender, marital status, years experience, type of credential, level of education, school setting, type of nursing position, work status, and contract time.

Table 1 shows that 265 nurses (89%) of the sample ($N = 300$) were 41 years old or older. Only 32 participants (11%) were in the 20-40 year range. Gender results were not clearly identified, due to a missing reporting rate of 168 (56%). Of those who did respond, two nurses (1%) were male and 129 (43%) were female. More than half, 172 (57%), of the nurses were married with children. A substantial majority, 205 (69%) of the nurses worked in school nursing for at least 11 years. Ninety-three (31%), worked in school nursing for 10 years or less. The majority, 245 (82%), of the nurses in this sample had professionally clear credentials. The level of education represented in this sample indicates that 188 (63%) had a Bachelor's Degree, followed by 75 (25%) with a Master's Degree. Thirty-five (12%) were academically prepared beyond the Master's level. The nurses worked in

various combinations of school settings. The largest number, 110 (37%), worked in elementary (K - 8th grade) schools. A vast majority of the sample were staff nurses, 210 (70%) who worked full time, 254 (85%), for a September to June academic school year, 260 (87%).

Results Related to the Research Questions

Data from the total sample were analyzed to determine the frequency and percent of the nurses' responses. Nurses were asked to rate the intensity of each hassle item and each uplift item using a 4 point Likert scale (0 = none, 1 = somewhat, 2 = quite a bit, and 3 = a great deal). Computer analysis provided frequency and percent of responses for each Likert category. Table 2 shows the frequency, percent, and rank of item scores from the School Nursing Hassles Scale.

The School Nursing Hassles Scale asked, "How much of a school nurse hassle was this item for you during the last month?" The intensity of the hassle increases as the Likert scale increases from 0 - 3. The three items most frequently reported by about half of the nurses as being "a great deal" of a hassle were high student to nurse ratio; 160 (53%); constant interruptions, 147 (49%); and not enough time to finish work, 145 (48%).

The three items most frequently reported by more than one third of the nurses as being "quite a bit" of a hassle were noncomplying parents, 131(44%); paperwork; 112 (37%); and constant interruptions, 101 (34%). The two most frequently reported by half the nurses as being only "somewhat" of a hassle were irate parents, 162 (54%), and uncooperative administrators/teachers, 147 (50%). The two items most frequently reported

Table 1

Demographic Characteristics of the Sample (N = 300)

Characteristic and Group	<u>n</u>	<u>%</u>
<u>Age in Years</u>		
20-30	3	1
31-40	29	10
41-50	87	29
51-60	130	43
61+	48	16
Missing Cases	<u>3</u>	<u>1</u>
Total	300	100
<u>Gender</u>		
Female	129	43
Male	2	1
Missing Cases	<u>169</u>	<u>56</u>
Total	300	100
<u>Marital Status</u>		
Single	32	11
Single with children	44	15
Married	51	17
Married with children	172	57
Missing Cases	<u>1</u>	<u><1</u>
Total	300	100
<u>Years of Experience</u>		
00-05	58	19
06-10	35	12
11-15	70	23
16-20	63	21
21 +	72	24
Missing Cases	<u>2</u>	<u>1</u>
Total	300	100

(table continues)

Table 1 (Continued)

Demographic Characteristics of the Sample (N = 300)

Characteristic and Group	<u>n</u>	<u>%</u>
<u>Type of Credential</u>		
Preliminary	50	17
Professional Clear	245	82
Missing Cases	<u>5</u>	<u>2</u>
Total	300	101
<u>Level of Education</u>		
BS	188	63
MS	75	25
Post MS	34	11
Doctorate	1	<1
Missing Cases	<u>9</u>	<u>1</u>
Total	300	101
<u>School Setting</u>		
Elementary (Elem.)	110	37
Secondary (Sec.)	36	12
Special Education (Sp. Ed.)	20	7
Elem. & Sec.	47	16
Elem., Sec. & Sp. Ed.	42	14
Elem. & Sp. Ed.	19	6
Sec. & Sp. Ed.	5	2
Missing Cases	<u>21</u>	<u>7</u>
Total	300	101
<u>Type of Nursing Position</u>		
Staff Nurse	210	70
Administrator	25	8
Staff Nurse and Administration	16	5
Missing Cases	<u>49</u>	<u>17</u>
Total	300	100

(table continues)

Table 1 (Continued)

Demographic Characteristics of the Sample (N = 300)

Characteristic and Group	<u>n</u>	<u>%</u>
<u>Work Status</u>		
Part-time	18	6
Full-time	254	85
Missing Cases	<u>28</u>	<u>9</u>
Total	300	100
<u>Contract Time</u>		
Academic (10 months)	260	87
Year Round (12 months)	28	9
Missing Cases	<u>12</u>	<u>4</u>
Total	300	100

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

by one quarter of the nurses as not being a hassle were poor secretarial help, 85 (28%), and uncooperative administrators and teachers, 85 (28%).

When analyzing the hassles data, the items were divided into two major categories called "Overall Hassle" and "Somewhat/No Hassle." The "Overall Hassle" category included Likert 2 and 3 descriptors named "quite a bit" and "a great deal." The Likert 1 and 2 descriptors were used for the "Somewhat/No Hassle" category.

Over three quarters of the nurses ranked the following four hassles under the category "Overall Hassle" as being the most intense: constant interruptions was the highest ranking hassle, 248 (83%); followed by paperwork, 233 (77%); not enough time to finish work, 233 (77%); and high student ratio to nurses, 222 (74). When analyzing the "Somewhat/No Hassle" category, the items considered least intense were constant interruptions, 51

(17%); not enough time to finish work, 64 (22%); high student to nurse ratio, 73 (24%); and paperwork, 63 (21). An inverse relationship appears among these two categories strongly supporting the notion that the top 4 hassles exist.

Table 4 shows the frequency, percent, and rank of item scores from the School Nurses Uplift Scale. Each Likert category was ranked by frequency and percent.

The three items most frequently reported as being "a great deal" of an uplift were networking with other nurses, 131 (44%); being recognized as the school nurse, 117, (39%); and being asked for advice, 103 (34%). The three items most frequently reported in this category by at least half of the nurses as being "quite a bit" of an uplift were being asked for advice, 151 (50%); obtaining proper health care for students, 123 (41%); and interacting with faculty, 123 (41%).

The three items most frequently reported by more than one third of the nurses as being "somewhat" of an uplift were student or parent praise for work done, 134 (45%); finishing work, 110 (37%); and teaching health education, 108 (36%). The three items most frequently reported as not being an uplift were finishing work, 34 (11%); getting hugs, 30 (10%); and teaching health education, 29 (10%).

When analyzing the uplift data, the items were divided into two major categories called "Overall Uplift" and "Somewhat/No Uplift." The "Overall Uplift" category included Likert 2 and 3 descriptors named "quite a bit" and "a great deal." Likert 0 and 1 descriptors were used for the "Somewhat/No

Table 2

Frequency, Percent and Rank of Responses to Hassle Items 1 - 10(N = 300)

Item	A Great Deal		Quite a Bit		Somewhat		None		Missing
	f	rank	f	rank	f	rank	f	rank	
	%		%		%		%		%
1. Paperwork	121 40	4	112 37	2	59 20	7	4 1	9	4 >1
2. Constant interruptions	147 49	2	101 34	3	48 16	10	3 1	10	1 <1
3. Administrators and/or teachers lack of understanding of the school nurse role	62 21	6	70 23	6	127 42	33	9 13	5	2 <1
4. High student to nurse ratio	160 53	1	62 21	8	55 18	8	18 6	7	5 <2
5. Inadequate work environment	85 28	5	84 28	5	84 28	5	44 15	4	3 1
6. Not enough time to finish work	145 48	3	88 29	4	55 19	9	9 3	8	3 1
7. Poor secretarial help	61 20	7	68 23	6	84 28	5	85 28	1 <1	2
8. Noncomplying parents	55 18	8	131 44	1	91 30	4	20 7	6	3 1
9. Irrate parents	16 5	9	50 17	10	162 54	1	69 23	3	3 1
10. Uncooperative administrators/teachers	12 41	10	52 7	9	147 50	2	85 28	1	4 >1

Table 3

Comparative Combined Item Scores from the School Nursing Hassles Scale

Item	Overall Hassle n (%) rank	Somewhat /No Hassle n (%) rank
Constant interruptions	248 (83) 1	51 (17) 10
Paperwork	233 (77) 2	63 (21) 8
Not enough time to finish work	233 (77) 3	64 (22) 9
High student ratio	222 (74) 4	73 (24) 7
Noncomplying parents	186 (62) 5	111 (37) 6
Inadequate work environment	169 (56) 6	128 (43) 5
Lack of understanding of the school nurse role	132 (44) 7	166 (55) 4
Poor secretarial help	129 (43) 8	169 (56) 3
Irate parents	66 (22) 9	231 (77) 2
Uncooperative administrators /teachers	64 (21) 10	232 (78) 1

Table 4

Frequency, Percent & Rank of Responses to Uplift Items 1 - 10(N = 300)

Item	A Great Deal		Quite a Bit		Somewhat		None		Missing
	f	rank	f	rank	f	rank	f	rank	
	%		%		%		%		%
1. Administrator/ teacher praise for work done	81 27	5	106 35	4	93 31	5	19 6	5	1 <1
2. Student/parent praise	42 14	10	97 32	8	134 45	1	25 8	4	2 1
3. Obtaining proper health care for students	65 22	7	123 41	2	99 33	4	9 3	8	4 <1
4. Finishing work	50 17	9	100 33	5	110 37	2	34 11	1	6 2
5. Interacting with faculty	79 26	4	123 41	2	86 29	6	9 3	8	3 1
6. Being recognized as the school nurse	117 39	2	88 29	10	74 25	7	18 6	6	3 1
7. Networking with other school nurses	131 44	1	100 33	5	57 19	10	11 4	7	1 <1
8. Being asked for advice	103 34	3	151 50	1	38 13	8	3 1	10	5 2
9. Getting hugs	77 26	6	90 30	9	103 34	9	30 10	2	0 0
10. Teaching health education	63 21	8	98 33	7	108 36	3	29 10	3	2 1

Uplift" category (see Table 5). Over two-thirds of the nurses ranked the following four uplifts as being most intense: being asked for advice 254 (84%); networking with other school nurses, 231 (77%); being recognized as the school nurse, 205 (69%); and interacting with the faculty, 202 (68%). When analyzing the "Somewhat/No Uplift" category, the items considered least intense were being asked for advice, 41 (14%); networking with other school nurses, 68 (31%); and interacting with faculty, 95 (32). An inverse relationship appears among these two categories strongly supporting the notion that the top 4 uplifts exist.

Differences Among Groups

Computer analysis of the data was done to determine if there was a difference in frequency and percent of hassles and uplifts perceived by nurses with a Bachelor's Degree as compared to those with a Master's Degree. An analysis was also completed to determine if years experience (less than 10 years as compared to 11 years or more) made a difference in the hassles and uplifts perceived by school nurses. When comparing the data, responses of "a great deal" and "quite a bit" were combined (see Tables 6 - 9). From this point, the combined data was used as the overall sample data.

Rank order of the hassles perceived by nurses with a Bachelor's Degree generally remained the same as the overall sample, except for the following differences, poor secretarial help, ranked 7th, among this group instead of 8th as in the overall sample. Lack of understanding of the school nurse role ranked 8th among this group instead of 7th as in the overall

Table 5

Comparative Combined Item Scores from the School Nursing Uplifts Scale

Item	Overall Uplift n (%) rank	Somewhat /No Uplift n (%) rank
Being asked for advice	254 (84) 1	41 (14) 10
Networking with other School Nurses	231 (77) 2	68 (23) 9
Being Recognized as the School Nurse	205 (68) 3	92 (31) 8
Interacting with Faculty	202 (67) 4	95 (32) 7
Obtaining Proper Health Care for Students	188 (63) 5	108 (36) 6
Administrator/teacher Praise	187 (62) 6	112 (37) 5
Getting Hugs	167 (56) 7	133 (44) 4
Teaching Health Education	161 (54) 8	137 (46) 3
Finishing Work	150 (50) 9	144 (48) 2
Student/Parent Praise	139 (46) 10	159 (53) 1

sample (see Table 6). There was only one difference in the order of the top four ranked hassles as perceived by nurses with a Master's Degree compared to the overall sample (see Table 6). In the Master's group, high student to nurse ratio moved from fourth to first ranking hassle, while the relative ranking of the other four stayed the same.

Responses showed few differences between subgroups with different years of experience (see Table 7). Rank order of hassles experienced by nurses that have worked less than 10 years was the same as that of the overall sample. For those who have worked 11 or more years, the hassle order stayed the same with the exception of the 2nd and 3rd ranked hassles which exchanged places in the rank order. The overall sample's 2nd ranked hassle, paperwork, ranked 3rd among those nurses who have worked 11 or more years. Not enough time to finish work ranked 3rd in the overall sample and 2nd in the group who have worked 11 or more years (see Table 7).

Uplifts were perceived essentially the same by nurses with a Bachelor's Degree as by the overall sample (see Table 8). The 5th and 6th ranked uplifts, obtaining proper health care for students and administrator or teacher praise for work done, were placed in the reverse order by the Bachelor's degree group. There was only one difference in the order of the top five ranked uplifts as perceived by nurse's with a Master's degree compared to the overall sample (see Table 8). In the Master's group, obtaining proper health care for students moved from fifth to third ranking uplift, while relative ranking of the others stayed the same.

Table 6

Comparison of Groups: Ranking of Hassles by Overall Sample and by Level of Education Using Combined Categories ("a Great Deal" and "Quite a Bit")

Item	<u>n</u>	Overall % rank		<u>n</u>	BS % rank		<u>n</u>	MS % rank	
Constant interruptions	248	83	1	154	81	1	61	82	2
Paperwork	233	77	2	151	80	2	54	72	4
Not enough time to finish work	233	77	3	146	78	3	58	77	3
High student ratio	222	74	4	134	71	4	60	80	1
Noncomplying parents	186	62	5	122	65	5	45	60	5
Inadequate work environment	169	56	6	107	57	6	41	55	6
Lack of understanding of the school nurse role	132	44	7	73	39	8	40	53	7
Poor secretarial help	129	43	8	78	41	7	34	46	8
Irate parents	66	22	9	41	22	9	18	24	10
Uncooperative admin./teachers	64	21	10	30	16	10	24	32	9

Table 7

Comparison of Groups: Ranking of Hassles by Overall Sample and by Years of Experience Using Combined Categories ("a Great Deal" and "Quite a Bit")

Item	Overall		rank	0 - 10 years		rank	11 + years		rank
	<u>n</u>	%		<u>n</u>	%		<u>n</u>	%	
Constant Interruptions	248	83	1	76	82	1	171	84	1
Paperwork	233	77	2	71	76	2	161	78	3
Not enough time to finish work	233	77	3	67	72	3	164	80	2
High student ratio	222	74	4	64	69	4	156	77	4
Noncomplying parents	18	62	5	58	62	5	126	62	5
Inadequate work environment	169	56	6	52	56	6	115	56	6
Lack of understanding of the school nurse role	132	44	7	45	49	7	86	42	7
Poor secretarial help	129	43	8	42	46	8	86	42	8
Irate parents	66	22	9	15	16	9	50	25	9
Uncooperative administrators/teachers	64	21	10	14	15	10	49	24	10

Table 8

Comparison of Groups: Ranking of Uplifts by Overall Sample and by Level of Education Using Combined Categories ("a Great Deal" and "Quite a Bit")

Item	Overall		BS		MS	
	<u>n</u>	% rank	<u>n</u>	% rank	<u>n</u>	% rank
Being Asked for Advice	254	84	1	161	86	1
Networking with other School Nurses	231	77	2	151	80	2
Being Recognized as the School Nurse	205	68	3	133	71	3
Interacting with Faculty	202	67	4	133	71	4
Obtaining Proper Health Care for Students	188	63	5	117	62	6
Administrator/Teacher Praise	187	62	6	126	67	5
Getting Hugs	167	56	7	108	57	7
Teaching Health Education	161	54	8	101	54	8
Finishing Work	150	50	9	96	52	9
Student /Parent Praise	139	46	10	92	49	10

Statistical analysis of the uplifts reported by school nurses working 10 years or less showed that they perceived the same top five uplifts as the overall sample, however, the rank order differed slightly (see Table 9). The 4th ranked uplift, interacting with faculty, ranked 5th, and the 5th ranked

uplift, obtaining proper health care for students, ranked 4th. For those school nurses who have worked 11 years or more, the rank order of uplifts was the same as for the overall sample (see Table 9).

Summary

The purpose of this study was to determine the intensity of the most commonly cited occupational hassles and uplifts reported by school nurses. Demographic information and analysis of differences among groups were also examined. The characteristics of the sample were discussed in this chapter, and the findings of this study using the School Nursing Hassles Scale and the School Nursing Uplifts Scale as collection tools were presented. In Chapter 5, findings are discussed, as are the scope and limitations of the study. Some recommendations for practice and research are given.

Table 9

Comparison of Groups: Ranking of Uplifts by Overall Sample and by Years of Experience Using Combined Categories ("a Great Deal" and "Quite a Bit")

Item	Overall			0 - 10 years			11 + years		
	<u>n</u>	%	rank	<u>n</u>	%	rank	<u>n</u>	%	rank
Being Asked for Advice	254	84	1	75	81	1	177	87	1
Networking with other School Nurses	231	77	2	68	74	2	161	78	2
Being Recognized as the School Nurse	205	68	3	64	69	3	140	69	3
Interacting with Faculty	202	67	4	56	61	5	144	70	4
Obtaining Proper Health Care for Students	188	63	5	57	62	4	130	64	5
Administrator/Teacher Praise	187	62	6	54	58	6	132	64	6
Getting Hugs	167	56	7	45	48	9	120	59	7
Teaching Health Education	161	54	8	51	55	7	108	53	8
Finishing Work	150	50	9	48	51	8	101	49	9
Student /Parent Praise	139	46	10	44	47	10	93	45	10

Chapter 5

DISCUSSION

Summary of Study

The literature confirms that nurses have a unique set of job stressors (Wolfgang, 1988). These stressors include dealing with patient's families, inadequate staffing, work overload, responsibility for others, and interpersonal conflicts (Numerof & Abrams, 1984).

The purpose of this research was to determine the intensity of the most commonly cited occupational hassles and uplifts reported specifically by school nurses. Richard Lazarus' stress and coping model was used as the conceptual framework because it examines daily stresses as well as rewards.

The data collection instrument was the School Nursing Hassles Scale and the School Nursing Uplifts Scale developed by this researcher. Of the 450 questionnaires distributed to school nurses, 300 were completed and returned, for a return rate of 67%.

Conclusions

The demographic results of the study indicate that an overwhelming majority (89%) of the sample population were ages 41 to 61 years old or older. This finding has strong implications with regard to school nurses in the workforce in as little as ten years. Only a small percent (32%) have entered the profession within the past ten years. The participants in this study work either part or full time in elementary, secondary, and special education settings, or combinations thereof. School nurses with Bachelor's and graduate degrees were represented in this study. Over one third had a Master's Degree or better. Their years of experience ranged from 1 year to

over 21 years in school nursing. Staff nurses as well as those with administrative positions participated in this study.

The top four ranking hassles (constant interruptions, paperwork, not enough time to finish work, and high student ratio to nurses) can be attributed to inadequate staffing and an increasing workload. These factors are due to the steadily increasing number of students coupled with the slowly decreasing number of school nurses. The identified stressors found in this study are consistent with those cited in the literature (Wold, 1981; Numerof & Abrams, 1984; Wolfgang, 1988). Top ranking hassles identified in this study are also consistent with those most frequently reported in the McCarty-Marple (1993) study.

Other identified hassles, such as noncomplying parents, inadequate work environment, poor secretarial help, irate parents, and uncooperative administrators and teachers, are related to a lack of understanding of the school nurse's role. Role confusion has been an ongoing problem that school nurses continue to face (Wold, 1981; White, 1985; Parsons & Felton, 1992). This ambiguity can lead to interpersonal conflicts with colleagues and parents as cited in the literature (Donovan, 1980; White, 1985; Wolfgang, 1988).

The uplifts reported by school nurses relate specifically to this clinical nurse specialty area. The consulting and collaborative role of the school nurse is a reported source of job satisfaction. Being asked for advice, networking with other school nurses, being recognized as the school nurse,

and interacting with faculty were the highest ranking uplifts. These roles all involve close interaction with staff and peers.

The clinical role of the school nurse was not perceived as a high source of job satisfaction. Direct care functions such as obtaining appropriate health care for students and teaching health education ranked 5th and 8th, respectively. The frustration school nurses experience may stem from high student to nurse ratios which impacts both the amount of time available to contact parents and/or physicians as well as the time available to teach health in the classroom. Finishing work is not a source of job satisfaction because it is perceived that the work is not getting done.

The researcher role of the school nurse was not identified as an uplift in the initial preliminary survey, therefore, the uplifts questionnaire did not have any items relating to this school nurse function. Increasing responsibilities and demands placed upon the school nurse may limit time devoted to research projects.

Scope and Limitations

The scope of this study included 300 school nurses who attended the 40th Annual California School Nurses convention in Long Beach, California in February, 1990. This study used a convenience method of sample selection, which limits its external validity. In addition, the school nurses that participated were not asked to identify the geographic location where they practice, consequently limiting the generalization of findings. Findings only apply to the nurses that participated. To prepare the data for computer entry, one person recorded responses to the questionnaire using a coding

system, thus the likelihood of inconsistencies was minimized. School nurses who did not attend the convention were not asked to participate in this study because of time constraints and expenses.

Recommendations For Practice and Research

The following recommendations were generated from the results of this research. The recommendations can be implemented in practice or used for further research in school nursing.

1. Using data derived from this study, nursing interventions should be developed in an effort to resolve stress related problems and teach staff to manage stress.
2. Time should be set aside at state and local school nurse's meetings to brainstorm nursing interventions specific to the hassles experienced on a day to day basis.
3. School nurses need to examine and to outline their role and function within their individual school districts. This will help to eliminate role confusion among the pupil service specialists within the school district.
4. School nurses need to maximize participation in uplifting activities.
5. Baccalaureate nursing programs should require a clinical rotation in school nursing as a component of the Public Health curriculum. This requirement would provide an opportunity to explore the diverse role of the school nurse. In addition, it would also encourage prospective Bachelor's prepared nurses to enter into the specialty area of school nursing. Bachelor's prepared nurses that did not enter school nursing would have a better

understanding of the role of the school nurse and will be more apt to consult and/or collaborate with school nurses if the need arose.

6. School nurses need to continue to be highly visible in the political arena. Strong efforts to lobby for school nursing services should be a priority to maintain control over professional destiny.

7. School nurses need to maintain a high profile with their district's school board to advocate for services provided and to educate the board members about the complex and diverse role of the school nurse.

8. School nursing services with a nurse to student ratio of 1:1200 should be state mandated as recommended by the California School Nurses' Organization (1988).

9. A replication of this study with different school nurse populations is needed to validate the School Nursing Hassles and Uplifts Scales and the findings of this study.

10. A separate line on the demographic information sheet should be given to gender. This revision would decrease the number of missing cases in the data and thus provide valuable information regarding the differences in hassles and uplifts among men and women in school nursing.

REFERENCES

References

- Allanach, E. (1988). Perceived supportive behaviors and nursing occupational stress: An evolution of consciousness. Advances in Nursing Science, 10 (2), 73-82.
- American Nurses' Association. (1983). Standards of school nursing practice. Kansas City, MO: author.
- Brink, S.G., Dale, S., Williamson, M.C., Nadar, P.R. (1981). Nurses and nurse practitioners in schools. Journal of School Health, 51 (1), 7-10.
- Bullough, B. (1974). Is the nurse practitioner role a source of increased work satisfaction? Nursing Research, 23, 14-19.
- California School Nurses' Organization (1988). The school nurse: Healthy children learn better (Videotape). Sacramento, CA: Author.
- Chiriboga, D., & Bailey, J. (1986). Stress and burnout among critical care and medical surgical nurses: A comparative study. Critical Care Quarterly, 9 (3) 84-92.
- DeLongis, A. , Coyne, J. , Dakof, G., Folkman, S., & Lazarus, R. (1982). Relationships of daily hassles, uplifts, and major life events to health status. Health Psychology, 3 (3), 119-136.
- Donovan, L. (1980). What nurses want and what they are getting. RN, 43 (4), 22-30.
- Fimian, M., Fastenau, P., & Thomas, J. (1988). Stress in nursing and intentions of leaving the profession. Psychological Reports, 62 (2), 499-506.
- Fiorentino, L. (1986). Stress: the high cost to industry. AAOHN Journal, 34 (5), 217-220.

- Flanagan, L. (1990). Survival skills in the workplace. Washington, DC: American Nurses Publishing.
- Harris, R. (1989). Reviewing nursing stress according to a proposed coping-adaptation framework. Advances in Nursing Science, 11 (2), 12-28.
- Herzberg, F. (1966). Work and the nature of man. Cleveland, OH: World.
- Ivancevich, J. M. (1986). Life events and hassles as predictors of health symptoms; job performance and absenteeism. Journal of Occupational Behavior, 7 (1), 39-51.
- Kettinger-Geiger, J., & Davit, J.S. (1988). Self-image and job satisfaction in varied settings. Nursing Management, 19 (12), 50-56.
- Kinney, J., & Stephens, M.A. (1989). Caregiving hassles scale: Assessing the daily hassles of caring for a family member with dementia. The Gerontologist, 29 (3), 328-332.
- Lazarus, R. S. (1981). The stress and coping paradigm. In C. Eisdorfer, D. Cohen, A. Kleinman, & P. Maxim (Eds.), Models for clinical psychopathology. 177-214 New York: Spectrum.
- Lazarus, R.S. (1984). Puzzles in the study of daily hassles. Journal of Behavioral Medicine, 7 (4), 375-389.
- Lazarus, R. S., DeLongis, A. (1983). Psychological stress and coping in aging. American Psychologist, 38, 245-254.
- Lazarus, R. S., DeLongis, A., Folkman, S., & Gruen, R. (1985). Stress and adaptational outcomes: The problem of confounded measures. American Psychologist, 770-779.
- Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. New York: Springer.

- Maslow, A. (1954). Motivation and personality. New York: Harper & Row.
- McCarty-Marple, M. (1993). Stressors and coping in school nursing.
Unpublished Master's Thesis, Statewide nursing program. California
State University, Dominguez Hills, CA.
- McLaney, M.A. & Hurrell, J.J. (1988). Control, stress, and job satisfaction in
Canadian nurses. Work and Stress, 2, (3), 217-224.
- Muldary, T. (1983). Burnout and health professionals: Manifestations and
management. Norwalk, CT. Appleton-Century-Crofts.
- Numerof, R.E., & Abrams, M.N. (1984). Sources of stress among nurses: An
empirical investigation. Journal of Human Stress, 10 (2), 88-100.
- Packard, J. S., & Motowidlo, S.J. (1987). Subjective stress, job satisfaction,
and job performance of hospital nurses. Research in Nursing & Health,
10 (1), 253-261.
- Parsons, M. & Felton, G. (1992). Role performance and job satisfaction of
school nurses. Western Journal of Nursing Research, 14 (4), 498-511.
- White, D. (1985). A study of current school nurse practice activities. Journal
of School Health, 55 (2), 52-56.
- Wold, S. J. (1981). School nursing: A framework for practice. St. Louis: C. V.
Mosby.
- Wolfgang, A.P. (1988a). Job stress in the health professions: a study of
physicians, nurses, and pharmacists. Hospital Topics, 66 (4), 24-27.
- Wolfgang, A.P. (1988b). The health professions stress inventory.
Psychological Reports, 62 (1), 220-222.
- Young, V. (1987). Hassles , uplifts, and life events as predictors of health.
Doctoral dissertation, University,of California, Berkeley.

- Young-Cureton, V. & Epstein, K. (1991). School nursing: it's more than band-aids for kids. California Nursing, 13 (2), 20-22.
- Zarski, J. (1984). Hassles and health: A replication. Health Psychology, 1 (2), 119-136.

APPENDIX A
Human Subjects Approval

SAN JOSE STATE UNIVERSITY FOUNDATION

University form to be submitted to SJSU Foundation with any graduate student research protocol involving human subjects.

Research Protocol Title: SCHOOL NURSING HASSLES AND UPLIFTS

Graduate Student(s): Chris M. Quick, RN, B.S.

Responsible Faculty Member: Virginia Young, RN, Dr.P.H.

Department: Nursing

As the responsible faculty member for the research conducted by the above graduate student(s), I believe that the research protocol follows University and Federal policy for protection of human subjects in research and for obtaining informed consent from research subjects, as outlined in the materials provided by SJSU Foundation.

Virginia Young
Signature of Responsible Faculty Member

January 29, 1990

Date

COVER SHEET APPLICATION FORM

Prin. Investigator Virginia Young, RN, Dr.P.H. Coordinator, School Nurse Program
 Title Associate Professor
 Dept. of Nursing

Title of Project School Nursing Hassles and Uplifts

Home Address 714 Raymundo Ave., Los Altos, CA 94022 Home Phone (415)961-1009
 (include city and zip)

Department Nursing Work Phone (408)924-3163

Funding Agency (if any) none Date (to be) Submitted to Agency n/a
 Date Submitted to CPHS

Proposed Duration of Project: From 1990 to 1991 Submitted to CPHS _____
 Data collection Feb. 4, 1990

Names/Titles of all investigators-
 If a student, include name of
 faculty advisor.
Chris M. Quick, Student in the Master of
Science, School Nurse Clinical Specialist
Program. Faculty Advisor: Virginia Young

Subjects-Explain in detail in
 the protocol.
 No. of Subjects Involved 550-650

Subject Population School nurses

Compensation none

Previous History of this Protocol.

New x Modification _____

Annual _____ Previous No. _____

Approval Date _____

Does this submission differ in any
 way from the previously approved
 protocol? NA Yes _____ No _____

Any differences should be ex-
 plained in your protocol.
NA

Brief description of all proce-
 dures involving human subjects.
School nurses will be asked to

What Isotopes? no
 Authorization date form Radia-
 tion Safety Committee--Approved
NA

Drugs to be used? no
 IND's no

Has FDA approval been obtained
 if IND (Investigational New
 Drug)? NA Date _____

Unusual Electrical Devices to
 be used? no

Has Environmental Health and
 Safety approval been obtained?
NA Date _____

Previous History of this Protocol.
 New x Modification _____
 Annual _____ Previous No. _____
 Approval Date _____
 Does this submission differ in any
 way from the previously approved
 protocol? NA Yes _____ No _____
 Any differences should be ex-
 plained in your protocol.
NA
 Brief description of all proce-
 dures involving human subjects.
School nurses will be asked to
 state the items on the school nursing hassles
 and uplifts survey instrument. The instruments
 will be distributed to 550-650 school nurses
 attending the Sunday, 2/4/90, general morning
 session of the Calif. School Nurses Org.
 40th Annual Conference in Long Beach. The
 nature and purpose of the research will be
 explained, participation is voluntary, and
 confidentiality will be maintained as ratings
 will be collected in a large general session
 and no individual identification will be possible.

INSTITUTIONAL REVIEW BOARD - HUMAN SUBJECTS
SAN JOSE STATE UNIVERSITY

School Nursing Hassles and Uplifts

RE: Research Proposal: School Nursing Hassles and Uplifts

PURPOSE OF RESEARCH:

School nurses who are attending the California School Nurses Organization (CSNO), 40th Annual Conference, in Long Beach, February 2-4, 1990, will be asked to rate commonly experienced school nursing hassles and uplifts. The terms "hassles" and "uplifts" refer to daily life stresses and rewards which ultimately effect our well being. Examples of common school nursing hassles are "too much paperwork" and "constant interruptions". Examples of common school nursing uplifts are "administrator/teacher praise for work" and "obtaining appropriate health care for students". The purpose of this research is to identify the most common occupational stresses and rewards cited by school nurses. Gaining information on these topics from a large number of school nurses will provide a basis for future problem solving and research. The results of this study will generate further research which will focus on developing nursing interventions specific to stresses associated with school nursing. It will serve to identify sources of rewards in school nursing.

DESCRIPTION OF PROPOSED HUMAN SUBJECTS:

The population of the study will include all of the school nurses attending the plenary session at the CSNO, 40th Annual Conference, on Sunday, February 4, 1990.

INVOLVEMENT OF THE SUBJECTS:

The subjects will be asked to rate the items on the school nursing hassles and uplifts instruments which were developed jointly by the researcher, Dr. Virginia Young, and a Master's student working with her on this project, Christine M. Quick, R.N., D.S. The school nursing hassles rating scale has 10 items and the school nursing uplifts rating scale has 10 items.

DESCRIPTION OF BENEFITS:

There will be no direct benefits to the school nurses except the participation in a research study. There will be indirect benefits to subjects who attend the CSNO, 41st Annual Conference, in Fresno, in February 1991, as results of this research will be presented at that conference.

DESCRIPTION OF RISKS:

Although human subjects will be involved, none will be at risk and participants are free to discontinue at any time.

PROTECTION OF PRIVACY AND CONFIDENTIALITY OF DATA:

The rights and welfare of the individual will be carefully protected. The nature and purpose of the research will be explained. Participants will be informed that they may refuse to participate if they wish or may withdraw at any time without detriment to them or their status in the CSNO or as credentialed school nurses in the State of California. Confidentiality will be maintained as the ratings will be collected in a large general session with an expected attendance of 550-650 school nurses and no individual identification will be possible once the consent forms are separated from the research data.

APPENDIX B
California School Nurses Organization Approval

RECEIVED
NOV 27 1989

DEPARTMENT OF NURSING
SAN JOSE STATE UNIVERSITY

CALIFORNIA SCHOOL NURSES ORGANIZATION

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

November 20, 1989

Dr. Virgil Parsons
Chair, Department of Nursing
San Jose State University
1 Washington Square
San Jose, CA 95192-0057

Dear Sir,

As President-Elect of the California School Nurses Organization (CSNO), I wish to inform you of our intent to cooperate with Virginia Young in her research project.

Virginia has our permission to disseminate her survey/questionnaire on occupational stress, "School Nursing Hassles and Uplifts," to our conference attendees. Our state conference will be February 2-4, 1990 in Long Beach. She plans to distribute her survey at our plenary session on Sunday, February 4. We are expecting 700-800 school nurses at the annual conference and 550-650 should be present at the final plenary session.

We as a group are enthused to participate in this project with Virginia as there is a dearth of research in the field of school nursing and school health and because Virginia is well known and respected in our state leadership. We are also excited with plans for Virginia to work with us in the future; we have agreed to have her as a speaker at our 1991 conference when she will be able to present us with the results of her research. It will be timely and appropriate that she share her findings and recommendations with the group that participated in her survey!

Virginia is known to our Board of Directors because of her leadership in nursing education in California. She is Chair of the Bay Coast Section (CSNO) Education Committee, Chair of the University Coalition of California School Nurse Credential Programs, and was co-author of the Standards Document for School Nurse Preparation in California. She is known for her forward thinking, responsibility, and her ability to inspire others to achieve.

I am sure Virginia is an asset to your university and that she will continue to achieve during her tenure with you. We as an organization, and I personally, look forward to a pleasurable and educationally profitable relationship with her and your institution!

Sincerely,

Burt Bradstock

Barnora Bradstock-HEALTHY CHILDREN LEARN BETTER
642 Birmingham Rd.
Burbank, CA 91504
R 818/642-5537

APPENDIX C
Consent Letter

A campus of The California State University

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

Agreement to Participate in a Study of School Nursing Hassles and Uplifts

San Jose State University

being conducted by Virginia Young, R.N., Dr. P.H. and Christine Quick, R.N.

I understand that I am being asked to participate in a research study. My participation in this study on the hassles and uplifts of School Nursing will involve answering a short-answer questionnaire one time. It should take no more than ten minutes to complete the questionnaire. The questions will be about School Nursing hassles and uplifts. The results of this study should further the understanding about the job stresses and rewards of School Nursing.

My consent is being given voluntarily, without being coerced. I may decline to answer any question or questions or, indeed 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 and there is no direct benefit except for having participated in a research study. I will also not receive any compensation for my participation. Results of this study will be available upon request.

The information I provide will remain confidential. This information will be used for scientific purposes only, and will be published in a form in which I can never be identified as an individual.

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.

APPENDIX D

Initial Research Survey of School Nursing Hassles and Uplifts

INITIAL FIELD RESEARCH SURVEY OF SCHOOL NURSING HASSLES AND UPLIFTS

DIRECTIONS:

- 1) Please list the 5 most frequent and/or severe hassles you experience as a school nurse:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

- 2) Please list the 5 most frequent and/or most pleasant uplifts you experience as a school nurse:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

Thank you for your participation.

APPENDIX E
School Nursing Hassles Scale

SCHOOL NURSING HASSLES SCALE

DIRECTIONS:

Please circle one number for each item

How much of a School Nursing hassle was this item
for you during the last month?

Item:	None	Somewhat	Quite a Bit	A great deal
	0	1	2	3
1. Paperwork	0	1	2	3
2. Constant interruptions	0	1	2	3
3. Admin./Teacher's lack of understanding of the School Nurse role	0	1	2	3
4. High student ratio to nurses	0	1	2	3
5. Inadequate work environment	0	1	2	3
6. Not enough time to finish work	0	1	2	3
7. Poor secretarial help	0	1	2	3
8. Noncomplying parents	0	1	2	3
9. Irate parents	0	1	2	3
10. Uncooperative admin./ teachers	0	1	2	3

APPENDIX F
School Nursing Uplifts Scale

SCHOOL NURSING UPLIFTS SCALE

DIRECTIONS:

Please circle one number for each item

How much of a School Nursing uplift was this item
for you during the last month?

Item:	None	Somewhat	Quite a Bit	A great deal
	0	1	2	3
<hr/>				
1. Admin./Teacher praise for work done	0	1	2	3
2. Student/Parent praise for work done	0	1	2	3
3. Obtaining appropriate health care for students	0	1	2	3
4. Finishing work	0	1	2	3
5. Interacting with faculty	0	1	2	3
6. Being recognized as the School Nurse	0	1	2	3
7. Networking with other school nurses	0	1	2	3
8. Being asked for advise	0	1	2	3
9. Getting hugs	0	1	2	3
10. Teaching health education	0	1	2	3

APPENDIX G
Demographic Information

____ Academic School Year ____ Year Round School