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EDUCATOR'S PERCEPTIONS OF PRIORITY SCHOOL NURSING
ACTIVITIES AND INFLUENCING FACTORS

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

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

by
Julie Marie Berg
June 2003

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ABSTRACT

This study evaluated the differences in perceptions of priority school nursing activities between educators and school nurses and examined the influence of school level of employment, and number of contacts and interactions between educators and school nurses on perceptions.

Three hundred and fifty one administrators, teachers, and school nurses participated by ranking ten school nurse activities in level of importance to them. In addition, educators reported demographic data and information about their relationship with their school nurse.

Differences in rankings were found in 7 of the 10 activities between teachers and school nurses, and 3 of the 10 activities between administrators and school nurses. Greater differences were found between elementary and secondary school participants than between middle and high school participants. Survey responses on the mean number of contacts were seven times higher for administrators than teachers.

This study supports past studies which examined school nursing practice that there are differences in educator's and school nurse's perceptions of school nurse activities. This study also provides evidence that the

more interactions a school nurse has with educators the greater chance of agreement on priorities.

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I would like to take this opportunity to express my gratitude to my thesis committee at Cal State University, San Bernardino. My appreciation goes out to Dr. Susan Lloyd and Anita Kinser for their assistance and support, with a special thanks to my thesis chair, Dr. Ellen Daroszewski. Her expertise and guidance has advanced my knowledge in nursing and nursing research. She is a wonderful mentor and her love for nursing is evident.

I would also like to acknowledge the Lake Elsinore Unified School District in allowing me to conduct my research at their school sites with a special thanks to my fellow school nurses for their understanding and support.

A final and important thank you goes to my family. I have been especially blessed to have their unconditional love and support throughout my journey. Without them I could not have accomplished my goals.

DEDICATION

To my husband, Dave and two sons, Brandon and Joey
for all their patience.

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CHAPTER ONE

BACKGROUND

School nursing is a specialty practice that supports the education of children by providing a safe and healthy environment for children to learn. School nurses are caregivers, counselors, advocates, coordinators, and educators themselves (Oda, 1981). They often employ a holistic approach to caring for students which includes physical, psychological, and social needs. School nurses also are unique in that they work outside traditional settings of nursing practice within the educational profession that may not be familiar with the practice of school nursing.

The emergence of school nursing is the result of the vision of a public health nurse, Lillian Wald, who founded the Henry Street Settlement in New York City in the late 1800's (Wald, 1915). Wald encountered a 12-year-old boy who was unable to read. He was never able to learn because his teachers had always sent him home for what turned out to be eczema. Wald was able to treat his eczema and for the first time he was able to stay in school. Based on this incident, Wald and her public health nurses kept records of children being excluded from school for medical

reasons. The school's superintendent and president of the Health Department in New York recognized that nurses could play an important part in securing the health of students. Feeling it was too "radical" Wald initially turned down the offer to work in the schools. In 1897, physicians were hired to examine and exclude students with possible contagious diseases. Physicians continued to work in the schools for several years. During this time an outbreak of trachoma, an infectious eye condition was rampant and it left classrooms nearly empty. Wald observed during the outbreak after school the students who were excluded with the eye condition played with their otherwise healthy classmates. This prompted Wald to question the value of the physicians in the schools. Wald and the other nurses felt nurses might be able to provide better care in the schools. An experienced nurse from the settlement, Lina Rogers, was placed in a school as a one-month experiment. After examining students for exclusions, the physician sent the students to Rogers who treated the students in hopes of getting them back to class quickly and minimize the days absent. She made home visits and discussed physician orders with the family. After the month experiment it was evident that nurses would be an important asset to schools (Wald, 1915).

School nurses now practice throughout the world, celebrating 100 years of school nursing. Many of the same school nursing activities are still being performed. The goal of school nursing, to improve and maintain the health of students, has not changed but meeting that goal has become more challenging. The number of school nurses has decreased over the last couple decades (Wold, 1981), as the needs of the students have become more diverse making it increasingly difficult for school nurses to meet expectations (Thurber, Berry, & Cameron, 1991), such as state mandates, development of school health plans, training and supervision of specialized physical healthcare procedures, and prevention and control of communicable diseases.

School nurses function in a different setting than a hospital or clinic and this setting is a factor adding to the difficulties school nurses have in meeting expectations. School nursing in California is governed by both the State Board of Registered Nursing and the State Board of Education resulting in contention between the two authorities and conflicting expectations of the nursing role in the school setting. Also, the value placed on school nursing activities may differ among the school nurses and educators, which can lead to confusion and

frustration by both parties (Simmons, 2002), effecting the health of the students. Clarifying the role of school nursing and setting priorities is important in current school nurse practice.

School nurses have recently voiced role confusion. They have expressed the opinion that educators do not understand what school nursing involves, with expectations contradictory to those of the school nurse (Simmons, 2002). Furthermore, school nurses simply do not feel appreciated (Simmons, 2002). The nursing and educational fields must work together to establish joint priorities focused on the health, safety, and well being of students. When expectations are mutually agreed upon the result is greater job satisfaction and increased job efficiency (Zimmerman, Wagoner, & Kelly, 1996). If school nurses, educators, and administrators would share the same vision for school nursing practice efforts could be coordinated to optimize the care provided to students.

Statement of the Problem

Despite the contributions of school nurses in the first half of the twentieth century, the number of nurses employed in schools has declined. In 1994, California employed one school nurse for every 1,815 students (Fryer

& Igoe, 1995). This is due to rising costs and budget cutbacks in school districts (Wold, 1981). School nurses now often deal with unrealistically high student-nurse ratios and are typically expected to serve more than one school.

The characteristics of the student population have also changed drastically. Student health needs have increased due to poverty, single parent families, as well as increases in high-risk behaviors, and chronic health conditions (Passarelli, 1994). In 1975 Public Law 94-142 was enacted, which mandated that all students receive free and appropriate education regardless of their disabilities with accommodations made for these students (Protigal, 1999). As a result of this law and changes in the student population, schools are seeing more medically fragile students who require specialized physical health care procedures such as catheterizations, tracheostomy care, and gastrostomy feedings, among others. Because school nurses currently serve larger numbers of students including more students with challenging health problems, the demands on their time have increased which may result in role strain (Zimmerman et al., 1996). School nurses must have the ability to prioritize activities based on

the needs of the students. Unfortunately, due to the high demands, many students' needs may not be met.

Purpose of the Study

Descriptions of what influence educators' perceptions of priority school nursing activities have not been evaluated. How a person decides on what he or she feels is an important role or activity depends on a number of factors. Identifying and defining these factors is the first step to clarify and better understand differences in nurses and educator's perceptions of school nursing priorities. Once influencing factors are understood, school nurses can proceed to a dialogue or discussion of mutual priority setting with educators.

The purpose of this study is to identify educator's and school nurse's perception of priority school nursing activities, and to describe factors influencing agreement or disagreement with the school nurse on the priority school nursing activities.

Theoretical Framework

A discussion of how one perceives another's role is described in Role Theory by Kahn, Wolfe, Quinn, Snoek, and Rosenthal (1964). Role Theory also explores how one adjusts to role conflict and ambiguity within an

organization. Adjustment is based around the cyclic process of a role episode. In the episode there is a "role sender" and a "focal person." Based on experience, perceived expectations, and responses to role pressures, the "role sender" sends a message to a "focal person" regarding the role. The "focal person" experiences the message sent and depending on his experience and perceived expectations, responds through compliance or coping mechanisms (Kahn et al., 1964).

In particular interest are the factors that Role Theory discusses as being involved in the role episode and role confusion. Characteristics that compose an organization, a person, and relationships may contribute to confusion and conflict (Kahn et al., 1964). Through personal experience and reflection, as well as a review of literature, Role Theory supports development of a model of factors influencing educator's perceptions of school nursing priority activities. The application of Role Theory as the theoretical framework for this study includes the three factors that most influence educator's perception of school nurse priorities and an assessment of the congruency of these factors that result in agreement or disagreement between school nurses and educators.

The three factors that are theorized to influence an educator's perception of school nursing priority activities are school level of employment, interactions and relationships, and personal factors (see Figure 1).

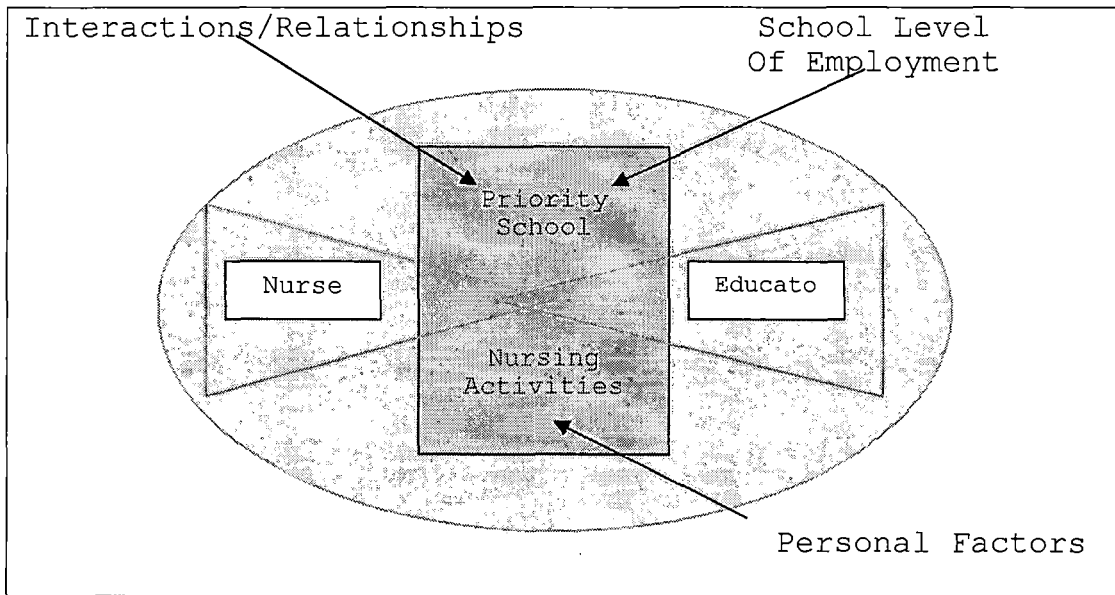


Figure 1. Factors Influencing Educator's Perceptions of School Nursing Priorities

Theory Application

School Level of Employment

There are three school levels of employment that can influence perceptions of school nurse activities. The school level of employment may be elementary, middle, or high school. These levels often reflect different priority activities for the school nurse. It is proposed that a person who is employed in the same school level as the

school nurse will have more congruency in the perceptions of school nursing activities. An elementary school nurse has perceptions of the priority activities, while a high school teacher may have a very different perception of the priority activities.

Gilman, Williamson, Nader, Dale, and McKeivitt (1979) found that school nursing time and activities varied across the different levels of education in order to meet the developmental needs of the students at the various levels. Conrad and Wehrwein (1992) in identifying the perceptions of public school administrators found a significant difference depending on the administrator's level of assignment. Health counseling for individual students was rated higher by high school administrators, while health education for parents was rated higher at the elementary level.

Interactions and Relationships

Interactions and relationships between educators and school nurses may also influence the educator's perceptions of priority nursing activities. Interactions and relationships include the number of contacts with the nurse and/or the sharing of common experiences. A person with a greater number of contacts and shared experiences with the school nurse will have a greater congruence with

the nurse on the priority activities. The teacher that has had several contacts or has built a relationship with the school nurse will have a better understanding of nursing priorities than a teacher that has never met the school nurse. Greenhill (1979) while identifying the perceptions of the school nurse's role found that teachers had the most divergent perceptions of the school nurse's role and also had the least amount of actual contact with the nurse.

Personal Factors

Finally, personal factors have a strong influence on an educator's perception of priority school nursing activities. Personal factors may include a person's own values, beliefs, fears, and motives (Kahn et al., 1964). The goal of educators is to teach in an effort to promote student success including meeting learning objectives and increasing high scores on standardized tests. The health and safety of the students may not be a high priority for educators. However, those educators that have the belief that health and illness impact a student's ability to learn may have a greater understanding and respect of school nurse activities. The school administrator who has a great fear of litigious action due to health care-related injury and negligence, may have similar

priorities as the school nurse. The school nurse at the school site with that administrator may have that same fear. Therefore, they may both believe that ensuring that all staff are trained appropriately with emergency care and specialized health care procedures is a priority.

It is important to note that each factor does not necessarily influence an educator's perception by itself. Rather one factor may influence another factor. For instance, one's personal beliefs and values may not easily be changed, but by strengthening a relationship, one may introduce their beliefs and values to another, resulting in a changed perception.

Factor Congruency

The model proposes that congruency of factors between the nurse and educator results in agreement or disagreement in priority school nursing activities (see Figure 2). Low or no factors in common by the educator and school nurse indicate incongruent perceptions resulting in disagreement between the two. The disagreement is represented on the figure by the large space between the educator and nurse. The higher the number of factors that an educator has in common with the school nurse indicates increased congruent perceptions of priority school nursing

activities resulting in agreement between the two. This is represented by the two lines moving closer together.

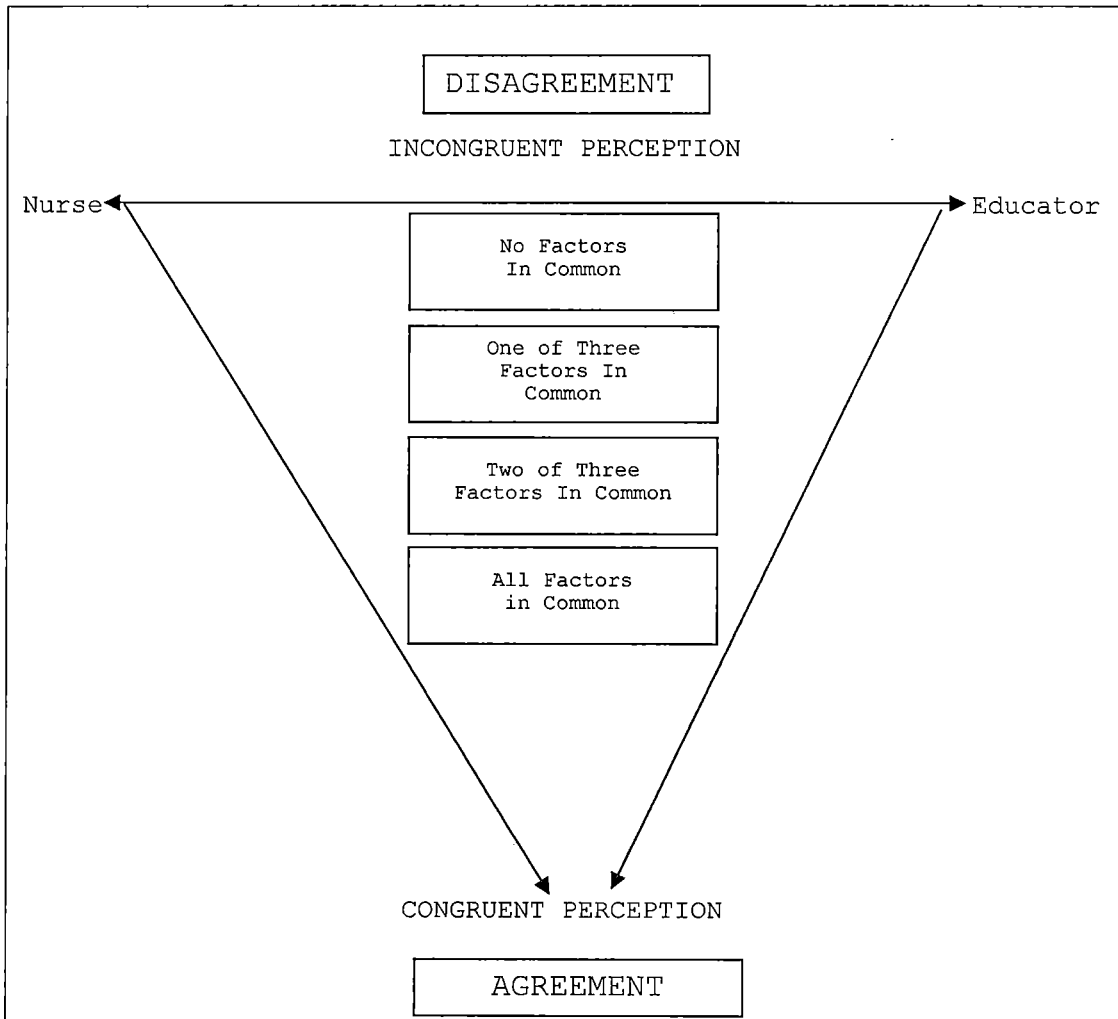


Figure 2. The Effect of Factor Congruency on Nurse and Educator Agreement

Among the three influencing factors, school level of employment is constant and rarely do administrators and teachers change their school level, nor can they be forced to do so. School nurses, depending on the assignment, may

cover all levels at one time. This complex assignment can be difficult to change. Personal factors are a result of culture, religion, environment, including childhood upbringing, and may also be difficult to change. On the other hand, the factor that is more likely to change is the interactions and relationships between school nurses and educators.

Limitations of the Study

This study has two major limitations. The sample is small, non-randomly selected, and limited to one school district in California. Due to the various different school settings and requirements of school nurses throughout the United States the findings from this study cannot be generalized to other schools and school districts outside the school district in which the data were collected. However, this study can be a starting point to guide other school districts in an assessment of priority school nursing activities, and the importance of factors such as how nurse-educator relationships influence perceptions of priority school nursing activities.

Another limitation is the possibility that when participants completed the survey they may have mistakenly responded with respect to a health clerk usually present

in the school health offices rather than the school nurse. Throughout the school district health clerks are at each school site daily and thus more visible. The school nurse travels to various schools sites and may not be present at every school everyday. On the survey the term "district nurse" rather than school nurse has been used in an effort to alleviate this confusion.

Definition of Terms

The following terms are defined as they apply to the study.

Perception - As defined by the University of Minnesota and employed by Wold, it is "the process of receiving and interpreting incoming sensory data from the internal and external environment" (as cited in Wold, 1981, p. 78).

Priority Setting - Marriner defines the process of priority setting as "the process of establishing a preferential order in the delivery of nursing care" (as cited in Wold, 1981, p. 406). For this study priority setting means that in school nursing those activities of high importance would be handled first and those with the least importance would be handled

last. Priority setting is a crucial function of the school nurse.

Contacts - Contacts are the number of communications both verbal and nonverbal among the educator and school nurse that includes but is not limited to meetings, emails, trainings, and casual contacts.

School Level - For the purpose of this study, school levels are defined as elementary school being kindergarten through 5th grade, middle school as 6th through 8th grade, and high school being 9th through 12th grade.

Educators - Educators in this study are administrators and teachers. Administrators include principals and assistant principals at the various school sites.

School Nurse - In this study a school nurse is defined as a registered nurse permanently employed full time in the school district.

Congruency - Congruency for this study is the state of being in complete agreement with stated factors. In this case it is the school nurse and educator with the three factors of school level of employment, relationships and interactions, and personal factors.

CHAPTER TWO

REVIEW OF THE LITERATURE

A full review of literature found several studies addressing school disciplines including school nurses on perceived school nursing roles and functions. There have been studies focused on perceptions decades before now. This literature review examines in chronological order how school nursing activities have been perceived.

1960's

Thirty-three years ago, Forbes (1967) studied 115 elementary and secondary teachers and how they perceived school nursing activities. Teachers and nurses were given 20 selected school-nursing activities to rate. Both groups rated the same activities within the first four places of the potential 20: conferring with teacher, vision screenings, first aid administration, and follow up on referrals. Due to legislation and changes in student population and needs, school nursing has changed some the past decades since this study took place.

1970's

A decade later, time spent each day on activities by a school nurse was recorded for those nurses in the

Galveston Independent School District in Texas (Gilman et al., 1979). Six nurses were given a list of 41 activities along with a time chart. Activities were self-recorded by each nurse at 15-minute intervals over a 10-day period. Findings from the previous study were supported. With nurse-pupil activities, it was found that the elementary school nurses spent the greater amount of their time on pupil screening, classroom observation, and medication administration. Assessment of complaints and first aid was recorded as the most time spent by middle school nurses, while high school nurses also recorded assessment of complaints, obtaining health histories and student counseling as the most time consuming (Gilman et al., 1979). This study is limited to what activities school nurses were spending the majority of their day performing. It does not place a value on the activities by the school nurse or educator. Furthermore, today with school nurses covering more than one school, they often supervise health clerks with first aid and medication administration rather than administering medications themselves.

1980's

In the 1980's three other studies were performed to examine how other school personnel viewed the role of the

school nurse with handicapped students, to identify and describe clusters of school nurse activities, and to survey perceptions of school nursing by school districts.

The increased number of students with chronic and critical health conditions adds to the frustrations that school nurse's experience. Goodwin and Keefe (1984) specifically examined how a sample of educators including 179 principals and teachers throughout Illinois, New Hampshire, Arizona, and Washington perceived the school nurse's role with handicapped children. A five point Likert scale was used to assess activities that school nurses should be and actually do perform. The top three activities that principals and teachers perceived as important school nurse functions with handicapped students were screening procedures to detect handicaps, instruct handicap students, families, and staff regarding the health needs of the student, and participation as a member of a multidisciplinary team. This study also found a large discrepancy between the principal's and teacher's perceptions of the extent to which certain activities should be completed versus how they actually were carried out by school nurses. Evidently, either school nurses were not meeting the expectations of their colleagues or their efforts may have gone unnoticed.

In an attempt to categorize school-nursing activities, a survey was distributed to a sample of 403 school nurses in New York (White, 1985). Frequencies of 26 activities were recorded by nurses. Responses represented five areas of school nursing activities: physical care, facilitation, instruction, administration, and clerical. Like previous studies, school nurses reported that they spent the greatest amount of their time responding to health complaints and first aid procedures (White, 1985).

In reviewing and revising curriculum for school nurses at Loma Linda University, a survey was distributed to various different school staff at five area school districts (Miller & Hopp, 1988). The total sample size was 173. One of the requests of the survey supported the need to prioritize school-nursing skills. Although an example of the survey was not provided, the study stated various levels of school nurse priorities held by various school personnel. Screening was the priority for school nurses reported by principals. On the contrary, teachers, parents, staff, and others prioritized first aid and emergency care as most important. Interestingly, school nurses rated prevention and control of communicable diseases as the most important (Miller & Hopp, 1988).

1990's

In some states, county public health nurses provide health services to the public schools. Three hundred and three public school administrators were surveyed from the Midwest on what they believed were the important responsibilities of the public health nurse in their school (Conrad & Wehrwein, 1992). The survey presented 12 nursing activities covering three categories of school nursing responsibilities on a five point Likert Scale. The administrators rated the overall category of health education as the most important. However, when asked to rank individual activities, supervision activities related to communicable diseases and immunizations were ranked higher than specific health education activities by the administrators (Conrad & Wehrwein, 1992). Nurses were not included as participants in this study.

More recently in 1998, a qualitative study was performed to specifically evaluate school-nursing perceptions (Felton & Keil, 1998). Ten school nurses were interviewed. Transcripts of interviews identified five major categories of school nursing perceptions and vision. One category, "scope of practice perceptions," school nurses verbalized that the variation of expectations

resulted in feelings of stress and need for their role to be clarified (Felton & Keil, 1998).

Thurber, Berry, and Cameron (1998) surveyed by phone and mail the Boards of Education of all 50 states to clarify the educational mandates regarding the role of the school nurse in the United States. Responses were received by all states. Questions were asked about mandates on education, school nurse responsibilities, and health education requirements. Although not clearly explained in this study, activities were also presented in order to identify the frequencies of activities performed by the school nurse. The most frequent activity mandated for school nurses was health appraisal. Sadly, the respondents from 46% of the states were not able to define what they expect of their school nurses. Even though this study did not include school nurse responses and was limited to mandated activities, it demonstrated that problems with school nursing activities and priorities do exist throughout the United States.

The literature consistently demonstrates discrepancies even as far back as 30 years, between educator's and school nurse's perceptions of priority school nursing activities. Frustrations have also been documented by school nurses. This study attempts to

investigate specific perceptions of school nurse priority activities and what factors influence those perceptions.

Research Questions

The following questions were addressed by this study:

1. Do administrators, teachers, and school nurses have the same perception of priority school nursing activities as evidenced by similar ranking of activities?
2. Does the school level of employment influence the ranking of priority school nursing activities?
3. Do those educators who report greater contacts and relationships with the school nurse have a greater agreement with the school nurse on priority activities?

CHAPTER THREE

METHODOLOGY

Study Design

This study was a descriptive survey using a questionnaire developed by the investigator. The descriptive approach was necessary to explore the perceptions of priority school nursing activities. All data was gathered anonymously.

Setting

Surveys were distributed to educators and nurses in the Lake Elsinore Unified School District. The district is located in the city of Lake Elsinore, California approximately 65 miles north of San Diego, California. The district consists of 13 elementary schools, 4 middle schools, 3 high schools, and 1 alternative education site.

Sampling

Participants for this study included full-time permanent nurses, teachers, and administrators employed by the Lake Elsinore school district. Administrators consisted of principals and assistant principals.

Convenience sampling was the method used to recruit participants for this study. The sample contained 318 teachers, 27 administrators, and 6 nurses. School nurses

received the survey during a school nurse meeting. Since one school nurse covers several sites and may cover more than one school level, each nurse was requested to complete a survey for each school site that they were responsible for. Principals and assistant principals were asked to complete the survey during a weekly principal council meeting. Surveys were distributed in teacher boxes at each school site with a request to place the completed survey in a specifically marked envelope posted nearby.

Instrument and Data Collection

The instrument used to collect data was a survey questionnaire comprised of four sections. The survey was developed by the investigator (see Appendix A). The first section of the survey requested demographic data including age, gender, professional title, school level of current position, and number of years in current position. The second section of the survey was to be completed only by the administrators and teachers. This section asked two questions. The first question asked for the number of contacts the participant had had with the school nurse. The second question asked the participant to rate their relationship with the school nurse at their site. The third section had a list of school nursing activities. All

participants were asked to rank activities in order of importance from one to ten, with one being the most important and ten being the least important. Finally, the fourth section was composed of an open-ended question asking all participants to comment on how they feel school-nursing services could improve.

To support content validity, the survey was reviewed by three faculty members in the nursing department at California State University, San Bernardino, and three members of the California School Nurse Association, Southern Section. To assess test-retest reliability, five school nurses outside the Lake Elsinore School District were asked to fill out the survey initially and then again a few weeks later. All had responded with exactly the same answers the second time except for one nurse who changed the ranking on two of the activities. The first survey had "participation at IEP/SST meetings" rated 6th and "participation/health related in-services at staff meeting" as 7th. The second survey had the rankings of the two activities reversed.

Protection of Human Subjects

The study was discussed with and approved by the assistant superintendent of the Lake Elsinore Unified

School District where the study took place (see Appendix B). The proposal was reviewed and approved by the Internal Review Board of California State University, San Bernardino (see Appendix C).

The act of filling out and returning the survey was considered consent to participate in the study. A short introduction and debriefing were included with the survey. All possible participants had the opportunity to not complete the survey. Subjects who choose to participate in the study were asked not to write their name on the survey to protect anonymity. Although there was no individual identification, each school site was identified by a different colored survey.

CHAPTER FOUR
RESULTS AND DISCUSSION

Data Analysis

Computation of the data was completed with The Statistical Packages for the Social Sciences (SPSS), a data analysis package for the Personal Computer. Demographic data by both level and title is presented in Table 1. Age and years at current title are similar for nurses and educators as well as reported school level of employment.

To evaluate if there were differences between the ranking of school nurse activities for school nurses and educators, mean scores for each activity were obtained (see Table 2). Analysis of variance (ANOVA) was performed to evaluate significant differences between the group rankings at $p < .05$. Seven out of 10 activities were ranked significantly different between the groups. They are health education, screening procedures, counseling, individualized school health plan, SST/IEP meetings, home visits, and coordination of health services for special needs students. Post hoc testing was done to identify which groups ranked these activities differently. While all 7 of these activities showed significant differences

between teachers and nurses, only the three activities of screening procedures, individualized school health plan, and counseling were significantly different among administrators and nurses. Interestingly, coordination of health services for special needs students had significant difference in rankings among teachers and administrators. While nurses and administrators seemed to agree that this is one of the most important activities, teachers didn't feel the same.

When examining the level of school employment on the rankings of activities, ANOVA identified significant statistical differences ($p < .05$) with the activities of screening procedures, counseling, IEP/SST meetings, and home visits (see Table 3). Post hoc testing showed that participants working at the elementary school level did not agree with the middle school level on two activities and on three activities with participants working at the high school level. There were no statistical differences on rankings between middle school and high school.

The number of contacts and reported relationships an educator has with the nurse were examined to see if it has any relationship to ranking of activities. Although both teachers and administrators seem to know their school nurse by name, how often they actually see or have contact

with their nurse is quite different. Teachers report a mean of only 5.57 contacts with the nurse. Administrators report a mean of 35.55 contacts with the nurse. In reviewing the rankings of activities it is evident that such contacts and relationships may be an influencing factor on rankings. While only three were identified as significantly different among the nurses and administrators, seven were different among the teachers.

Table 1. Demographics by Reported Title and School Level of Employment

	<u>Years at Current Title</u>		<u>Age</u>	
	Mean	SD	Mean	SD
Elementary n = 216	10.65	8.37	42.36	9.28
Middle n = 68	11.01	8.80	43.96	8.43
High n = 64	12.88	9.55	46.11	9.91
Administrator n = 27	9.56	9.13	48.26	8.05
Teacher n = 351	11.31	8.71	42.57	9.35
Nurse n = 15	11.13	8.56	51.24	6.52

Table 2. Ranking of School Nursing Activities by Title

Activity	Mean Rankings N = 334			Significant Difference		
	Adm. n = 27	Teacher n = 291	Nurse n = 16	Nurse/ Adm.	Nurse/ Teach	Adm./ Teach
Health Ed	5.81	4.82	7.37	.140	.000*	.143
Screening	3.37	3.16	5.00	.020*	.001*	.845
Counseling	6.56	5.96	8.25	.041*	.001*	.261
ISHP's	5.78	6.50	3.06	.000*	.000*	.250
IEP/SST Meetings	6.19	7.00	5.44	.548	.021*	.175
Supervi- sion of first aid/ meds.	3.78	3.48	2.69	.360	.440	.831
Home visits	8.07	7.87	9.19	.208	.038*	.879
Control of Communi- cable disease	4.59	3.77	4.50	.991	.433	.179
Coord. Of health services for special needs	2.96	4.30	1.56	.148	.000*	.015*
Participa- tion at staff meetings	7.59	7.62	8.13	.712	.625	.998

*p < .05

Table 3. Ranking of School Nurse Activities by School Level of Employment

Activity	Mean Ranking N = 331			Significant Difference		
	Elem. n = 209	Middle n = 63	High n = 59	Elem. Middle	Elem. High	Middle High
Health Ed.	5.19	4.35	5.22	.071	.997	.166
Screening	3.00	3.40	4.02	.312	.001*	.176
Counseling	6.55	5.92	4.88	.206	.000*	.068
ISHP's	6.31	6.14	6.39	.880	.968	.831
IEP/SST Meetings	6.65	7.51	6.97	.024*	.611	.386
Supervi- sion of first aid/meds.	3.63	3.22	3.07	.504	.285	.938
Home visits	7.61	8.55	8.47	.005*	.012*	.979
Control of Communi- cable diseases	3.72	4.08	4.12	.517	.464	.995
Coord. Of health services for special needs	4.14	3.61	4.29	.305	.907	.285
Participa- tion at staff meetings	7.62	8.03	7.31	.379	.588	.153

*p < .05

the same time, administrators only had three out of the ten activities significantly ranked differently than the nurses, while teachers more than doubled that with seven being significantly different. The greater agreement of administrators with nurses may be a result of the increased number of contacts reported.

In analyzing the school level of employment, although not as strong of an influence as contacts and relationships, one can see that elementary school nurses and educators have some significant differences than those at the middle and high school level. Actually in looking at the two top ranked activities by priority, all three levels chose screening, supervision of first aid, and medication. However, when looking at differences in each activity, four out of the 10 activities were ranked as significantly different between elementary school level and middle and high school level. Middle and high school levels appear to share a greater agreement in perceptions of priorities than the elementary level as compared to the middle and high school. Besides the number of contacts and relationships, a person's level of employment may also account for the congruency of perceptions with the school nurse.

In summary this study has found that indeed there are differences between perceptions of school nursing priority activities between nurses and educators with school level of employment as a possible influence. More convincing is the finding that the increased number of contacts with the school nurse increases the agreement with the school nurse on her priorities.

Recommendations

Recommendations are for future research as well as to support school nursing professionals in their practice. Future research needs to be performed to further evaluate and support the proposed theory that school nursing contacts and relationships will influence what an educator feels are important school nursing functions as well as the influence of the level of school. This study has provided foundational data to support the theory. Qualitative research such as interviews with school personnel in various titles and at various school levels will increase support for this theory and yield even more specific information on possible personal factors that could influence how educators perceive school nursing. Another suggestion is to perform this study within a district that employs a school nurse at each of their

sites where contacts are more likely high and compared with a district that has school nurses covering more than one site where contacts are more likely to be low.

Differences in priorities have been identified long before now; however, identifying what may influence these differences is the next logical step. Furthermore after knowing what these influences may be, it behooves school nurses to address these findings. This study has not only supported the fact that there are differences, but also has given us a glimpse on what may influence an educator's perception of school nursing priorities.

School nurses can narrow the gap between these perceptions by increasing their efforts to be visible and take the time to talk and interact with teachers and administrators showing them what the school nursing job entails. In addition, site personnel should be notified on the days the school nurse is at their site. There should be efforts by the nurse to communicate with the staff perhaps by providing means to contact the school nurse if not at the site, sending emails and memos as needed, and attending meetings when able. The more visible the nurse; the more the school personnel see the school nurse in action and understand the school nurse's priority functions. Inevitably it should result in greater

agreement and support of the nursing role in the schools. More importantly it will hopefully increase the cohesiveness between educators and school nurses resulting in better care for our students in school.

APPENDIX A
SURVEY OF SCHOOL NURSING
ACTIVITIES

Administrators, teachers, and nurses:

Please take a few minutes to fill out the following survey. It is part of a thesis project to look at educators' perceptions of school nursing priorities and possible influencing factors. This study has been approved by the Institutional Review Board at California State University, San Bernardino as well as the Lake Elsinore Unified School District.

In order to protect confidentiality, please do not write your name on the survey. Filling out this survey is strictly voluntary and you have a right not to participate. However, your input will be appreciated and will benefit health services by increasing our understanding to better serve the students in our district.

There are no anticipated risks involved in this study greater than the risks in everyday life. Any questions can be directed to Julie Berg, RN at 674-7731 ext. 381 or Dr. Ellen Daroszewski (909) 880-7238. Results by request will be available June 1, 2003.

Thank you,
Julie Berg RN
District Nurse

*****Teachers,**

Please return completed surveys in the marked envelope posted near your boxes by _____.

Survey of School Nursing Activities

Section 1: Please complete the following demographic data:

1. Professional Title: ___ Administrator ___ Teacher ___ District Nurse
 ___ Other: _____
2. Number of years at current title: _____
3. Current level of assignment: ___ Elementary ___ Middle ___ High
4. Age: ___
5. Gender: ___ Male ___ Female

Section 2: District Nurses, please skip down to section 3. Administrators and teachers please respond:

1. Please check which statement best describes your relationship with the district nurse at your school site:

 ___ I have no relationship and I have never met her or seen her at my school site.

 ___ I know who she is, but I am not sure what her name is. I see her occasionally at my school site.

 ___ I know my school nurse by name but see her only occasionally.

 ___ I know my school nurse by name and see her often at my school site.
2. What is the approximate number of contacts you have had with the district nurse at your school site since the beginning of this school year _____
(i.e. meetings, trainings, casual contacts, etc...)

Section 3: Following is a list of ten school nursing activities. Please rank the following from 1-10 in order of importance to you. One will be the most important and ten will be the least important.

- ___ Health Education
(e.g. dental, hygiene, safety, family life, etc)
- ___ Screening procedures
(health assessments, vision, hearing, scoliosis, etc)
- ___ Counseling/Crisis Intervention
- ___ Development of Individualized School Health Plans (ISHP's)
- ___ Participation at IEP/SST meetings
- ___ Supervision of first aid and medication
- ___ Home Visits
- ___ Control/Exclusion of communicable disease
(e.g. lice, chicken pox, immunization compliance, etc)
- ___ Coordination of health services for special needs students
(e.g. consultation with doctors, training and monitoring of staff on specialized health care procedures such as catheterizations, diabetes, asthma, etc)
- ___ Participation /health related inservices at staff meetings

Section 4:

Please comment on how you feel school nursing services can be improved.

APPENDIX B
PERMISSION LETTER



LAKE ELSINORE UNIFIED SCHOOL DISTRICT

545 Chaney Street, Lake Elsinore, CA 92530
909/674-7731 • FAX 909/245-0084

November 11, 2002

Lake Elsinore Unified School District
545 Chaney St.
Lake Elsinore, Ca. 92530

Dear Dr Bonnie Maspero,

As a district nurse for the Lake Elsinore School District, I am currently pursuing my Masters Degree in School Nursing. In the next school year I will be developing and performing a research thesis project to fulfill the requirements for this degree.

The research will look at the differences in priorities for school nurses among school nurses, teachers, and principals, as well as examining the factors influencing these differences. At no time will students be involved in this study. It will consist of a questionnaire distributed to school nurses, principals, and teachers throughout the Lake Elsinore School District. A copy of this survey is attached. I will get formal IRB approval prior to distributing surveys.

It is my hope to not only fulfill my educational requirements, but also increase understanding and effectiveness between health services and education to better serve the students in our district. At the conclusion of the study, I would be more than happy to share the results with you.

I am requesting for your approval to proceed with the above mentioned research study. Signing below will indicate your approval.

Sincerely,

Julie Berg RN

Julie Berg RN

I have been notified and approve of the research study discussed above that will be performed by Julie Berg during the 2002-2003 school year.

Signature *Bonnie Maspero*
Title Assistant Supt., Ed Services
Date 11/12/02

GOVERNING BOARD: Jeanie Corral • Richard Jenkins, J.D. • Vick Knight, Ed.D. • Jeannine Martineau • Sonja Wilson

SUPERINTENDENT: Sharon E. Lindsay, Ed.D.

APPENDIX C
INSTITUTIONAL REVIEW BOARD
APPROVAL LETTER



**CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO**

5500 University Parkway, San Bernardino, CA 92407-2397

ACADEMIC AFFAIRS

Research and Sponsored Programs

(909) 880-5027

fax: (909) 880-7028

November 22, 2002

**CSUSB
INSTITUTIONAL
REVIEW BOARD**

Exempt Review

IRB# 02033

Status

APPROVED

Ms. Julie Berg, R.N.
c/o Professor Ellen Daroszewski
Department of Nursing
California State University
5500 University Parkway
San Bernardino, California 92407

Dear Ms. Berg:

Your application to use human subjects, titled, "Educators' Perceptions of Priority School Nursing Activities and Influencing Factors" has been reviewed and approved by the Institutional Review Board (IRB). Your informed consent statement should contain a statement that reads, "This research has been reviewed and approved by the Institutional Review Board of California State University, San Bernardino."

Please notify the IRB if any substantive changes are made in your research prospectus and/or any unanticipated risks to subjects arise. If your project lasts longer than one year, you must reapply for approval at the end of each year. You are required to keep copies of the informed consent forms and data for at least three years.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, IRB Secretary. Mr. Gillespie can be reached by phone at (909) 880-5027, by fax at (909) 880-7028, or by email at mgillesp@csusb.edu. Please include your application identification number (above) in all correspondence.

Best of luck with your research.

Sincerely,

Joseph Lovett, Chair
Institutional Review Board

JL/mg

cc: Professor Ellen Daroszewski, Department of Nursing

*The California State University
Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles • Maritime Academy
Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus*

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