CORE
Metadata, citation and similar papers at core.ac.uk
Provided by SJSU ScholarWorks

San Jose State University
SJSU ScholarWorks

Master's Projects
Master's Theses and Graduate Research

5-31-1998

The Level of Confidence of School Nurses to Perform 46 Specified School Nursing Services

Camille Maysonave Brinks
San Jose State University

Follow this and additional works at: https://scholarworks.sjsu.edu/etd_projects

 Part of the Pediatric Nursing Commons

Recommended Citation

Brinks, Camille Maysonave, "The Level of Confidence of School Nurses to Perform 46 Specified School Nursing Services" (1998). *Master's Projects*. 836.
https://scholarworks.sjsu.edu/etd_projects/836

This Master's Project is brought to you for free and open access by the Master's Theses and Graduate Research at SJSU ScholarWorks. It has been accepted for inclusion in Master's Projects by an authorized administrator of SJSU ScholarWorks. For more information, please contact scholarworks@sjsu.edu.

THE LEVEL OF CONFIDENCE OF SCHOOL NURSES TO PERFORM 46 SPECIFIED SCHOOL NURSING SERVICES

A Master's Project

Presented to

The Faculty of the School of Nursing

San Jose State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

by

Camille Maysonave Brinks

May, 1998

The Level of Confidence of School Nurses to Perform 46 Specified School Nursing Services

Abstract

The newly hired, novice school nurse often transitions from a baccalaureate program or an acute care setting to the school nurse role. This newly hired school nurse may be ill prepared for the wide range of services required in school nursing. The California, coastal school district where this pilot study took place, needed to develop an orientation program for newly hired school nurses. The purpose of the project was to ascertain confidence levels of novice school nurses in performing their new role as compared to experienced nurses. Benner's framework "From Novice to Expert" was used to guide this study. The data obtained provided a baseline for development and implementation of a training program. Two research questions were asked: What is the novice school nurse's perceived level of confidence (as compared to experienced school nurses) performing 46 specified school nursing services, and what is their overall level of confidence in the school nurse role? This descriptive survey design used a Likert type questionnaire to assess confidence levels. Statistical analyses were performed using the Mann Whitney U test due to the small sample size of 14 school nurses ($n = 7$ novice and $n = 7$ experienced). Significant differences were found in 13 of 46 school nurse tasks at the $p < .05$ level and 15 at $p < .10$. The novice school nurses were less than confident in 22 of the 46 tasks. An awareness of the services that novice school nurses lack confidence in, will allow for the provision of training and orientation programs that cover services not required in other areas of nursing. Competence in performing these services will improve the quality of nursing services and the health of children.

Introduction

The complex health needs of today's children have dramatically changed the role of school nursing from a focus on communicable and infectious disease control at the turn of the century to the broad range of activities required today (Wold, 1981). America's school children are influenced by changes in society, such as an inconsistent family structure, an increase in violence, substance abuse, and sexually transmitted diseases. Health care reform, a struggling educational system, and special education legislation lacking uniformity add to the school nurse's challenge.

School nurses face varying educational preparation standards throughout the nation. Availability of school nurse practicums in baccalaureate programs is limited. Most nurses enter school nursing with an education that is not specific to a school setting and with skills acquired in other acute care settings. A strong public health background is useful in preparing for school nursing, but the nurse must also be multi-skilled and versatile. Critical thinking and excellent communication skills are essential for multidisciplinary practice and in order to provide holistic care. To meet the shifting health needs of this population, the school nurse faces challenges in a role that has historically been misunderstood and ill defined. " School nursing is at once the best and least understood form of practice on the part of the lay public and nursing professional" (Oda, 1979, p. 47).

The main challenge for the newly hired school nurse, who often works alone and has little support from peers, is acquiring skills necessary to function in an educational setting. Providing health care in the school setting where the primary goal is education often requires that the school nurse have the ability to link the health concern to an educational outcome. At the same time, health services must be cost effective and valued by the school district. The school nurse is often the only health professional on site, isolated from nursing peers, and supervised by educational administrators (Passarelli, 1994).

The purpose of this project is to ascertain the level of confidence of newly hired school nurses in performing their new role as compared to experienced nurses. A "newly hired" or "novice" school nurse is a person employed by a school district with a Preliminary Health Services Credential who has 2 years or less school nursing experience. An "experienced" school nurse is a person employed by a school district for at least 2 years who has a Professional Credential or is completing the course work for a Professional Credential. The sample is limited to school nurses in a small suburban school district of 12,500 students, located on California's central coast. To date, all but 2 of the 14 school nurses in this school district have been hired without any post baccalaureate school nurse course work or school nurse experience.

The current district protocol is to assign newly hired nurses to an experienced school nurse mentor who may spend one to two days orienting the new nurse and continue to be available for advice. There is no formal orientation program and the amount of training

provided varies since it is left to the discretion of each experienced nurse. A manual of school forms and policies is often the newly hired school nurse's main resource until enrollment in a graduate school nurse program.

The California Teacher Preparation and Licensing Law of 1970 requires the school nurse to have a preliminary Health Services Credential. To obtain this credential, the school nurse must be a licensed Registered Nurse and have a baccalaureate degree. This Preliminary Credential is good for 5 years. During this time, the nurse must complete an approved academic program in school nursing and gain 2 years work experience before obtaining a Professional Health Services School Nurse Credential issued by the State of California Commission on Teacher Credentialing (CTC) (Young-Cureton & Epstein, 1991). Prior to completing this course work, the newly hired school nurse must depend upon knowledge and experience gained during the baccalaureate degree program, in which the practice setting is most often an acute health care facility. The unique and varied school nurses' tasks (including mandated screenings for hearing, vision, and scoliosis, as well as educational plans for the student) are most often only briefly covered in community health curricula. Furthermore, due to other academic and clinical course work requirements, the amount of time the student can practice in the community and/or school setting is limited.

This project provides important baseline data for the development, implementation, and evaluation of a curriculum for newly hired novice school nurses. It defines and clarifies

the role of the school nurse and improves the orientation process for novice school nurses, enabling them to better serve the health care needs of students.

The following research questions were examined:

(a) What is the novice school nurse's perceived level of confidence (as compared to experienced school nurses) in performing 46 specified school-nursing services?

(b) What is the novice school nurse's overall perceived level of confidence (as compared to experienced school nurses) in the school nurse role ?

Theoretical Framework

Benner's (1984) conceptual framework describes the importance of a "knowledge that accrues over time in a practice discipline" (Alexander & Keller, 1994, p. 164). Her theoretical basis was the Dreyfus model of skill acquisition and development. Benner's 1984 model, "From Novice to Expert" has five levels: novice, advanced beginner, competent, proficient, and expert. Benner developed these levels and incorporated them into her major concepts and definitions.

The novice and advanced beginner levels were used to define a "newly hired" or "novice" school nurse in this study. According to Benner, a novice includes "any nurse entering a clinical setting where she or he has no experience with the patient population...and...the goals and tools of patient care are unfamiliar" (1984, p. 22). An

advanced beginner has had some experience but still needs help setting priorities and the guidance of preceptors.

According to Benner, an "experienced" school nurse would be defined as competent, proficient or expert. The competent level begins after 2 to 3 years in the same job and is described as "planned nursing". Nurses at the competent level lack speed and flexibility and benefit from decision making and nursing care simulations. Proficient level nurses have 3 to 5 years of experience and are taught primarily by case studies. They are perceptive and their practice is holistic. Expert nurses have at least 5 years experience and have a "deep understanding of the total situation" (Benner, 1984, p. 32).

The novice school nurse's level of confidence compared to more experienced school nurses should reflect these different degrees of competence. Benner states that "as the nurse gains experience, clinical knowledge becomes a blend of practical and theoretical knowledge. Expertise develops as the clinician tests and modifies principle-based expectations in the actual situations" (Alexander & Keller, 1994, p. 165). Benner's theoretical assertions that knowledge accrues over time and is embedded in perceptions, rather than precepts (1984), guided this researcher in answering the questions raised and further clarifies information and content needed in the development of a curriculum for newly hired school nurses.

Review of Literature

The California school nurse role has been defined by the American School Health Association (ASHA, 1974), the American Nurses Association (ANA, 1983), the California School Nurses Organization (CSNO, 1987), and the California Commission on Teacher Credentialing (CTC, 1989). In addition, the State of California Education Code mandates specific school health services that must be delivered as part of school nursing practice (Palmer, 1993).

Regan, in 1976, presented research related to nurses' perceptions of the school nurse role. The study revealed role confusion due to the extended role of school nurses, such as practicing in non-health care settings with a student population which is often physically well. The school nurse's role may be that of health educator and counselor. Greenhill's 1979 study examined viewpoints of principals, teachers, counselors, and school nurses. She found that there were significant differences of role perception between school nurses and other school staff.

Research studies of the school nurse role from the perspectives of students have also been conducted (Resnick, Blum, and Hector, 1980). It was found that the role of the school nurse was health supervisor, direct care provider, health counselor, and health educator. White (1985) presented a study of school nurses that found most of school nurse practice time was spent in assessment and providing care for students. A comparison of students', parents', and teachers' perceptions of the school nurse revealed that providing emergency

care was ranked as most important by all three groups (Nehls, 1989). Sadik (1992) surveyed 170 elementary and middle school teachers who ranked emergency care, hearing and vision screening, and identifying and referring child abuse as the top three most important school nurse services, and health counseling for staff as least important. Cassel (1993) found that 134 parents considered the direct care of students, including emergency care, child abuse reporting, and hearing and vision screening as the top three most important services for the school nurse role. Coordinating school lunch program and attendance were the least important.

Kremer's (1993) study surveyed 242 elementary and junior high teachers and revealed that the top three most important school nurse services were vision and hearing screening, maintaining a health problem list, and emergency care. Palmer's 1993 study found that school nurses believed that the role of liaison between the student, the family, the doctor, and the teachers was the most important nursing service. Health counseling for students was second in importance and took priority over education. Perez's (1995) study of 55 school administrator's found acting as a liaison between the student, the family, the doctor and the teacher when there was a health problem as the most important school nursing function.

Oda found that nursing graduates were ill prepared to function as school nurses because of the "autonomy required and the isolation from peers or clinical supervisors" (1993, p. 230). She interviewed prominent administrators who stated that an orientation period with supervised practice was essential for new school nurses and that most "new

graduates of baccalaureate nursing programs were not prepared to function in a school setting without an orientation period and supervised practice" (Oda, 1993, p. 231).

Another challenge to the newly hired school nurse is providing health care in a setting that has education, not health, as its primary mission. Passarelli states "translation of the individual student's health problems into educational relevance or elucidation of how a specific health problem influences a students educational program is critical" (1994, p. 142).

Methods

This study focused specifically on school nursing issues of importance to the particular school district surveyed. A descriptive survey design was selected to provide base line data for development of a district school nurse orientation and training program. This design was appropriate for gathering information for this study and can by utilized with a larger population.

Setting. The school district is a small coastal school district with a student:nurse ratio of 1,136 students to each school nurse. School district needs, including plans to open three additional elementary schools due to classroom downsizing in 1998 and the availability of categorical funds, resulted in the hiring of seven new school nurses from 1996-1998. The school district is a partner in a local Healthy Start Grant, which adds case management responsibilities to the school nurse role at seven schools. School nurses in this school district also bill for Medi-cal reimbursement.

Sample. A convenience sample of fourteen school nurses comprised the study population, seven of whom were newly hired novice school nurses. After explaining the purpose of the study at a monthly meeting of school nurses, volunteers agreed to participate. All of the novice school nurses had a Bachelor of Science in Nursing degree, and one had a Masters of Science degree. Ages and work experience varied, but none of the newly hired nurses had school nurse experience. This sample was purposive, used to obtain information of specific relevance to the selected school district. The study included 14 elementary schools, four middle schools and three high schools. Three of the novice school nurses were assigned to nine elementary schools, three to three middle schools, and one to a high school. In addition, four of the novice school nurses provided case management at their schools. The seven experienced school nurses served two high schools, one middle school and five elementary schools. One of these school nurses was the Coordinator of Health Services.

Instrument. Nehls' (1989) survey questionnaire, The School Nurse Service (SNS) Data Collection Tool, was selected because of its use in previous research studies measuring attitudes about the relative importance of specific services performed by the school nurse. Nehls surveyed students, parents, and teachers. Sadik (1992) surveyed elementary and middle school teachers. Palmer (1993) surveyed school nurses and Kremer (1993) surveyed elementary and junior high teachers. Perez (1995) surveyed school administrators. These studies asked questions according to a level of importance on a 4-point Likert-type scale from 4 = very important to 1 = not important. "Nehls consulted

nine school nurse experts to review the survey for content, completeness, clarity, format and validity. She then pilot-tested the survey using three groups of teachers, students, and parents.... No reliability studies were conducted" (Palmer, 1993, p. 33). The Nehls tool was modified to collect information for this study's dependent variable of confidence levels by changing the 4-point Likert-type scale interpretation to 4 = very confident and 1 = not confident. Additional questions were added to collect data specific to this school district. Nehls granted Palmer permission to alter the tool in her 1993 study. An expert school nurse advisor reviewed revisions to the tool.

Procedure. The questionnaires were sent via district mail to all 14 school nurses during fall 1997. The questionnaire packet consisted of an explanatory statement and a 4-page questionnaire, including a first page requesting demographic data. A self addressed stamped envelope was included to return via US mail to the primary researcher's home address. When all 14 unopened questionnaires were received, they were mailed via US mail in aggregate to the researcher's faculty advisor. Consistency and anonymity were insured as the data was tabulated from each subject in exactly the same way and without the identity of the respondents being known. The advisor compiled a master score sheet for further analysis by the researcher. The questionnaires and attached demographic data were kept in the advisor's office to insure anonymity.

Approval to conduct this research was obtained from the San Jose State University Human Subjects Institutional Review Board. It was a survey that did not identify the names of respondents and the process of data collection was designed to protect the

respondents' anonymity. There was no risk to respondents' professional standing, reputation, or employability, nor was there financial risk, gain or liability. Participation was entirely voluntary. The Coordinator of Health Services, as a representative of the school district administration, gave approval to the researcher to conduct this project.

Results

Fourteen school nurses returned their questionnaires (100% return rate). There was no threat to internal validity from attrition because the school nurses were highly motivated to supply data for development of a district orientation and training program. The researcher stressed the importance of their responses when the project and request for participation were presented. The Likert responses of confidence levels for each of the 46 school nurse tasks were tabulated by the researcher's primary advisor using a scale of 4 = very confident, 3 = confident, 2 = somewhat confident and 1 = not confident. A master data sheet, to insure anonymity, was provided to the researcher. Subjects with 2 years or less experience were designated novice (N) (n = 7) and 2 years or more years experience were designated experienced (E) (n = 7).

Demographics. The overall descriptive profile of the N group (n = 7) and the E group (n = 7) is given in Table 1. Characteristics of the sample revealed similarities in both groups, such as gender (all female) and marital status although the N group was a younger population. The school nursing experience ranged overall from 2 months to 25

years. The mean of experience for the novice school nurses was 0.75 years (9 months). The mean of experience for the experienced school nurses was 15.3 years.

(INSERT TABLE 1 HERE)

Analyses. Computerized data analyses was performed using Epi Info (CDC Epidemiological Data Program) to determine the mean, standard deviation and probability (p) of the significant differences in confidence levels for each of the 46 tasks for the N and E groups. The Mann Whitney U Test was selected because of the small group size (7) of the two samples and the ordinal nature of the data. The test is based on the assignment of ranks to the two groups of measures. The sum of the ranks of the two groups, from most confident = 4 to not confident = 1, was compared by calculating the U statisitic (Polit, 1983). The Mann Whitney U test is a nonparametric analog to the independent samples T test and less likely to produce Type II errors (Huck & Cormier, 1996).

All statistical tests were conducted at the 0.05 level of significance. There was a statistically significant difference ($p < .05$ [two-tailed]) in the confidence level of N school nurses compared to E school nurses in 13 of the 46 tasks. "Highly significant differences" (Huck & Cormier, 1996, p. 222) ($p < .01$) were found in two tasks: item 9, providing health counseling to staff and item 46, overall level of confidence in school nurse role. There was "marginal significance" (Huck & Cormier, 1996, p. 220) at the $p<.1$ level in 13 additional tasks. Items 21, 24, 25, 39, 41, 43 and 44j are listed in Table 3.

The remaining items are: item 3, liaison between family and doctor; item 16, home visits; item 27, assess immunization; item 29 establish first aid procedure, item 30, inservice on first aid; and item 44h, alcohol and drug education.

(INSERT TABLE 2 HERE)

Data from the sample was used to determine the mean and standard deviation of the N and E groups' responses. The novice's least confident service items were placed in rank order. The mean for the N group was less than confident ($M < 3.0$) in 26 of the tasks and not confident ($M < 2.0$) in three tasks (see Table 3.) The lowest mean confidence levels ($M = 1.6, 1.9$) were in performing Item 12, coordinating services for the handicapped ($M = 1.6$); Item 21, coordinating school lunch program ($M = 1.6$); and Item 20, leading support groups ($M = 1.9$).

The mean of E group was greater than 3.0 (confident) for all tasks, with the exception of Item 10 ($M = 2.9$), taking an active role in providing CPR instruction and Item 37 ($M = 2.7$), providing special procedures such as catheterization or suctioning to students.

(INSERT TABLE 3 HERE)

Discussion

The intent of this study was to provide direct assessment of the perceived level of confidence in non-experienced school nurses as compared to experienced school nurses for the development of a district orientation and training program. The findings answered the first research question with significant difference in the means of the level of confidence between N and E school nurses in 13 of the 46 nursing services. The second research question was answered by item 46 "Overall, how confident are you performing the school nurse role?" The statistical results indicated a highly significant difference ($p < .0083$) between the groups.

The results support Benner's theoretical framework, differentiating expertise developing over years of practice and experience. The experienced school nurses in this study all had five years or more experience and would be categorized as "expert" by Benner. The "expert" opinions of the E school nurses were used as a baseline from which a district school nurse training and orientation program was developed. Their mentoring is critical in the transition of novice school nurses, either from a baccalaureate program and/or from an acute care setting. Harvey (1998) states that a successful school nurse "made the transition from acute care and embraced a philosophy of health promotion and wellness, utilizing interdisciplinary skills in her practice...(and)...were those most in touch with the public health roots of nursing" (p. 43). Although the sample experienced school nurses were confident in their ability to provide health care away from an acute care setting, two previously unrealized weaknesses resulted from the study. The experienced

nurses had a lack of confidence in performing two nursing services: item 10, providing CPR instruction to the staff and item 37, special functions for students, such as suctioning or catheterizations. These are services that are more common to the acute care setting and a refresher in-service is planned as an outcome of this data.

The novice school nurses' perceptions of least confident tasks will provide a focus for the orientation and training program. For example, there were highly significant differences between the E and N groups in the school nurse task 2, hearing and vision screening which was listed in the top three priorities of past studies by Sadik, Cassell, and Kremer. It will be important to place emphasis on this skill in future training and orientation programs. Some of the tasks needed clarification, as the N nurses had not had the opportunity to perform them. Benner's framework defined "novice" or "advanced beginner" as lacking experience with the goals and tools of a clinical setting. The highly significant differences between the E and N school nurses in overall level of confidence showed the need for training and guidance by experienced school nurse preceptors.

Limitations of the Study

Confidence is an abstract concept and therefore difficult to measure in expressive and concrete terms. Perception of confidence from one individual can be highly influenced by personality, age and life experience. The instrument (SNS Data Collection Tool) was adapted to measure confidence levels on the Likert scale. While the Likert scale questionnaire is a commonly used attitude measure for humans, its reliability is

considerably variable. Responses are limited by its "closed-ended items" (Lo Biondo-Wood & Haber, 1994, p. 354). On the positive side, questionnaires insure no interviewer bias and complete anonymity.

The ability to generalize the finding was limited by the nonrandom sample and the small sample size (two groups n = 7). Results based on small samples (under 10) tend to be unstable- the values fluctuate from one sample to the next" (LoBiondo-Wood & Haber, 1994, p. 302). The Mann Whitney U test was used to examine the differences between the ranks, rather than the actual score. This project used the available, voluntary, and accessible population of seven novice school nurses and seven experienced school nurses, the total school nurse population of one school district.

Implications for Practice

Although this study represents a preliminary phase of a larger, future study, the findings have implications for school nurses. The findings of significant differences in confidence, along with experience, should influence practice by encouraging school districts to evaluate and develop training and orientation programs that will assist novice school nurses. Educating novice school nurses in the services most important to the school nurse role requires an understanding of their level of confidence to perform these services.

Future Research

The study's findings provide direction for additional research on confidence levels in the school nurse role. The findings suggest implications for further research with a larger,

more diverse population of novice and experienced school nurses. School nurse roles vary from district to district, as well as nationally. Benner's framework supports the significant difference in confidence levels. It is vital that school districts and experienced school nurses provide newly hired, novice school nurses with a comprehensive training, orientation, and mentoring program. An understanding of confidence levels in performing the diverse services of school nursing will help improve the performance of the school nurse role and better serve the health needs of children and families.

Acknowledgements

I wish to thank my husband Heinz and my daughters Aimée, Kate and Elisabeth. They were my research assistants, statisticians and editors, but most of all, cheerleaders. I thank my sisters Nanette and Desirée and my Mom for their love, patience, and encouragement. I thank my friends Carline and Bill for their wisdom and time. I am especially grateful to the nurses of the MPUSD for participating in this study, for their unending support and for listening to me along the way. This study applauds their expertise.

References

Alexander, J. & Keller, S. (1994). From novice to expert: Excellence in clinical nursing practice. In A. Marriner-Tomey (Ed.), Nursing theorists and their work (pp. 163-177). St . Louis: Mosby-Year Book, Inc.

American Nurses Association. (1983). Standards of school nursing practice. Kansas City, MO: Author.

Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park, CA: Addison-Wesley.

California School Nurses Organization (1987). Position and policy statements. Sacramento, CA: Author.

Cassel, S. (1993). The school nurse role as perceived by parents. Unpublished master's thesis, San Jose State University, San Jose, CA.

Commission on Teacher Credentialing. (1989). Standards of program quality and effectiveness for developing and evaluating programs of professional school nurse preparation in California. Sacramento: State of California.

Greenhill, E. (1979). Perceptions of the school nurse's role. Journal of School Health, 49(7), 368-371.

Harvey, G. M. (1998). Making the transition from acute care to school nursing. Journal of School Nursing, 14(1), 40-46.

Huck, S.W., & Cormier, W. H. (1996). Reading statistics and research. New York: Harper –Collins Publishers, Inc.

Kremer, W. (1993). The school nurse role as perceived by elementary and junior high school teachers. Unpublished master's thesis, San Jose State University, San Jose, CA.

LoBiondo-Wood, G., & Haber, J. (1994). Nursing research: Methods, critical appraisal and utilization (3rd ed.). St. Louis, MO: C.V. Mosby.

Nehls, D.J. (1989). Services of school nurses at the secondary level expected by students, parents, and classroom faculty: A descriptive study. Unpublished master's thesis, San Jose State University, San Jose, CA.

Oda, D. (1979). School nursing: Current observations and future projections. Journal of School Health, 49(8), 437-439.

Oda, D. (1993). Nurse administrators' views of professional preparation in school nursing. Journal of School Health, 63(5), 229-231.

Palmer, E. (1993). School nurses' perceptions of the value of their services: A descriptive study. Unpublished master's thesis, San Jose State University, San Jose, CA.

Passarelli, C. (1994). School nursing trends for the future. Journal of School Health, 64(4), 141-146.

Perez, S. (1995). The role of school nurse as perceived by school administrators. Unpublished master's thesis, San Jose State University, San Jose, CA.

Regan, P.A. (1976). A historical study of the school nurse role. The Journal of School Health, 46(9), 518-521.

Resnick, M., Blum, R., & Hector, J. (1980). Adolescent perceptions of the school nurse. The Journal of School Health, 50(10), 551-554.

Sadik, N. (1992). The school nurse role as perceived by elementary and middle school teachers. Unpublished master's thesis, San Jose State University, San Jose, CA.

White, D. (1985). A study of current school nurse practice activities. Journal of School Health, 57(10), 413-416

Wold, S.J. (1981). School nursing: A framework for practice. North Branch, MN: Sunrise Press.

Young-Cureton, V., & Epstein, K. (1991). School Nursing: It's more than Band-Aids for kids. California Nursing, 13(2), 20-22.

Table 1

Summary of Participants' Characteristics (N=14) by Group*

Variable	Novice School Nurse (n=7)	Experienced School Nurse (n=7)
Age:		
31-40	3 (43%)	1 (14%)
41-60	3 (43%)	5 (71%)
60+	1 (14%)	1 (14%)
Gender:		
Female	7 (100%)	7 (100%)
Marital Status:		
Single	2 (29%)	1 (14%)
Married	5 (71%)	6 (86%)
Employed:		
Full time	6 (86%)	5 (71%)
Part time	1 (14%)	2 (29%)
Educational Level:		
BS/BA	6 (86%)	3 (43%)
MS/MA	1 (14%)	4 (57%)
Credentials (School Nurse)		
Preliminary	7 (100%)	1 (14%)
Professional/Clear/Life	0 (0%)	6 (86%)
School Nurse Experience		
0-4 months	4 (57%)	
5-9 months	1 (14%)	
10-12 months	1 (14%)	
13-18 months	1 (14%)	
5 years		1 (14%)
7 years		1 (14%)
15 years		2 (29%)
20 years		2 (29%)
25 years		1 (14%)

* Totals may not equal 100% due to rounding.

Table 2

Significant Differences of Ranked Confidence Levels of Novice and Experienced School Nurses as Determined by Mann Whitney U Test

Item	School Nurse Task	N (n=7) Mean	E (n=7) Mean	p-value
9.	Provide personal health counseling to staff members	2.8	3.9	.0032**
46.	Overall confidence performing the school nurse role	2.7	3.9	.0083**
2.	Provide hearing and visions screenings for students	2.8	4.0	.0138*
23.	Investigate home teacher requests for ill students	2.0	3.6	.0140*
20.	Organize support groups for students	1.9	3.3	.0152*
42.	Present program to school board	2.1	3.4	.0237*
31.	Keep a health problems list of students	3.1	4.0	.0245*
44g.	Provide information on birth control	2.7	3.7	.0260*
11.	Assess health status of underachieving students	2.9	3.7	.0300*
6.	Contain communicable diseases	3.0	3.9	.0311*
8.	Sponsor health related community activities	2.3	3.4	.0308*
12.	Coordinate services for handicapped students	1.6	3.1	.0344*
40.	Mentor other school nurse candidates	2.0	3.3	.0460*

Scale: Confident> 3.0 * $p < .05$. ** $p < .01$.

Table 3

Ranked Tasks Novice School Nurses Lack Confidence Performing

Rank	Item	School Nurse Task	N M (SD)	E M (SD)	p-value
1st	12.	Coordinate services for handicapped	1.6 (1.1)	3.1 (1.2)	.034**
1st	21.	Coordinate school lunch program	1.6 (1.1)	3.0 (1.3)	.056*
3rd	20.	Support groups for students with problems	1.9 (.40)	3.3 (1.1)	.015**
4th	40.	Precept/mentor other school nurses	2.0 (1.2)	3.3 (1.0)	.046**
4th	23.	Investigate home teaching requests for ill students	2.0 (1.0)	3.6 (.80)	.014**
4th	41.	Documentation to demonstrate accountability	2.0 (1.3)	3.3 (0.8)	.046**
7th	42.	Present program to school board	2.1 (.90)	3.4 (1.1)	.024**
8th	44i.	Classroom presentation on abortion	2.2 (1.2)	3.3 (1.3)	.110
9th	44j.	Classroom presentation on mental health	2.3 (1.0)	3.4 (1.1)	.081*
9th	8.	Health related community activities	2.3 (1.0)	3.4 (.80)	.031**
11th	24.	Screen special ed. students for health problems	2.4 (1.1)	3.4 (.80)	.081*
11th	25.	Help develop health curriculum	2.4 (1.1)	3.4 (1.1)	.068*
13th	22.	Leadership role in disaster preparedness	2.6 (1.3)	3.6 (0.5)	.117
13th	28.	Identify/refer students with drug abuse problems	2.6 (1.1)	3.3 (1.1)	.226
13th	15.	Assess emotional problems of students	2.6 (1.0)	3.1 (1.1)	.225
13th	45i.	Provide student information on abortion	2.6 (1.3)	3.1 (1.5)	.299
13h	45j.	Provide student information on mental health	2.6 (1.1)	3.1 (1.5)	.370
18th	14.	Resource person for drug/alcohol topics	2.7(1.4)	3.7 (1.8)	.100
18th	17.	Help students with family problems	2.7 (1.1)	3.6 (.80)	.113
18th	19.	Provide health related in-services to staff	2.7 (1.1)	3.4 (.80)	.199
18th	39.	Participate in case management	2.7 (1.1)	3.7 (.80)	.054*
18th	43.	Evaluate own practice according to guidelines	2.7 (1.0)	3.6 (.80)	.065*
18th	44g.	Classroom presentation on birth control	2.7 (.80)	3.7 (.50)	.026***
18th	46.	Overall confidence level in school nurse role	2.7 (.80)	3.9 (.40)	.008**
25th	2.	Provide hearing and vision screening for students	2.8 (1.0)	4.0 (0.0)	.013**
25th	9.	Provide personal health counseling to staff	2.8 (0.4)	3.9 (0.4)	.003***
27th	10.	Provide CPR instruction	2.9 (1.1)	2.9 (1.4)	.840
27th	11.	Assess health status of underachieving students	2.9 (0.9)	3.7 (.80)	.030**
27th	13.	Take an active role in alcohol/drug education	2.9 (1.2)	3.4 (0.8)	.370
27th	18.	Screen chronically absent students	2.9 (1.1)	3.6 (.80)	.146
27th	36.	Provide TB skin tests to staff	2.9 (1.1)	3.7 (.80)	.100
27th	37.	Provide special procedures to students	2.9 (1.3)	2.7 (1.1)	.740

Scale: Confident>3.0 *p < .10 **p < .05 ***p < .01