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The role of the school nurse as perceived by school administrators

Sarah Louise Perez
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**THE ROLE OF THE SCHOOL NURSE
AS PERCEIVED BY SCHOOL ADMINISTRATORS**

A Thesis

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

Sarah Louise Perez

May, 1995

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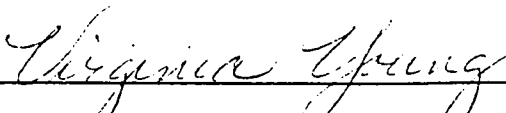
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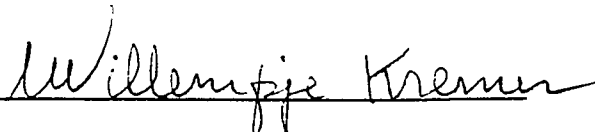
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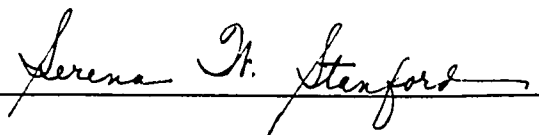


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ABSTRACT

THE ROLE OF THE SCHOOL NURSE AS PERCEIVED BY SCHOOL ADMINISTRATORS

by Sarah Louise Perez

School nurses are providers of health care within the public school system. To meet the challenges of health care needs of today's children, school administrators and school nurses need to agree on the importance of health services. This study identifies school nurse services as they are perceived by school administrators. A descriptive survey design was used. The School Nurse Services Data Collection Tool was used to collect data from school administrators (N=55). The data were analyzed to determine what importance school administrators place on school nurse services. The data were coded using Dorothy Oda's classic model of the school nurse role: health supervision, health counseling, and health education. Eighty-four percent of the administrators rated "...act as a liaison between the student, the family, the doctor, and the teachers when there is a health condition or major health problem" as the most important school nursing service.

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Chapter 1

INTRODUCTION

The Problem

The increasing demands upon the school nurse in the 1990's contribute to confusion in the school nurse role. The school nurse today has a multifaceted role. The school nurse is a health supervisor, educator, and counselor. School nurses need to clarify the nursing service expectations of their roles. Lack of clarity in expected services can hinder the ability and diminish the performance of the school nurse.

The focus of nursing services in the schools is based on the health of the school children. There is considerable historical documented confusion over the role of the school nurse (Goodwin & Keefe, 1984; Greenhill, 1979; Hawkins, 1971; Oda, 1991; Passarelli, 1994; Regan, 1976; Wold, 1981). Hawkins (1971) stated that the school nurse "role and functions...are poorly understood by nurses themselves and by those with whom they work" (p. 751). Part of the confusion is related to the fact that the school nurse functions in an educational setting rather than a medical setting (Regan, 1976). The mandate of the Education for All Handicapped Act of 1975 (PL94-142) calls for the education of handicapped students in the least restrictive environment (Goodwin & Keefe, 1984). This mandate mainstreams children with special needs into the public school system and adds an increasingly important responsibility to the role of the school nurse.

Poor utilization of nursing services is a result of different role perceptions of school personnel and school nurses (Greenhill, 1979). Wold (1981) stated that school nurse role confusion is a result of confusion among the nurses

themselves as well as the misperceptions of other people in the school and community. Oda (1991) calls school nursing an invisible practice because many people do not know the role of the school nurse. Clarifying the role helps to define the direction of nursing in the school system.

The traditional role of the school nurse has been to do mandated screenings, provide first aid, and monitor the immunization status of school children (Young & Epstein, 1991). The diverse situations of today's society require the school nurse to have many skills. The role of the school nurse has to change with changes in society.

There are many problems which threaten the health and welfare of school children today. Some of the social problems children are now exposed to are drugs, alcohol, child abuse, pregnancy, and Acquired Immune Deficiency Syndrome (AIDS). Family life is changing. There are many mothers who work outside the home. Access to health care is a concern as more and more people are unable to afford health insurance coverage. Increased health care cost and lower socioeconomic health status restricts access to health care (Weissman, Stern, Fielding, & Epstein, 1991). Passarelli (1994) stated that school nurse role confusion is influenced by the "varied responsibility...practice setting and educational preparation of the school nurse" (p.14). There are increasing demands upon the nurse in the schools. Many health problems of school age children are preventable. The traditional role of the school nurse has expanded from health supervision into health education and health counseling. School health and school education are now intertwined.

The Standards of School Nursing Practice state the purpose of school nursing is "to enhance the educational process by the modification or removal

of health-related barriers to learning and by promotion of an optimal level of wellness" (American Nurses Association, 1983, p. 1). Young and Epstein (1991) stated that "healthy children learn better" (p. 36). The school nurse can promote physical and emotional health so that the child will benefit from the educational process.

Purpose of the Study

The purpose of this study is to identify the school administrator's expectations of the services provided by the school nurse. This group is chosen because the perceptions of school management play an integral part in the role of the school nurse. It is important that these perceptions be studied to obtain consensual validation about the role of the school nurse. School nurses, with the help of key school personnel, have the opportunity to redefine and clarify their role. Clarifying the role of school nursing services is beneficial not only to the science of nursing but to the main focus of school nursing: the children.

Research Question

The direct research question is: What do school administrator's perceive as the role of the school nurse?

Conceptual Definitions

1. Health counseling includes the interpretation of health information and guidance counseling for health behavior (Oda, 1981).
2. Health education includes planning, promoting, and implementing health education programs (Oda, 1981).
3. Health supervision includes health assessment, vision and hearing screening, emergency care, and the identification of health deficits (Oda, 1981).

4. Perception is defined by Bigge (1982) as sensing and deriving meaning from specific social and physical surroundings.

5. Role is defined as “the cluster of functions that come to be expected of a given class of workers within positions that they typically occupy in the organizations...in which they work” (Benne & Bennis, 1959, p. 196).

6. School administrators are the decision-makers responsible for the health and education of children in the public schools (Butler, 1993).

7. A school nurse is a baccalaureate prepared registered nurse with background knowledge in public health. A California school nurse must also complete graduate class work in school nursing to obtain a School Nurse Services Credential (Young & Epstein, 1991).

Significance of the Study

Other perceptions of the school nurse role have been studied (Cassel, 1993; Kremer, 1993; Nehls, 1989; Palmer, 1993; Sadik, 1992). The identification of relevant roles of the school nurse supports the practice standards that are set by the American Nurses Association (ANA) Standards of School Nursing Practice (1983), the California Commission on Teacher Credentialing (CTC) standards for school nurse preparation (1989), and the National Association of School Nurses' Standards of School Nursing Care (Proctor, Lordi, & Zaiger, 1993). The significance of this study is to further conceptualize the role of the school nurse and to add to the correct body of knowledge.

Summary

The school nurse is the main provider of health care in the school district. To meet the challenges of health care needs of today's children, school administrators and school nurses need to agree on the importance of health

services. The school nurse can effect positive outcomes within the school system when the school administrator has a clear understanding of the school nurse role. School nurses are in a position to educate school administrators and influence school policy in regard to the importance of school health programs and the provided health services. A critical factor for role clarification is the protection of our most valuable future resources: children.

Chapter 2

REVIEW OF LITERATURE AND CONCEPTUAL FRAMEWORK

Thirty-five years ago Benne and Bennis (1959) presented four sets of expectations used to describe the role of the professional nurse. They are (a) official expectations from the institution; (b) expectations of colleagues, subordinates, and peers; (c) expectations of groups outside work; and (d) the nurse's expectations. Role definition is stable when these expectations are consistent. Role conflict arises when they are inconsistent. Wold (1981) stated that there are four specific problems that lead to the school nurses role confusion. They are the "(a) school nurses' limited role perceptions, (b) school nurses' failure to regard and conduct themselves as managers and leaders within the school health program, (c) ineffective school health team relationships and communication patterns, and (d) infrequent and inappropriate use of nonprofessional assistants" (p. 478).

Background Information

Hawkins (1971) described school nursing as a specialization in the educational field. School nurses are managed by educators rather than by medical personnel. School nurses function essentially alone in the educational community. The author described the school nurse role as poorly understood by both nursing and the educational system. School nurses thought that their priorities were in health education. Teachers and principals saw the role as a first-aid person. Hawkins urged continued research on school nursing for two reasons. First, the way nurses function and are perceived affects the status, credibility, and public confidence in the nursing profession. Second, school nurses may influence the recruitment of future nurses from public schools.

Regan (1976) described the historical progression of the school nurse role. The introduction of nurses into the schools began in 1902 to help control communicable diseases. The emphasis of the 1920's to 1940's concentrated on health education. Because of the lack of training, school nurses were unprepared to be health educators. The role of the school nurse shifted to community health during the 1950's and 1960's. School health was thought to be a reflection of community health. It was during this time that school nurses began to collaborate with community health agencies regarding the health of children. The social changes of the 1960's and 1970's brought yet another role into the school nurses realm: the identification of health problems of school children (drugs, alcohol, and pregnancy). Throughout these time periods there were no school nurse practice guidelines to legitimize the role.

In 1983 the American Nurses' Association (ANA) helped to develop national standards for school nurse practice. The purpose of these standards was to improve the quality of health care to school children (American Nurses' Society, 1983). The framework for these standards specified rationale, structure criteria, process criteria, and outcome criteria. The eight standards included (a) theory, (b) program management, (c) nursing process, (d) interdisciplinary collaboration, (e) health education, (f) professional development, (g) community health systems, and (h) research.

The ANA (1983) also set generalized school nurse staffing patterns taking into account the needs of the students and the availability of resources. The following nurse to student ratios recommended were 1:750 for general populations, 1:225 for mainstreamed handicapped populations, and 1:125 for the severely handicapped.

In 1989 the California Commission on Teacher Credentialing (CTC) set standards of practice guidelines for school nursing in California (California Commission on Teacher Credentialing, 1989). The Standards of Program Quality and Effectiveness for Developing Programs of Professional School Nurse Preparation in California identified six role concepts. They are the School Nurse Role and Function as (a) provider of client care, (b) planner and coordinator of client care, (c) client teacher, (d) within the discipline of nursing, (e) investigator, and (f) communicator.

Proctor, Lordi, and Zaiger (1993) reported on the National Association of School Nurses' 10 Standards of School Nursing Care. They state that the school nurse:

- Standard I: ...utilizes clinical knowledge base for decision making.
- Standard II: ...uses a systematic approach to problem-solving.
- Standard III: ...contributes to the education of the client with special needs.
- Standard IV: ...uses effective written, verbal and nonverbal communication.
- Standard V: ...establishes and maintains comprehensive health program.
- Standard VI: ...collaborates with the school community.
- Standard VII: ...collaborates with the community.
- Standard VIII: ...assists school community to optimal level of wellness.
- Standard IX: ...contributes to research.
- Standard X: ...identifies, delineates, and clarifies role.

Role Perceptions

Oda (1974) stated that "school nurses with their own role expectations work with school communities with diverse nurse role perceptions within a

community institution which has a traditional nurse role perspective" (p. 591). This example demonstrates how the role of the school nurse can vary. No matter how the school nurse perceives the role, those parents, teachers, and administrators who utilize school health services may or may not have the same perceptions. School nurses need to communicate their roles in order to clarify the perceptions of others (Seidenberg, 1984). The following authors have studied and reported various group's perceptions of the school nurse role.

Lucero (1978) studied the school nurse role as perceived by 101 randomly selected teachers (88) and administrators (13) in a selected Northern California unified school district. The author found no difference in their perceptions. Immediate health needs (first aid) and mandated screening were the most important school nurse roles identified by both of these groups.

Oda (1979b) surveyed 16 school nurses representing the Mid-Atlantic, Southern, Heartland, and Western areas of the United States to ascertain how they perceived the status of their role. The author found that because the school nursing in public schools was locally funded, there were regional variations in the nurse to pupil ratio, services provided, and certification required. Oda (1979b) stated that "a basic requirement for the advancement of nursing and the promotion of improved services is research" (p. 439).

Greenhill (1979) surveyed all principals, counselors, school nurses, and a 10% random sample of teachers in 52 public junior and senior high schools in the Memphis and Shelby, Tennessee county school systems. A total of 46 principals, 89 counselors, 22 school nurses, and 154 teachers participated. The purpose of the study was to identify and compare their perceptions of the school nurse role in secondary school settings. The author discovered a

significant difference in the role perceptions by the school nurse versus those of principals, teachers, and counselors. Teachers had the most difference perceptions of school nurse services. Greenhill (1979) stated that the difference found "will continue to create problems in the proper utilization of the school nurse" (p. 370).

Goodwin and Keefe (1984) surveyed 179 principals and teachers from Illinois, New Hampshire, Arizona, and Washington to ascertain their perceptions of the school nurse's role with handicapped children. The authors stated that although there were frequent discrepancies between the school nurse and school administrators on the role of the school nurse, they concurred with the role functions regarding handicapped children in the areas of care coordination, health promotion, safety, and the inclusion of the school nurse as a member of the educational team.

Nehls (1989) studied the services of the school nurses expected by 124 students, 97 parents, and 36 classroom faculty at a unified high school district in the San Francisco Bay Area. Nehls found that all three subgroups valued the services of the school nurse but differed in the role expectations. The most important service for all three subgroups was emergency care. The second most important for students and parents was first aid policy management. The second most important to teachers was a list of students with health problems.

Sadik (1992) studied the school nurse role as perceived by 170 elementary and middle school teachers in a California school district. The most important services identified by this group were emergency care, vision and hearing screening, identifying and reporting child abuse, health concern investigations, and communication between family and physician.

Kremer (1993) studied the school nurse role as perceived by 244 elementary and junior high school teachers in a San Francisco Bay Area school district. The most important services identified by this group were hearing and vision screening; maintaining and sharing a list of student health problems with teachers; emergency care; being a student health liaison with family, physician, and teacher; and investigating student health concerns for teachers.

Palmer (1993) studied 300 California school nurses' perceptions of their services. The most important services reported by the school nurses were: being a liaison between the student, family, physicians, and teachers; health counseling; reporting health concerns; making a health conditions list for teachers; and identifying and reporting child abuse.

Cassel (1993) surveyed 134 parent members of the California Parent Teachers Association. Parents perceived the most important roles to be the direct care of students, identifying and reporting child abuse, vision and hearing screening, first aid policies, and preventing the spread of communicable disease.

The literature review of the school nurse role perception studies shows that there was some agreement in the area of health supervision. There were continued differences in the role perceptions of the school nurse in the areas of health education and health counseling.

Theoretical Framework

The theoretical framework guiding this investigation is based on Oda's (1979a) concept that school nursing can be divided into three overlapping areas of service: health supervision, health counseling, and health education.

School nursing activities can be assigned to each of these three interrelated areas. This framework expands health supervision and includes both health counseling and health education. Health supervision includes tasks such as health assessment, health deficit identification, vision and hearing screening programs, and emergency care. Health counseling involves the identification, interpretation, guidance, and counseling of students' health related behaviors. Health education involves both formal and informal student health instruction.

Oda (1979a) also stated that, in practice, school health services can move in a directional flow. The flow represents the levels of service offered by the school nurse. The first level, health supervision, includes tasks which can be performed by properly trained non-nursing personnel under the supervision of the nurse. The second level, health counseling, can be done by personnel with some health service training. The third level, health education, is "most often the responsibility of the professional or certified school nurse" (Oda, 1979a, p. 502).

Oda (1981) stated that school nursing role variations do "not have to be a problem if school nurses are firm in their direction of services" (p. 1678). Nehls' (1989) survey questions were developed to identify school nurse services within Oda's theoretical framework. This framework has guided other studies (Cassel, 1993; Kremer, 1993; Nehls, 1989; Palmer, 1993; Sadik, 1992). The significance of this study using the School Nurse Services Data Collection Tool is to further conceptualize the role of the school nurse and add to the current body of knowledge.

Chapter 3 RESEARCH METHODOLOGY

Overview

The purpose of this study was to determine which school nurse services school administrators perceive as important. This group was chosen because the perceptions of school management play an important part in defining the role of the school nurse. A descriptive survey design was chosen because it was the most appropriate design to enhance gathering information from a large number of people.

Data Collection Tool

The instrument used was a survey questionnaire, the School Nurse Services (SNS) Data Collection Tool, developed by Nehls (1989)(see Appendix A), modified by Palmer (1993)(see Appendix B), and with an appropriate demographic data sheet (see Appendix C). Nehls' tool consists of a list of services performed by the school nurse in the areas of health supervision, health education, and health counseling. The survey consists of 44 questions. The first 38 deal with specific services provided by the school nurse. Question 39 asks about the importance of school nurse-student confidentiality. Questions 40 and 41 pertain to classroom presentations and student requested information on 10 health topics. Respondents were asked to rate the first 41 questions on a Likert-type scale as very important, important, somewhat important, and not important. Question 42 asks the respondents to list eight of the most important services of the school nurse. Question 43 asks for a list of services not included in the survey questionnaire that the school nurse should be providing. Question 44 requests demographic data.

Nehls (1989) tested the data collection tool for content validity and reliability with nine school nurse experts. A pilot study was done by Nehls to test the tool. The pilot group included researcher selected students, parents, and teachers.

Palmer (1993) modified the SNS Data Collection Tool. Some of the wording of questions 1-38 was revised (r) by Palmer but the meanings were not changed. Palmer added questions number 39-45 to include nursing services based on the published professional standards for school nursing practice (ANA, 1983; CTC, 1989). Palmers seven questions were reviewed by an expert school nurse advisor. On Palmer's version, 48 questions are rated on a four point Likert-type scale from very important to not important. Question number 49 is open ended asking for the eight most important services listed on the survey. Question number 50 is open ended and asks for important services not listed on the survey. Palmer's final page requests demographic data.

The questionnaire modified by Palmer (1993) was used for this study (see Appendix C). Question number 48 was modified by this researcher to rank the possible nursing services in order of importance, as suggested by Palmer. The demographic data section was changed for this study to gain data pertinent to school administrators. Permission to use the tool was granted by both Nehls (1989) and Palmer (1993) (see Appendix D).

Research Sample

A convenience sample was used. Public school administrators (principals and superintendents) in a selected northern California county were asked to voluntarily participate in the study. The names of the administrators and the school addresses were obtained from a directory published by the county Office of Education.

Human Subjects Approval

Approval to conduct this research was granted by the San Jose State University Human Subjects Institutional Review Board (see Appendix E). The research was exempt from review because the responses to the survey were anonymous. The data collected was used for scientific purposes only. It is being published in a form in which the respondents can never be identified by name. There was no risk to the respondents, nor was there any financial compensation. There was no direct benefit to the respondents except for having participated in a research study.

Data Collection

Questionnaire packets were mailed to 123 school administrators. The packet contained an introductory letter, explanatory statement, questionnaire, and a page of demographic questions. The introductory letter introduced the researcher and requested participation (see Appendix F). The Explanatory Statement formally identified the University, researchers, and the purpose of the study (see Appendix G). It assured confidentiality and indicated that there would be no direct compensation for participation. The administrators were instructed to keep the Explanatory Statement and that consent was implied by willingness to participate in the study as demonstrated by returning the questionnaire. Participation was voluntary. Stamped and addressed return envelopes were provided with each questionnaire so that the administrators could return them directly to the researcher. The questionnaires were anonymous and the responses were kept in the home office of the researcher.

Analysis Procedure

Descriptive statistics were utilized to analyze the data. The data were categorized using Oda's conceptual framework and analyzed using mean distributions, frequencies, and percentiles. Chapter 4 presents the data analysis.

Chapter 4

ANALYSIS AND INTERPRETATION OF THE DATA

Introduction

The purpose of chapter 4 is to present the analysis of the study findings. The results are presented descriptively and in tabular form. The purpose of this study was to identify the school administrator's expectations of the services provided by the school nurse. The School Nurse Services (SNS) Data Collection Tool developed by Nehls (1989) and modified by Palmer (1993) and this researcher was used to collect data from school administrators. The data were analyzed using a computerized statistical program to determine mean distributions, standard deviation values, frequencies, and percentiles. The percentiles are rounded in the descriptive report.

The results of the data analysis are presented as follows. The demographic characteristics of the sample are described in frequencies and percentiles. The responses to items 1-44 on the questionnaire are presented in frequencies and percentiles for each Likert-type scale response. Items 1-44 are also presented in rank order of perceived importance. The items are ranked by mean scores and standard deviation values. They are coded to Oda's (1979a) model of health supervision, health counseling, and health education. The health education and school health counseling topics are presented in rank order of importance by mean scores. The school nurses' most important duties based on write-in responses are presented in order ranked by frequency and coded by Oda's (1979a) model. A report of the open ended question regarding school nursing services not mentioned in the questionnaire is given.

Characteristics of the Sample

The survey was mailed to 123 public school administrators in a selected northern California county. Of the 66 surveys returned, 55 (45%) were completed sufficiently to be analyzed.

The demographic characteristics of the sample are presented in Table 1.

Table 1

Demographic Characteristics of the Sample (N=55)

| Characteristics and Group | f | % | Valid % | Cumulative % |
|---------------------------|-----------|-----------|----------------|--------------|
| <u>Age in Years</u> | | | | |
| 20-30 | 0 | 0 | 0 | 0 |
| 31-40 | 4 | 7 | 7 | 7 |
| 41-50 | 26 | 47 | 48 | 55 |
| 51-60 | 22 | 40 | 41 | 96 |
| 61+ | 2 | 4 | 4 | 100 |
| Missing cases | <u>1</u> | <u>2</u> | <u>missing</u> | |
| Total | 55 | 100 | 100 | |
| <u>Gender</u> | | | | |
| Male | 16 | 29 | 29 | 29 |
| Female | <u>39</u> | <u>71</u> | <u>71</u> | 100 |
| Total | 55 | 100 | 100 | |
| <u>Educational Level</u> | | | | |
| BS/BA | 1 | 2 | 2 | 2 |
| MS/MA | 46 | 84 | 84 | 86 |
| Doctorate | <u>8</u> | <u>14</u> | <u>14</u> | 100 |
| Total | 55 | 100 | 100 | |

(table continues)

| Characteristics and Group | f | % | Valid | Cumulative |
|----------------------------------|----------|----------|----------------|------------|
| | | | % | % |
| <u>Position</u> | | | | |
| Principal, Elementary Schools | 32 | 58 | 58 | 58 |
| Principal, Middle Schools | 9 | 16 | 16 | 74 |
| Principal, High Schools | 6 | 11 | 11 | 85 |
| Other, K-6 | 6 | 11 | 11 | 96 |
| Superintendents, K-8 | <u>2</u> | <u>4</u> | <u>4</u> | 100 |
| Total | 55 | 100 | 100 | |
| <u>Years in Position</u> | | | | |
| 0-5 | 25 | 45 | 49 | 49 |
| 6-10 | 19 | 35 | 37 | 86 |
| 11-15 | 4 | 7 | 8 | 94 |
| 16-20 | 2 | 4 | 4 | 98 |
| 21-25 | 0 | 0 | 0 | 98 |
| 26-30 | 1 | 2 | 2 | 100 |
| Missing | <u>4</u> | 7 | <u>missing</u> | |
| Total | 55 | 100 | 100 | |
| <u>School Nurse</u> | | | | |
| No | 10 | 18 | 18 | 18 |
| Yes | 44 | 80 | 82 | 100 |
| Missing | <u>1</u> | <u>2</u> | <u>missing</u> | |
| Total | 55 | 100 | 100 | |
| <u>Hours of Nursing per Week</u> | | | | |
| 2 hours | 2 | 4 | 5 | 5 |
| 3 hours | 3 | 5 | 7 | 36 |
| 4 hours | 10 | 18 | 24 | 36 |
| 5 hours | 2 | 4 | 5 | 41 |
| 6 hours | 4 | 7 | 10 | 51 |
| 8 hours | 16 | 29 | 39 | 90 |

(table continues)

| Characteristics and Group | f | % | Valid | Cumulative |
|--|-----------|------------|----------------|------------|
| | | | % | % |
| <hr/> | | | | |
| <u>Hours of Nursing per Week continued</u> | | | | |
| 10 hours | 1 | 2 | 2 | 92 |
| 20 hours | 2 | 4 | 5 | 97 |
| 30 hours | 1 | 2 | 2 | 99 |
| Missing | <u>14</u> | <u>25</u> | <u>missing</u> | |
| Total | <u>55</u> | <u>100</u> | <u>99</u> | |

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

Forty seven percent ($n=26$) of the respondents were between the ages of 41-50 years and 40% ($n=22$) were between 51-60 years. Seventy one percent ($n=39$) were female and 20% ($n=16$) were male.

Eighty four percent ($n=46$) of the respondents held Master's of Science or Arts degrees. Fourteen percent ($n=8$) held Doctorate degrees. Only two percent ($n=1$) had a Bachelor of Science or Arts degree.

Eight five percent ($n=47$) of the respondents were principals. The principals were categorized into elementary, middle, and high school grades. Elementary school principals made up 58% ($n=32$) of the group. Only 4% ($n=2$) of the responses were from superintendents. Eleven percent ($n=6$) of the respondents were from other administrative positions in the school system and were included in the study. Forty five percent ($n=25$) of the respondents have been in their position under five years. Thirty five percent ($n=19$) have been in their position 6-10 years.

Eighty percent ($n=44$) of the respondents reported having a school nurse available. Twenty nine percent ($n=16$) reported having a nurse 8 hours a week while 18% ($n=10$) had a nurse 4 hours a week.

Results Related to Research Question

The research question asks "What do school administrators perceive as the role of the school nurse?" The SNS Data Collection Tool presented a list of services performed by the school nurse. The administrators were asked to rank their perceptions of the school nurse services on a Likert-type scale as very important (4), important (3), somewhat important (2), or not important (1). The responses to each were calculated by frequencies and percentiles and are presented in Table 2.

Table 2

Frequency and Percentage Response to Items 1-44 (N=55)

| Item | Very Impt f % | Impt f % | Some- what Impt f % | Not Impt f % | Missing f % |
|-----------------------------|----------------------------|--------------------|-------------------------------------|---------------------------|-----------------------|
| 1. Teach health education | 17 31 | 17 31 | 14 26 | 7 13 | 0 0 |
| 2. Vision/Hearing screening | 39 71 | 14 26 | 1 2 | 1 2 | 0 0 |

(table continues)

| Item | Very | Impt | Some- | Not | Missing |
|--------------------------------|----------|----------|----------|----------|---------|
| | Impt | | what | Impt | |
| | f | f | f | f | f |
| | % | % | % | % | % |
| 3. Liaison for health problems | 46 84 | 7 13 | 2 4 | 0 0 | 0 0 |
| 4. School health hazards | 28 51 | 19 35 | 5 9 | 3 6 | 0 0 |
| 5. Emergency care | 41 75 | 10 18 | 3 6 | 1 2 | 0 0 |
| 6. Communicable disease | 26 47 | 22 40 | 5 9 | 2 4 | 0 0 |
| 7. Student health counseling | 30 55 | 17 31 | 7 13 | 1 2 | 0 0 |
| 8. Community activities | 9 16 | 14 26 | 22 40 | 10 18 | 0 0 |
| 9. Staff health counseling | 9 16 | 10 18 | 21 38 | 15 27 | 0 0 |
| 10. CPR instruction | 11 20 | 17 31 | 18 33 | 8 15 | 1 2 |
| 11. Student study committee | 12 22 | 24 44 | 15 27 | 2 4 | 2 4 |
| 12. Handicapped services | 14 26 | 23 42 | 8 15 | 9 17 | 1 2 |

(table continues)

| Item | Very | Impt | Some- | Not | Missing |
|-------------------------------|----------|----------|----------|----------|---------|
| | Impt | | what | Impt | |
| | f | f | f | f | f |
| | % | % | % | % | % |
| 13. Alcohol/Drug education | 8 15 | 21 38 | 19 35 | 6 11 | 1 2 |
| 14. Teacher resource | 17 31 | 19 35 | 17 31 | 0 0 | 2 4 |
| 15. Student emotional status | 10 18 | 14 26 | 15 27 | 15 27 | 1 2 |
| 16. Home visits | 28 51 | 14 26 | 9 16 | 3 6 | 1 2 |
| 17. Resolve family problems | 9 16 | 27 49 | 11 20 | 7 13 | 1 2 |
| 18. Chronic absent students | 22 40 | 26 47 | 6 11 | 0 0 | 1 2 |
| 19. Record attendance | 3 6 | 4 7 | 10 18 | 36 65 | 2 4 |
| 20. Faculty health inservices | 12 22 | 15 27 | 19 35 | 8 15 | 1 2 |
| 21. Support Groups | 9 16 | 17 31 | 18 33 | 8 15 | 3 6 |
| 22. School lunch program | 0 0 | 4 7 | 11 20 | 39 71 | 1 2 |

(table continues)

| Item | Very Impt | Impt | Some- what Impt | Not Impt | Missing |
|----------------------------|--------------|----------|-----------------------|-------------|---------|
| | f | f | f | f | f |
| | % | % | % | % | % |
| 23. School disaster plan | 4 7 | 15 27 | 18 33 | 17 31 | 1 2 |
| 24. Home teaching requests | 11 20 | 17 31 | 16 29 | 9 16 | 2 4 |
| 25. Special PE screening | 11 20 | 18 33 | 14 26 | 10 18 | 2 4 |
| 26. Special ed. screening | 7 13 | 20 36 | 18 33 | 8 15 | 2 4 |
| 27. Develop health classes | 8 15 | 17 31 | 19 35 | 10 18 | 1 2 |
| 28. Parent inservices | 4 7 | 23 42 | 17 31 | 10 18 | 1 2 |
| 29. Assess immunizations | 28 51 | 14 26 | 6 11 | 6 11 | 1 2 |
| 30. Drug abuse problems | 20 36 | 17 31 | 15 27 | 2 4 | 1 2 |
| 31. First aid policies | 35 64 | 12 22 | 7 13 | 0 0 | 1 2 |
| 32. First aid inservices | 21 38 | 18 33 | 11 20 | 4 7 | 1 2 |

(table continues)

| Item | Very Impt | Impt | Some- what Impt | Not Impt | Missing |
|-----------------------------|-----------|------|-----------------------|-------------|---------|
| | f | f | f | f | f |
| | % | % | % | % | % |
| 33. Health conditions list | 40 | 10 | 4 | 0 | 1 |
| | 73 | 18 | 7 | 0 | 2 |
| 34. Child abuse | 27 | 16 | 6 | 4 | 2 |
| | 49 | 29 | 11 | 7 | 4 |
| 35. Teacher referrals | 32 | 18 | 4 | 0 | 1 |
| | 58 | 33 | 7 | 0 | 2 |
| 36. Health files | 31 | 11 | 11 | 1 | 1 |
| | 56 | 20 | 20 | 2 | 2 |
| 37. Provide immunizations | 17 | 10 | 12 | 13 | 3 |
| | 31 | 18 | 22 | 24 | 6 |
| 38. Staff TB testing | 11 | 7 | 12 | 22 | 3 |
| | 20 | 13 | 22 | 40 | 6 |
| 39. Special procedures | 15 | 12 | 7 | 15 | 6 |
| | 27 | 22 | 13 | 27 | 11 |
| 40. Student medications | 27 | 15 | 8 | 3 | 2 |
| | 49 | 27 | 15 | 6 | 4 |
| 41. Health budget planning | 12 | 12 | 15 | 14 | 2 |
| | 22 | 22 | 27 | 26 | 4 |
| 42. Practice accountability | 11 | 18 | 16 | 9 | 1 |
| | 20 | 33 | 29 | 16 | 2 |

(table continues)

| Item | Very Impt | Impt | Some- what Impt | Not Impt | Missing |
|---------------------------|--------------|----------|-----------------------|-------------|---------|
| | f | f | f | f | f |
| | % | % | % | % | % |
| 43. School board meetings | 8 15 | 18 33 | 12 22 | 15 27 | 2 4 |
| 44. Evaluate practice | 22 40 | 19 35 | 8 15 | 5 9 | 1 2 |

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

The mean response and standard deviation for each item was also calculated. The results are presented in rank order of importance and shown in Table 3. The six most important services provided by the school nurse as perceived by school administrators are:

1. ...act as a liaison between the student, the family, the doctor, and the teachers when there is a health condition or major health problem.
2. ...maintain a list of students with health conditions and major health problems and should share the list with the teachers of these students.
3. ...provide emergency care in the event of a student injury.
4. ...provide screening services to all students for hearing and vision problems.

5. ...investigate and report back on student health concerns referred by classroom teachers.

6. ...establish and maintain first aid policies and procedures for the school.

Table 3 also shows the items coded to Oda's (1979a) three areas of school nursing service: health supervision (S), health counseling (C), and health education (E). Health supervision includes tasks such as health assessment, health deficit identification, vision and hearing screening programs, and emergency care. Health counseling involves the identification, interpretation, guidance, and counseling of student's health related behaviors. Health education involves both formal and informal student health instruction. The most important nursing service identified by the school administrators was for the school nurse to act as a liaison between the student, the family, the doctor, and the teachers when there is a health condition or major health problem. This service is in the area of health counseling. The five remaining very important school nursing services as perceived by administrators are in the area of health supervision.

Items 45 and 46 asked the administrators to rank the importance of the school nurse being involved in topics for classroom health education and topics for student health counseling. The responses to the items were analyzed using mean distributions. The results are shown in Table 4. In item 45, classroom health education topics, all responses fell into the somewhat important range ($M=2.00-2.99$). In item 46, student health counseling ranked very important followed by alcohol/drug, nutrition, AIDS, sexually transmitted diseases, mental health, reproduction, physical fitness, and birth control as important.

Table 3

Rank Order by Mean (M) Score and Standard Deviation Values (SD) (N=55)

Coded by Oda's Model: Supervision (S), Counseling (C), and Education (E)

| # | Item | Code | <u>M</u> | <u>SD</u> | Rank |
|-----------------------|---------------------|------|----------|-----------|------|
| <u>Very Important</u> | | | | | |
| 3 | Liaison | C | 3.80 | .49 | 1 |
| 33 | Health Problem | S | 3.67 | .61 | 2 |
| 5 | Emergency Care | S | 3.65 | .67 | 3 |
| 2 | Hearing/vision | S | 3.65 | .62 | 4 |
| 35 | Health Concerns | S | 3.52 | .64 | 5 |
| 31 | First aid policy | S | 3.52 | .72 | 6 |
| <u>Important</u> | | | | | |
| 7 | Health counseling | C | 3.38 | .78 | 7 |
| 36 | Health files | S | 3.33 | .87 | 8 |
| 4 | Health hazards | S | 3.31 | .86 | 9 |
| 6 | Comm. disease | S | 3.31 | .79 | 10 |
| 18 | Chronic absences | S | 3.30 | .66 | 11 |
| 40 | Medications | S | 3.25 | .92 | 12 |
| 34 | Child abuse | S | 3.25 | .94 | 13 |
| 16 | Home visits | S | 3.24 | .93 | 14 |
| 29 | Immunizations | S | 3.19 | 1.03 | 15 |
| 44 | Evaluation | S | 3.07 | .97 | 16 |
| 32 | First aid inservice | E | 3.04 | .95 | 17 |
| 30 | Drug abuse | S | 3.02 | .90 | 18 |
| 14 | Education resource | E | 3.00 | .81 | 19 |

(table continues)

| # | Item | Code | <u>M</u> | <u>SD</u> | Rank |
|---------------------------|-------------------|------|----------|-----------|------|
| <u>Somewhat Important</u> | | | | | |
| 11 | School Committee | S | 2.87 | .81 | 20 |
| 1 | Class Education | E | 2.80 | 1.03 | 21 |
| 12 | Handicap services | S | 2.78 | 1.02 | 22 |
| 17 | Family problems | S | 2.70 | .90 | 23 |
| 37 | Immunizations | S | 2.60 | 1.19 | 24 |
| 42 | Accountability | E | 2.57 | 1.00 | 25 |
| 20 | Health inservice | E | 2.57 | 1.00 | 26 |
| 13 | Alcohol/Drug ed. | E | 2.57 | .88 | 27 |
| 10 | CPR | E | 2.57 | .98 | 28 |
| 24 | Home teacher | S | 2.57 | 1.01 | 29 |
| 25 | PE screening | S | 2.57 | 1.03 | 30 |
| 39 | Sp. procedures | S | 2.55 | 1.23 | 31 |
| 21 | Support groups | C | 2.52 | .96 | 32 |
| 26 | Special ed. | S | 2.49 | .91 | 33 |
| 27 | Health curricula | E | 2.43 | .96 | 34 |
| 41 | Budget | S | 2.42 | 1.12 | 35 |
| 8 | Community | E | 2.40 | .97 | 36 |
| 28 | Parent inservice | E | 2.36 | .88 | 37 |
| 43 | School board | S | 2.36 | 1.06 | 38 |
| 15 | Emotional assess | S | 2.35 | 1.08 | 39 |
| 9 | Staff counsel | C | 2.24 | 1.04 | 40 |
| 38 | Staff TB tests | S | 2.13 | 1.19 | 41 |
| 23 | Disaster plan | S | 2.11 | .95 | 42 |
| <u>Not Important</u> | | | | | |
| 19 | Attendance | NA | 1.51 | .87 | 43 |
| 22 | School lunch | S | 1.35 | .62 | 44 |

Only abortion counseling ranked somewhat important. Generally, health counseling ranked higher than health education.

Table 4

Health Education Topics and Student Health Counseling Topics Rank Ordered by Mean Score (M) and Standard Deviation Values (SD) (N=55)

| Items 45 and 46 | <u>M</u> | <u>SD</u> | Rank |
|-----------------------------------|----------|-----------|------|
| <u>Health Education (Item 45)</u> | | | |
| AIDS | 2.96 | 1.04 | 1 |
| Nutrition | 2.91 | 1.01 | 2 |
| Alcohol/Drug | 2.85 | 1.03 | 3 |
| Sexually transmitted diseases | 2.83 | 1.07 | 4 |
| Smoking | 2.81 | 1.00 | 5 |
| Mental health | 2.58 | 1.05 | 6 |
| Physical fitness | 2.55 | .93 | 7 |
| Reproduction | 2.45 | 1.10 | 8 |
| Birth control | 2.32 | 1.11 | 9 |
| Abortion | 2.00 | 1.06 | 10 |
| <u>Health Counseling</u> | | | |
| Smoking | 3.92 | 4.21 | 1 |
| Alcohol/Drug | 3.41 | .90 | 2 |
| Nutrition | 3.40 | .87 | 3 |
| AIDS | 3.33 | 1.00 | 4 |
| Sexually transmitted diseases | 3.29 | 1.04 | 5 |
| Mental health | 3.27 | .96 | 6 |
| Reproduction | 3.27 | 1.02 | 7 |
| Physical fitness | 3.19 | .93 | 8 |
| Birth Control | 3.16 | 1.12 | 9 |
| Abortion | 2.98 | 1.21 | 10 |

Item 47 asked about the importance of confidentiality. The school nurse has traditionally maintained student confidentiality. Fifty six percent ($n=31$) of the respondents felt confidentiality was very important while 26% ($n=14$) felt it was important. Nine percent ($n=5$) of the respondents did not answer the item. The remaining nine percent ($n=5$) felt confidentiality was somewhat important.

Item 48 asked the administrators to rank, in order of importance, the eight most important services they think the school nurse should be providing for the school. The results were computed by frequencies of response, coded to the Oda-model and shown in Table 5.

Table 5

School Nurses' Most Important Duties Based on Write-In Responses (n=40) and Coded to the Oda Model

| Item 48 | | | |
|-----------------------------|------|----|------|
| # Item | Code | f | Rank |
| 5 Emergency care | S | 18 | 1 |
| 3 Liaison | C | 16 | 2 |
| 2 Hearing/vision screening | S | 15 | 3 |
| 7 Student health counseling | C | 12 | 4 |
| 31 First aid policies | S | 12 | 5 |
| 29 Assess immunizations | S | 10 | 6 |
| 33 Health conditions list | S | 9 | 7 |
| 36 Maintain health files | S | 9 | 8 |

According to the Oda-model, being a liaison person and student health counseling is in the area of health counseling. The remaining services fall within the health supervision area.

Item number 49 asked the administrators to write in any services not listed on the questionnaire that they felt the school nurse should be providing. The results were categorized to the Oda-model and shown in Table 6.

Table 6

Responses to Item 49 Regarding Services Not Mentioned on the Questionnaire
(n=16)

Item 49: Service (number of mentions)

Health Supervision:

1. Advocate
 - child advocate (2)
2. Direct care
 - head lice checks (1)
 - flu shot clinic for faculty (1)
 - care of ill students (1)
3. Evaluating
 - TB tests/records for parent volunteers (1)
 - monitor sports physicals
4. Screening
 - vision and hearing screening for faculty (1)
 - scoliosis screening (2)

Health Counseling:

1. Community resource referrals (1)
2. Parents
 - impact of student health on education (1)
3. Student
 - genetic counseling-where and why to get it (1) (table continues)

Item 49: Service (number of mentions)

Health Education

1. Parent
 - communicable disease education (1)
 2. Student
 - student lifestyle: nutrition, habits (1)
 - to accept the physically handicapped (1)
-

Being an advocate for the child, giving direct care, evaluating records, and performing screening procedures were included in health supervision. Health counseling included parent, student, and community resource referrals. Health education included parent communicable disease education and student education involving lifestyle and acceptance of the physically handicapped.

There were four other responses to item 49. Three involved the lack of nursing time. They were:

1. "Nurse time is very rare and valuable. I wish that were not the case."
2. "As it is nurses in our district can't maintain all the above services...all of the above services would be excellent."
3. "Unrealistic question-not enough time for nurse."

The fourth comment was "School nurses must not usurp the teacher's classes. You should stress that she must work well with them."

Further analysis of the data showed that only 18% ($n=10$) of the respondents had no school nurse. This group ranked acting as a liaison; providing emergency care; and establishing and maintaining first aid policies as very

important with means of 3.90. They also ranked providing hearing and vision screening; maintaining a list of student health problems; and investigating and reporting on student health concerns as very important with means of 3.60.

The purpose of this study was to identify the school administrators expectations of the services provided by the school nurse. The services were identified in rank of importance. Chapter 5 discusses the conclusions of this study. Study limitations and recommendations for further study are included.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to identify the school administrator's expectations of the services provided by the school nurse. The research question for this study was: What do school administrators perceive as the role of the school nurse? A modified version of the School Nurse Services Data Collection Tool (Nehls, 1989) was used to collect information from 55 public school administrators in a northern California county. The data were analyzed and ranked in order of importance based on mean distributions (M). The data were also coded according to Oda's (1979a) model of health supervision (S), health counseling (C), and health education (E). The services considered very important (M=3.50-4.00) included acting as a liaison (C), maintaining a student health conditions list (S), providing emergency care (S), hearing and vision screening services (S), investigating teacher referred student health concerns (S), and establishing and maintaining first aid policies (S). Two school nurse services were considered not important (M=1.00-1.99) by school administrators. They were attendance recording and coordinating the school lunch program for needy students.

This chapter includes a discussion of the findings and limitations of the study. Recommendations for further school nursing research and recommendations for the practice of school nursing are included.

Discussion

This study was undertaken to identify school administrator's expectations of the services provided by the school nurse. The administrators were asked to rank predetermined services in order of importance using a Lickert-type four

point scale. The responses rated very important (\underline{M} =3.50-4.00) are presented in this discussion.

The most important school nursing service as perceived by 84% of the school administrators responding was that the school nurse should “act as liaison between the student, the family, the doctor, and the teachers when there is a health condition or major health problem” (\underline{M} =3.80). This service is classified under Oda’s (1979a) model as health counseling. Palmer’s (1993) study of school nurses perceptions of their services also ranked this item as number one (\underline{M} =3.93). Elementary and middle school teachers in Sadik’s (1992) and Kremer’s (1993) study ranked acting as a liaison fourth with means of 3.80 and 3.64 respectively. These four studies show the importance of health counseling in the schools as perceived by school administrators, school nurses, and teachers.

The remaining services ranked as very important are in the area of health supervision. The second most important service ranked by 73% of the administrators was that the school nurse should “maintain a list of students with health conditions and major health problems and should share this list with the teachers of these students” (\underline{M} =3.67). This service was also ranked very important by Kremer (1993), Palmer (1993), and Sadik (1992) with means of 3.64, 3.73, and 3.8 respectively.

The two most important services perceived by school administrators correlate with three other studies, using the same tool, in the very important category. Thus, administrators, school nurses, and elementary and middle school teachers agree on the importance of these services in the areas of health counseling and health supervision.

Emergency care was ranked third by 75% of the administrators ($\underline{M}=3.65$). Kremer's (1993) study of elementary and middle school teachers also ranked emergency care as third ($\underline{M}=3.69$). Nehls' (1989) study of the perceptions of school nurse services by students, parents, and classroom faculty ranked emergency care first ($\underline{M}=3.83$). Cassel's' (1993) study of the school nurse services as perceived by parents and Sadik (1992) also ranked emergency care first with means of 3.84 and 3.9 respectively.

Hearing and vision screening was ranked fourth by 71% of the school administrators ($\underline{M}=3.65$). This finding corresponds with Palmer (1993) and Cassel (1993) with means of 3.65 and 3.63 respectively. Sadik's (1992) and Kremer's (1993) studies of teachers ranked hearing and vision screening as first with means of 3.90 and 3.85 respectively.

Investigating and reporting back on student health concerns referred by classroom teachers ranked fifth ($\underline{M}=3.52$). Kremer (1993), Palmer (1993) and Sadik (1992) also ranked this item as very important with means of 3.64, 3.75 and 3.8 respectively.

The last service ranked as very important by 73% of the school administrators was that the school nurse should "establish and maintain first aid policies and procedures for the school" ($\underline{M}=3.52$). This service correlated with the four other studies using the SNS Data Collection Tool as ranking in the very important category.

The six top ranked very important school nursing services from respondents with a school nurse were the same as the top ranked very important school nursing services from respondents without a school nurse. The order was slightly different but both ranked acting as a liaison as number one.

The write in responses to item 48 asking the school administrators to list school nurse services in order of importance were as follows: emergency care (S), liaison (C), hearing and vision screening (S), student health counseling (C), first aid (S), immunization assessment (S), health conditions list (S), and maintaining health files (S). Not all of the administrators responded to this item (N=40) which could explain the discrepancy between the rank orders by mean distribution and write in responses.

Limitations

There are many limitations to this study. Public school administrators in a selected northern California county were asked to voluntarily participate. The fact that participation was voluntary could bias the study. Because it was a convenience sample, the results are not generalized to all school administrators. The instrument used was a survey questionnaire, the School Nurse Services Data Collection Tool, developed by Nehls (1989) and modified by Palmer (1993). The return rate of a survey questionnaire may represent only those interested and knowledgeable about the role of the school nurse which could also bias the study. Also, there is no way of analyzing from an anonymous questionnaire whether or not the responses were the actual perceptions of school nurse services by the school administrators.

Another limitation to this study pertained to the demographic responses. Only 4% of the responses were from superintendents and only 11% from high school principals. Eighteen percent of the total respondents had no school nurse.

Recommendations for Researchers

To insure quality school nursing services there are many things which need to be done. Although the role perceptions of the school nurse by various school administrators has been previously studied (Goodwin & Keefe, 1984; Greenhill, 1979; Lucero, 1978), this study joins those studies using the School Nurse Services Data Collection Tool (Cassel, 1993; Kremer, 1993; Nehls, 1989; Palmer, 1993; Sadik, 1992) to produce results that can be compared and contrasted in further studies. Utilizing a standardized tool, the results of this study are a step toward achieving consensual validation of the role of the school nurse.

Further studies of subjects, including larger populations, and sampling across regions should be used to collect pertinent data. Further studies could be done comparing responses from administrators of schools with a school nurse to those administrators of schools without a school nurse, comparing the differences between male and female administrator's responses, and comparing the responses of administrators from elementary, middle, and high schools. Rigorous research with collaborative studies will further conceptualize the role of the school nurse.

Retrospective studies of school nursing services need to be done to collect data on school nurse interventions and positive student health outcomes. These studies will enable the school populations served to better understand the role of the school nurse.

Recommendation for Practice

Health care in this country is changing. School nurses need to take part in the change in order to assure appropriate services for the children in the

schools. A clearer understanding of the services expected would help school nurses establish priorities. Also school nurses need to be able to change their priorities as situations necessitate. Utilizing Oda's (1979a) directional flow, school nurses can train non-nursing personnel to perform some tasks under their supervision. Some health counseling can be done by personnel with some health service training. The school nurse needs to be able to delegate responsibilities to assure time to perform services which fall under the realm of the credentialed school nurse.

School nurses need to be able to communicate their own nursing service expectations of the role in order to clarify the school nurse role perceptions of others. They also need to be visible to the population with whom they work: school board members, administrators, teachers, parents, and students.

School nurses need to utilize the data from research studies to help demonstrate the relevancy of their services. School nurses are in a position to educate the populations within their realm of service. They are the main provider of health care in the school district. A critical factor for role clarification is a public understanding of the expected services provided by the nurses in the schools. Only then will children be assured of quality care.

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APPENDIX A
School Nurse Service Data Collection Tool
by Nehls

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

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

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

27. The school nurse should take an active part in developing curriculum for all health education classes in the school district.

28. The school nurse should provide health related inservice programs for the parents.

29. The school nurse should assess every student's immunization status to make sure they are up to date.

30. The school nurse should take an active role in identifying and referring for help those students who are abusing drugs.

31. The school nurse should establish and maintain first aid policies and procedures for the school.

32. The school nurse should provide inservice on basic first aid procedures to as many school staff personnel as possible.

33. The school nurse should maintain a list of students with major health problems and should share this list with the teachers of these students.

34. The school nurse should take an active role in identifying and referring students who are victims of child abuse.

35. The school nurse should investigate and report back on student health concerns from the classroom teacher.

36. The school nurse should maintain accurate health files on each student in the school.

37. The school nurse should provide routine immunizations to students who need them.

38. The school nurse should provide routine T.B. skin testing to staff members who request it.

39. The school nurse has traditionally maintained as confidential that which she discusses with her students. How important do you think it is for her to maintain this confidentiality?

| Very Important | Important | Somewhat Important | Not Important |
|----------------|-----------|--------------------|---------------|
| | | | |

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

- a. smoking
- b. physical fitness
- c. nutrition
- d. A.I.D.S.
- e. sexually transmitted diseases (other than A.I.D.S.)
- f. reproductive physiology/anatomy
- g. birth control
- h. alcohol/drug education
- i. abortion
- j. mental health

| Very Important | Important | Somewhat Important | Not Important |
|----------------|-----------|--------------------|---------------|
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

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

- a. smoking
- b. physical fitness
- c. nutrition
- d. A.I.D.S.
- e. sexually transmitted diseases (other than A.I.D.S.)
- f. reproductive physiology/anatomy
- g. birth control
- h. alcohol/drug education
- i. abortion
- j. mental health

| Very Important | Important | Somewhat Important | Not Important |
|----------------|-----------|--------------------|---------------|
| | | | |
| | | | |
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| | | | |
| | | | |

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

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

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

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

44. Please tell me something about yourself.

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

THANK YOU !!

APPENDIX B
Revised School Nurse Service Data Collection Tool
by Palmer

SCHOOL NURSE SERVICE DATA COLLECTION TOOL

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

Directions: Please indicate with a check mark in the appropriate column whether you feel this particular task is: very important, important, somewhat important, or not important for the school nurse to provide as part of her/his duties. "Her" is used in this tool because the majority of school nurses are female.

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

| | Very Important | Important | Somewhat Important | Not Important |
|--|-------------------|-----------|-----------------------|------------------|
| THE SCHOOL NURSE SHOULD: | | | | |
| 12. ...be the school official to coordinate services for the handicapped. | | | | |
| 13. ...take an active role in classroom alcohol/drug education. | | | | |
| 14. ...act as resource person for the health education teacher in alcohol/drug topics. | | | | |
| 15. ...assess students for the presence of emotional problems in the students she sees. | | | | |
| 16. ...be available to make home visits to families when appropriate to help them resolve health problems (r). | | | | |
| 17. ...be alert to the presence of students with family problems and take appropriate action to help resolve problems (r). | | | | |
| 18. ...help screen chronically absent students for possible health conditions and/or problems (r). | | | | |
| 19. ...participate in the recording of daily student attendance for the school. | | | | |
| 20. ...provide health related inservice programs for the school faculty (r). | | | | |
| 21. ...help organize and lead support groups for students who have chronic illnesses, who have experienced the death of a parent, or who have other personal problems which may interfere with their schoolwork. | | | | |
| 22. ...help coordinate the school lunch program for needy students. | | | | |
| 23. ...take a leadership role in the development of a school disaster plan. | | | | |
| 24. ...investigate all requests for a home teacher because of student illness (r). | | | | |
| 25. ...screen student applications for special physical education classes due to health reasons. | | | | |
| 26. ...screen students enrolling in special education classes to rule out health problems which might be causing the learning problems (r). | | | | |

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

| | Very important (VI) | Important (I) | Somewhat important (SI) | Not important (NI) |
|--|---------------------|---------------|-------------------------|--------------------|
| THE SCHOOL NURSE SHOULD: | | | | |
| 41. ...actively participate in planning the budget for the health program. | | | | |
| 42. ...precept/mentor other school nurse credential candidates. | | | | |
| 43. ...demonstrate accountability for practice by consistently and systematically documenting, evaluating, and reporting the numbers/kinds of services performed. | | | | |
| 44. ...attend the district school board meeting at least once each year to summarize the nursing services delivered and outline the program plans for the coming year. | | | | |
| 45. ...evaluates her own practice annually according to the Standards of School Nursing Practice and according to her individual goals and objectives for that school year. | | | | |
| 46. School nurses are frequently asked to make classroom presentations on a variety of topics. Indicate how important you think it is for the nurse to be involved in providing information on the following topics (r): | VI | I | SI | NI |
| a. smoking | | | | |
| b. physical fitness | | | | |
| c. nutrition | | | | |
| d. A.I.D.S. | | | | |
| e. sexually transmitted diseases (other than A.I.D.S.) | | | | |
| f. reproductive physiology/anatomy | | | | |
| g. birth control | | | | |
| h. alcohol/drug education | | | | |
| i. abortion | | | | |
| j. mental health | | | | |
| 47. School nurses are frequently asked by students to provide them with information about health topics. Indicate how important you think it is for the nurse to provide information on the following topics when requested (r): | VI | I | SI | NI |
| a. smoking | | | | |
| b. physical fitness | | | | |
| c. nutrition | | | | |
| d. A.I.D.S. | | | | |
| e. sexually transmitted diseases (other than A.I.D.S.) | | | | |
| f. reproductive physiology/anatomy | | | | |
| g. birth control | | | | |
| h. alcohol/drug education | | | | |
| i. abortion | | | | |
| j. mental health | | | | |

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

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

1. _____
2. _____
3. _____

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

Demographic Information

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

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

Thank You!

APPENDIX C
School Nurse Service Data Collection Tool
Study Questionnaire

SCHOOL NURSE SERVICE DATA COLLECTION TOOL

Grateful acknowledgement is given to School Nurses Diana J. Nehls, M.S.N., R.N. and Elaine A. Palmer, M.S.N., R.N. for permission to use/revise/adapt their tools. Questions 1-38 are by Nehls. Palmer revised (r) some words, but the meanings of the questions were not changed. Questions 39-49 are by Palmer. A demographic page for School Administrators has been added.

Directions: Please indicate with a check mark in the appropriate column whether you feel this particular task is: very important(4), important(3), somewhat important(2), or not important(1) for the school nurse to provide as part of his/her duties. "Her" is used in this tool because the majority of school nurses are female.

THE SCHOOL NURSE SHOULD:

| | 4 | 3 | 2 | 1 |
|--|---|---|---|---|
| 1. ...have an active teaching role in the classroom health education classes (r). | | | | |
| 2. ...provide screening services to all students for hearing and vision problems. | | | | |
| 3. ...act as liaison between the student, the family, the doctor, and the teachers when there is a health condition or major health problem (r). | | | | |
| 4. ...take an active role in identifying and eliminating health hazards at the school site. | | | | |
| 5. ...provide emergency care in the event of a student injury. | | | | |
| 6. ...carry on an active program for the prevention of the spread of communicable diseases. | | | | |
| 7. ...provide individual health counseling to students who have a particular health question or concern. | | | | |
| 8. ...take an active part in sponsoring health related community activities such as a blood drive or junior volunteers. | | | | |
| 9. ...be available to staff members to provide personal health counseling. | | | | |

THE SCHOOL NURSE SHOULD:

| | 4 | 3 | 2 | 1 |
|--|---|---|---|---|
| 10. ...take an active role in providing CPR (cardiopulmonary resuscitation) instruction to students and staff. | | | | |
| 11. ...be a member of any school committee which deals with students having academic difficulties in order to assess any aspect of health status (r). | | | | |
| 12. ...be the school official to coordinate services for the handicapped. | | | | |
| 13. ...take an active role in classroom alcohol/drug education. | | | | |
| 14. ...act as a resource person for the health education teacher in alcohol/drug topics. | | | | |
| 15. ...assess students for the presence of emotional problems in the students she sees. | | | | |
| 16. ...be available to make home visits to families when appropriate to help them resolve health problems (r). | | | | |
| 17. ...be alert to the presence of students with family problems and take appropriate action to help resolve problems (r). | | | | |
| 18. ...help screen chronically absent students for possible health conditions and/or problems (r). | | | | |
| 19. ...participate in the recording of daily student attendance for the school. | | | | |
| 20. ...provide health related inservice programs for the school faculty (r). | | | | |
| 21. ...help organize and lead support groups for students who have chronic illnesses, who have experienced the death of a parent, or who have other personal problems which may interfere with their schoolwork. | | | | |

THE SCHOOL NURSE SHOULD:

| | 4 | 3 | 2 | 1 |
|---|---|---|---|---|
| 22. ...help coordinate the school lunch program for needy students. | | | | |
| 23. ...take a leadership role in the development of a school disaster plan. | | | | |
| 24. ...investigate all requests for a home teacher because of student illness (r). | | | | |
| 25. ...screen student applications for special physical education classes due to health reasons. | | | | |
| 26. ...screen students enrolling in special education classes to rule out health problems which might be causing the learning problems (r). | | | | |
| 27. ...take an active part in developing curricula for all health education classes in the school district (r). | | | | |
| 28. ...provide health related inservice programs for parents (r). | | | | |
| 29. ...assess every student's immunization status to make sure immunizations are up to date (r). | | | | |
| 30. ...take an active role in identifying and referring for help those students who are abusing drugs. | | | | |
| 31. ...establish and maintain first aid policies and procedures for the school. | | | | |
| 32. ...provide inservice on basic first aid procedures to as many school staff personnel as possible. | | | | |
| 33. ...maintain a list of students with health conditions and major health problems and should share this list with the teachers of these students (r). | | | | |

THE SCHOOL NURSE SHOULD:

| | 4 | 3 | 2 | 1 |
|--|---|---|---|---|
| 34. ...take an active role in identifying and referring students who are victims of child abuse. | | | | |
| 35. ...investigate and report back on student health concerns referred by classroom teachers (r). | | | | |
| 36. ...maintain accurate health files on each student in the school. | | | | |
| 37. ...provide routine immunizations to students who need them. | | | | |
| 38. ...provide routine T.B. skin testing to staff members who request it (r). | | | | |
| 39. ...provide special procedures such as suctioning and catheterizations at the school site to the students requiring special procedures. | | | | |
| 40. ...monitor the administration of medications at the school site to the students requiring medications. | | | | |
| 41. ...actively participate in planning the budget for the health program. | | | | |
| 42. ...demonstrate accountability for practice by consistently and systematically documenting, evaluating, and reporting the numbers/kinds of services performed. | | | | |
| 43. ...attend the district school board meeting at least once each year to summarize the nursing services delivered and outline the program plans for the coming year. | | | | |
| 44. ...evaluate her own practice annually according to the Standards of School Nursing Practice and according to her individual goals and objectives for that school year. | | | | |

45. School nurses are frequently asked to make classroom presentations on a variety of topics. Indicate how important you think it is for the nurse to be involved in providing information on the following topics (r):

| | 4 | 3 | 2 | 1 |
|---|---|---|---|---|
| a. smoking | | | | |
| b. physical fitness | | | | |
| c. nutrition | | | | |
| d. A.I.D.S. | | | | |
| e. sexually transmitted diseases (other than A.I.D.S.) | | | | |
| f. reproductive physiology/anatomy | | | | |
| g. birth control | | | | |
| h. alcohol/drug education | | | | |
| i. abortion | | | | |
| j. mental health | | | | |

46. School nurses are frequently asked by students to provide them with information about health topics. Indicate how important you think it is for the nurse to provide information on the following topics when requested (r):

| | 4 | 3 | 2 | 1 |
|---|---|---|---|---|
| a. smoking | | | | |
| b. physical fitness | | | | |
| c. nutrition | | | | |
| d. A.I.D.S. | | | | |
| e. sexually transmitted diseases (other than A.I.D.S.) | | | | |
| f. reproductive physiology/anatomy | | | | |
| g. birth control | | | | |
| h. alcohol/drug education | | | | |
| i. abortion | | | | |
| j. mental health | | | | |

| | 4 | 3 | 2 | 1 |
|--|---|---|---|---|
| 47. The school nurse has traditionally maintained as confidential that which she discusses with her students. How important do you think it is for her to maintain this confidentiality? | | | | |

48. Of the possible nursing duties listed in questions 1-44, please list the 4 most important duties you think the school nurse should be providing to the school. List in order of importance (r).

1. _____

2. _____

3. _____

4. _____

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

1. _____
2. _____
3. _____

Please complete the demographic information on the last page. Return the entire questionnaire in the stamped, self addressed envelope enclosed.

Thank you for your time and assistance in providing the data for this research project. We sincerely appreciate your help.

SCHOOL ADMINISTRATORS' PERCEPTIONS ABOUT THE VALUE
OF THE SERVICES OF THE SCHOOL NURSE
Demographic Information

Please answer all questions that apply to you. Place check marks in the space before items.

1. What is your age in years?
 20-30 31-40 41-50 51-60 61+
2. What is your gender?
 Female Male
3. What is your highest educational level?
 BS/BA MS/MA Doctorate Other
4. What is your position?
 Principal Superintendent
 Assistant Principal Assistant Superintendent
 _____ List Other
5. How many years have you been in your current position? _____
6. Superintendents:
Grade level in your district? _____
How many students in your district? _____
Is there a school nurse in your district?
 yes How many? _____
 no
7. Principals:
Grade level in your school? _____
How many students in your school? _____
Is there a school nurse in your school?
 yes Hours per week? _____
 no

APPENDIX D
Tool Permission Letters

May 20, 1991

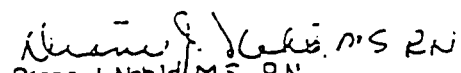
Virginia Young, Dr. Ph., R.N.
Associate Professor
San Jose State University
Department of Nursing
San Jose, CA 95192-0057

Dear Dr. Young:

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

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

Best wishes.


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

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

67

Dr. Virginia Young
School Nurse Program Coordinator
Department of Nursing
San Jose State University
San Jose, CA 95192-0057

Dear Dr. Young and San Jose State Graduate Nursing Colleagues:

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

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

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

Yours truly,

Elaine Palmer, BSN, RN

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

APPENDIX E

San Jose State University Institutional Review Board Approval

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

TO: Sara Louise Perez
1353 Nilda Ave.
Mountain View, CA 94040

FROM: Serena W. Stanford *Serena W. Stanford*
AAVP, Graduate Studies & Research

DATE: October 19, 1994

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

"The Role of the School Nurse as Perceived by School Administrators"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

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

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

APPENDIX F
Researcher's Introductory Letter

October 24, 1994

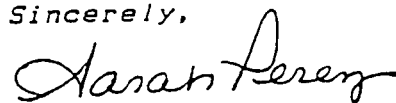
Dear School Administrator,

I am in the graduate nursing program at San Jose State University. I am using the attached survey questionnaire to gather data on the role of the school nurse for my Master's thesis. I know that you value the educational process and your time is precious. I would appreciate your voluntary participation in this study. All responses will be anonymous. Please see the enclosed explanatory statement.

Please place the completed questionnaire in the enclosed envelope and return it by November 14, 1994.

Thank you very much for your time and effort.

Sincerely,



Sarah Perez, RN

APPENDIX G
Explanatory Statement



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Explanatory Statement About Participation in a Study
of: The School Nurse Role as Perceived by
School Administrators

San Jose State University

Conducted by
Virginia Young, D.P.H., R.N.
Sarah Perez, B.S.N., R.N.

I understand that I am being asked to participate in a research study. My participation in this study on School Administrator's Perceptions of the School Nurse Role will involve answering a short-answer questionnaire one time. It should take no more than 20 minutes to complete the questionnaire. The questions will be about the value school administrators place on the different services school nurses may perform.

My consent is being given voluntarily without being coerced. I may decline to answer any question or questions. I may withdraw from the study at any time without prejudice to my relations my school district or to any relationship I may have with San Jose State University.

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

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

Any questions I might have about my participation in this study may be answered by Dr. Virginia Young, 408/924-3161. Any complaints about the research procedures may be presented to Dr. Colleen Saylor, Nursing School Chairman, 408/924-3130. For questions or complaints about research subjects' rights, I may contact Dr. Serena Stanford, Associate Academic Vice President for Graduate Studies and Research, San Jose State University, 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.