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The school nurse role in a special education program

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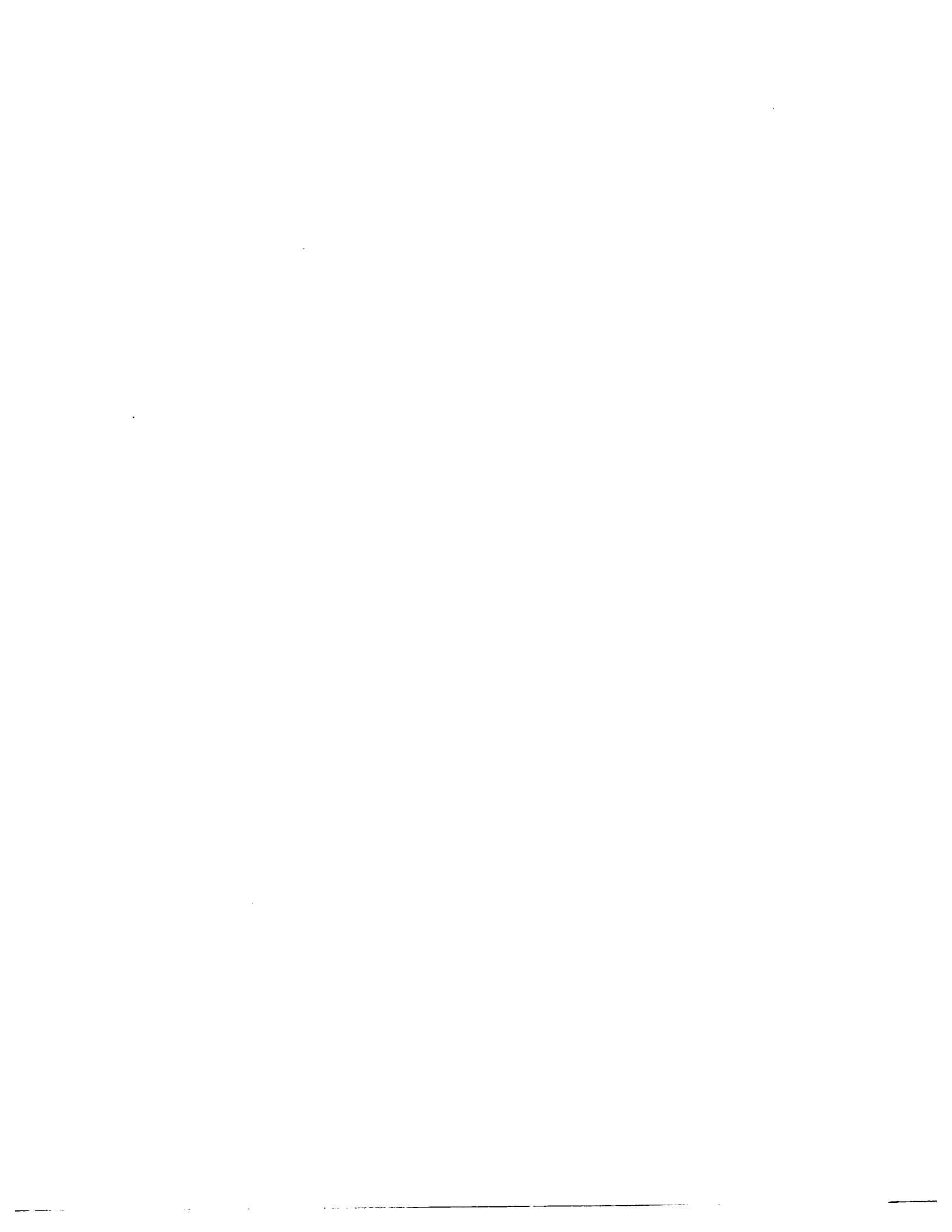


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THE SCHOOL NURSE ROLE
IN A SPECIAL EDUCATION PROGRAM

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

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

by
Rita K. Palo
August, 1990

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ABSTRACT

THE SCHOOL NURSE ROLE
IN A SPECIAL EDUCATION PROGRAM

by Rita K. Palo

Special education teachers appear to be unclear about the role and function of the credentialed school nurse. There is a need for clarification and understanding of this role. This study examined two interrelated questions: (a) how do teachers perceive the role of the school nurse when a handicapped child is mainstreamed into an integrated class setting, and (b) is there a difference between how the teachers and the nurses perceive this role?

Questionnaires using the Modified Wade Instrument were sent to 100 special education teachers and 100 credentialed school nurses working with handicapped children. Sixty questionnaires were returned from the nurses and 42 from the teachers. About one-half (49%) of the responses indicated a difference of opinion. Therefore, it can be concluded that there is significant evidence in this sample population to reject a null hypothesis.

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Chapter 1

INTRODUCTION

Public Law 94-142, the Education For All Handicapped Act, which became federal law in 1975, has been called landmark legislation. Its passage was a culmination of the efforts of many educators, parents, and legislators to enact a comprehensive law, enabling handicapped children to have equal educational opportunities with their peers. In essence, this law assures that all handicapped children have the right to basic education in the least restrictive environment. Whenever possible, children who were once isolated in special education settings are now being integrated or mainstreamed into regular classrooms. There are over 4 million handicapped children receiving special education and related services in the public schools in this country.

The Individualized Educational Plan (IEP) is the focal point for improved quality of education for the exceptional child. Today, the exceptional child is no longer denied an appropriate education because of his handicapping condition. Individualized Education Plans in special education are specifically designed to meet the unique needs of exceptional individuals at no cost to the parents. Mainstreaming is an integral part of the total public educational system and provides education in a manner that

promotes maximum interaction between handicapped and nonhandicapped students, appropriate to the needs of both.

Special Education provides a full continuum of program options to meet the educational and related needs of the handicapped student in the least restrictive environment, and provides opportunities for parents or guardians to be active members of their child's education process. The programs available are generally listed under four categories: (a) severely handicapped, (b) learning handicapped, (c) communicatively handicapped, and (d) physically handicapped. There are also subcategories of each of these. Special education includes direct and indirect services to handicapped children (school age is 4 years, 9 months, through 18 years or completion of a secondary education program). Direct services may take the form of a supplement to a regular student program, such as individual or small group tutoring, or an alternate program, such as a full-time special class. Indirect services include special consultation, diagnostic evaluation, alterations of school sites or facilities, and the provision of special equipment or learning materials as needed. Every school district must provide appropriate Special Education services for individuals with exceptional needs who are of school age and who reside within the district boundaries according to Public Law 94-142 (Ely, Erikson, Charlap-Hyman,

Lockhart & Poore, 1989).

Public Law 94-142 mandates a team approach in the development of an Individualized Educational Plan (IEP) for each child that receives special education services. As part of the multidisciplinary team, the credentialed school nurse serves to identify pupils who need an individualized educational plan. The health component of the multidisciplinary team should be developed and implemented by the school nurse. The nurse in the role of coordinator of the health screening process is a valuable resource for health assessment and medical history information.

Students in special education programs receive all permissive and mandated health services that are offered to all students in public schools, plus those required by special education as authorized by state and federal regulations. Some of the mandated services offered to all students in public and private schools are yearly screening for vision, hearing, and scoliosis, as well as immunization against childhood diseases. The credentialed school nurse must know the legal mandates and regulations governing health services to students in special education as well as regular education. A multidisciplinary team approach to planning implies that all team members understand the roles of each participant.

One of the major roles of the school nurse in the early

identification of the student with suspected disability is to refer the student and family to the appropriate resources. The school nurse is especially qualified because of professional background to strengthen the link between education and support services. Credentialed school nurses have an important role in determining that a handicapped child will not be deprived of equal opportunity in education.

The Problem and Research Questions

Special education teachers are required to have additional teaching credentials beyond the mandatory state requirements for regular education. Many of these same credentials are necessary for school nurses as well. However, teachers continue to be unclear about the role functions of the credentialed school nurse in special education. There is a need for clarification and understanding of the school nurse's role as perceived by special education teachers. Both of these roles are necessary to serve the best interests of all children in these settings. The school nurse's role is relatively new in special education and is still in the process of being clarified through state standards.

Two interrelated research questions investigated in this study were:

1. How do teachers perceive the role of the

credentialed school nurse in the facilitation of the handicapped child's activities when the child is mainstreamed into an integrated classroom in a school setting?

2. Is there a difference between the perceptions of school nurses and special education teachers concerning the role functions of the credentialed school nurse in the teaching and health care of the handicapped child?

Purpose and Need

The purpose of this study was to determine whether there are differences in the perceptions of special education teachers from the perceptions of credentialed school nurses in their role to facilitate handicapped students in regular classrooms in public schools. There is a need to identify these perceptions and, if differences exist, strategies need to be developed to clarify the credentialed school nurse's role as part of the multidisciplinary team focused on handicapped students. Although teachers and school nurses function in distinct roles, they share one common goal which is to assist the handicapped child toward a state of optimal functioning.

School nurses have an important role in determining that any handicapped child will not be deprived of equal opportunity in education. The credentialed school nurse is an integral part of the team approach to problem solving and

decision making in mainstreaming the handicapped child. The health assessment provided by the school nurse is one of the first steps used in planning and intervention by the other members of the multidisciplinary team. This team approach is used to identify and assess learning disabilities. If health problems are not prioritized as a first step in assessment, the best interests of the child in Special Education are not served adequately.

Definition of Terms

For the purpose of this study, the following definitions apply, based on California Operational Guidelines for School Nurses (1985):

1. Exceptional child is an inclusive term that refers to any child whose performance deviates from the norm, either above or below, to such an extent that special educational programming is indicated.
2. Handicap refers to the problems and difficulties that individuals encounter because a physical disability or a behavioral characteristic marks him as different from other individuals.
3. Disability is a physical problem that limits an individual's ability to perform certain tasks that other individuals can perform.
4. Mainstreaming describes the process of integrating handicapped children into regular schools and classes.

5. Special education is the individually planned and systematically monitored arrangement of physical settings, special equipment and materials, teaching procedures, and the other interventions designed to help exceptional children achieve the greatest possible personal self-sufficiency and academic success.

6. Individualized Education Plan (IEP) is a written plan that describes the child's present level of educational performance, sets annual goals and instructional objectives, and describes the special education and related services needed to meet those goals and objectives.

7. Specific learning disability (SLD) refers to a disorder in one or more of the basic psychological processes involved in understanding or using written or spoken language.

8. Least restrictive educational environment is a requirement in both state and federal laws that exceptional children be educated alongside nonhandicapped peers to the maximum extent appropriate to their needs.

Research Design

This is a descriptive comparative study utilizing Wolf's (1979) Modified Wade Instrument. Wolf's study focused on the functions of the school nurse in development centers for severely and profoundly handicapped children and the perceptions of administrators in these centers of the

school nurses' functions. Wolf's study measured the administrators' perception of school nurse functions regarding handicapped children in these centers.

The current study compared the perceptions of special education teachers with the school nurses' perceptions of the school nurses' functions with handicapped students. The Modified Wade Instrument (Wolf, 1979) in this study was used to collect the data. Data were analyzed using group comparisons in which the perceptions of the school nurses' group were compared to those of the teachers' group regarding school nurse functions with handicapped children. The dependent variable (the groups' perceptions) was measured by the Modified Wade Instrument to determine if the two groups differed on the functions of the school nurse (independent variable) as described in Public Law 94-142. The design is a descriptive comparative study, since it seeks to determine if special education teachers and school nurses differ in their perception of the role of the school nurse.

Reliability and Validity of Instrument

The instrument used in this study was modified by Wolf (1979) from the original Wade Instrument (1966). The Modified Wade Instrument contained 55 tasks, 50 of which were taken by Wade from the standards for school nurses established by the American School Health Association in

1960. An additional five tasks were integrated into the original Wade Instrument by Wolf (1979) so that the tasks specific to specially handicapped children were included. According to Wolf, the instrument had face validity because the tasks were generally deemed the functions of school nurses (as validated by five of her school nurse colleagues). Content validity is assumed, and construct validity is not established. According to Wolf (1979), the Modified Wade Instrument has limited reliability.

Data Collection

The names of 100 special education teachers and 100 special education credentialed school nurses were taken from the directories of three county offices of special education for convenience sampling. Approval was granted by San Jose State University Human Subjects Review Board.

The Modified Wade Instrument, with a cover letter (Appendix E), was mailed to each of the 200 selected teachers and nurses, together with a stamped, self-addressed envelope to facilitate return. The cover letter explained that the respondent's informed consent was implied by the return of the questionnaire. A z -test of the differences in perception was used to analyze the data on the perceptions of the nurses and teachers.

Limitations

The potential limitations identified for this study

are: (a) the weakness in generalizability, and (b) the limited size of the sample. While respondents received no direct benefit from participating in the survey, it was hoped that interest in an opinion survey in their field, plus the ease of responding provided by the stamped, self-addressed envelope, would contribute to their willingness to cooperate. Additionally, participants were advised that they could receive the results of the study upon completion. These requests would be set aside and results of the data sent to the respondents who indicated interest in this option.

Chapter 2

CONCEPTUAL FRAMEWORK AND RELATED LITERATURE

Conceptual Framework

Roy's (1976) Adaptation Model was used as a conceptual framework for this study. Roy began operationalizing her adaptation model in 1968 when Mount Saint Mary's College adopted the adaptation framework as the philosophical foundation of the nursing curriculum (Marriner, 1986). Roy's Adaptation Model for Nursing was derived from Helson's work in psychophysics. In Helson's Adaptation Theory, adaptive responses are a function of the incoming stimulus and the adaptive level. The adaptation level is made up of the pooled effect of three classes of stimuli: (a) focal stimuli, which immediately confront the individual; (b) contextual stimuli, which are other stimuli present; and (c) residual stimuli, which are those factors that are relevant, but cannot be validated (Andrews & Roy, 1986).

As with other theorists who identified a limited number of subsystems within the person, Roy states there are four principal adaptation systems influencing behavior. Roy refers to these as modes of adaptation: (a) physiological system, (b) self-concept system, (c) role mastery system, and (d) interdependence system. These models of adaptive behavior provide a measurable assessment for strategies appropriate to the learner and learning theory (Roy, 1976).

Roy refers to her model as a bio-psycho-social model, with the four elements of person, environment, health, and nursing. Nursing is further divided into goals and activities of nursing. Roy defines nursing as a science and practice of promoting adaptation for individuals and groups in situations involving health (Andrews & Roy, 1986).

Roy describes the person as an individual possessing an interrelated system of biological, psychological, and social components which govern the individual's behavior. Each system within the individual is in constant interaction with the environment, producing an empirical framework for that individual. Nursing is concerned with the way individuals interact with their changing environment and respond to both internal and external stimuli that affect adaptation. By promoting interaction with the environment, the nurse helps promote adaptation in the four elements of the adaptation mode (Andrews & Roy, 1986).

Roy suggests there is a range of conditions which makes up an individual adaptation level. New stimuli which fall within this adaptation range will be reacted to more favorably than those which fall outside of this individual's range. A personal adaptation level is a range of adaptability within which an individual can adapt effectively to new experiences (Roy, 1976).

Roy's clinical practice in pediatric nursing provided

experience with the resiliency of the human body and spirit. The child's adaptation level is such that it comprises a zone indicating the range of stimulation that will lead to a positive response. To respond positively to environmental changes, the child must adapt (Fawcett, 1989). Andrews and Roy (1986) conceptualized that innate coping mechanisms are genetically determined, whereas acquired coping mechanisms are developed through processes such as learning. The self-concept adaptive mode focuses on the need for psychic integrity. Self-concept is defined as the composite of beliefs and feelings that a person holds about himself at a given time. Self-concept is formed from internal perceptions and the perception of others and directs behavior in a child. Body image directs how the child feels about himself and his peers (Fawcett, 1989).

The handicapped child sees himself as different from his peers and this affects his self-concept and his internal perception of himself. The child's role mastery is based on the concept that the role function mode is focused on the need to know who you are, so that you can determine who everyone else is (Andrews & Roy, 1986). This is directly related to handicapped children's need to develop a sense of positive regard for their abilities (self-concept) and develop a sense of positive regard and respect for others.

Using Roy's system model of person and environment

(Fawcett, 1989), the stimuli from the school classroom environment and the adaptative level of the child are directly responsible for his coping mechanisms and behavior. According to Roy, the adaptative level sets up a zone of adaptation. Any stimuli falling within this zone will be used as a positive response to behavior modification and role mastery. Stimuli falling outside of the handicapped child's range of adaptation results in his inability to use coping mechanisms effectively and his feeling of powerlessness which directly affects his self-concept with negative stimuli. The child's responses act as feedback, which is continued input for the system.

According to the National Institute of Mental Health (1986), all children exhibit behavior similar to learning disabilities at different stages in their development. It is the quantity, intensity, and long duration of immature behavior that distinguishes the developmentally delayed child from normal development.

The credentialed school nurse, by virtue of specific education in child development and modes of adaptive behavior as described by Roy (1976), is qualified to identify, assess, and place students in special education. As part of a multidisciplinary team approach, using an Individualized Education Plan (IEP) to identify children who meet these guidelines, the school nurse's role as

coordinator of health screening and assessment is invaluable.

The school nurse must assess students placed in special education in all four of the elements, as described by Roy: (a) physiological system--what is the physically handicapping condition that places the child in special education? (b) self-concept system--how does their self-concept relate to their handicap? (c) role-mastery system--how do they function in the role of a special education student? and, (d) the interdependence system--is there evidence of interdependence in how they relate to others in their environment? Nursing activities are carried out in the context of the nursing process. The nursing assessments are of the individual in his environment and the adaptative methods used by the individual to help him function in that environment.

Related Literature

September of 1989 was the 15th anniversary of the passage of Public Law 94-142, which guarantees a free appropriate public education for all handicapped children in the least restrictive environment possible. The law has significantly expanded the roles of child advocacy in schools, in teachers, and especially in the role of the school nurses.

California Educational Code, Section 56026, defines

individuals with exceptional needs as having specific learning disabilities. Individualized Educational Plans (IEP) are available from kindergarten through age 21. This process serves students who (a) have a physical problem according to California Educational Code, Chapter 1, Article 2, Section 56026, and (b) need supplemental health and educational services in order to progress with their peers. Handicapped students are entitled to expect that physical, cultural, and social barriers will be removed. The justification for this is that these barriers interfere with the inalienable rights of the individual with a disability to achieve as close to normal a lifestyle as is afforded to the nondisabled members of society (Ely, et al., 1989).

California Education Code, Section 56001, states it is intended that special education programs provide all of the following: each individual with exceptional needs is assured an education appropriate to his needs in publicly supported programs through completion of his prescribed course of study or until such time that he has met proficiency standards prescribed pursuant to Sections 51215 and 51216. Each individual with exceptional needs shall have his educational goals, objectives, and special education and related services specified in a written Individual Education Plan (cited in California School Nurses

Organization, Operational Guidelines, 1983).

Nurses' Role in Individualized Education Plans

Title 5, California Education Code, Section 56341, requires that in any Individualized Education Plan (IEP), the credentialed school nurse conducts the assessment and is the only person qualified to interpret the health problem summary and/or recommendations. The nurse shall attend the IEP meeting, when appropriate, and interpret any health problem that is related to the education process. The nurse submits a written report of the health summary and current health screening and assessment. The nurse participates in setting and prioritizing of goals and helps develop and determine objectives within the student's physical abilities. According to law, every child's IEP must be reviewed at least annually, and the nurse shall participate in the team meeting. A complete health assessment shall be done every third year, and health information should be reviewed and the child reassessed and referred as indicated (cited in CSNO, Operational Guidelines, 1985).

In a descriptive article by Minugh and Morse (1982), the National Association of State School Nurse Consultants defined the role of the school nurse within Public Law 94-142. The requirements and activities expected of school nurses were the ability to be able to identify the health needs of students and to facilitate remediation of health or

handicapping conditions or to assist in adapting the school setting to students needs.

Luckenbill (1979) states that school nurses should contribute to the development of the Individual Education Plan (IEP) of each student with special needs. According to Luckenbill, Public Law 94-142 states explicitly that everyone who is involved with the child needs to be a part of the team process in writing the IEP. That includes the person who is doing the health evaluation, the school nurse. Luckenbill, a credentialed school nurse practitioner, who is the coordinator of School Health Special Education Services, has developed a form to assess the needs of children being evaluated for special education. The form addresses what the child needs and when and by whom this need will be provided. This information becomes an integral part of the health component of the child's IEP discussion and determination of related services that the child will need.

The school nurse's greatest contribution is the ability to transmit the current and factual knowledge about the handicapped child's health assessment to teachers and to assist them in understanding problems associated with a particular handicapping condition. Teachers and all other related services coming into contact with the child should be aware of health resources and the school nurse's role in using these resources.

Three needs assessment studies were done by Rustia, Hartley, Hansen, Schulte, and Spielman (1984) for the purpose of providing direction for school nurses. It was found that school nurses are not integrating developmentally handicapped children into the regular classroom setting and, subsequently, not meeting school health needs. Data were collected from parents, teachers, and other supportive personnel in schools by interview and survey methods. The data indicated that for developmentally disabled students, nurses were not using the commonly accepted functions of nursing. They also were not transposing their knowledge of the components of health care ordinarily provided in health care settings to the care provided in non-traditional health care setting for the integration of the handicapped child in a regular classroom.

According to Panza (1985), the role of the school nurse in the implementation of the health component of Individualized Educational Plans for exceptional children was underdeveloped. Panza reviewed a sample of school principals in his study. The principals reported a myriad of unsolved health problems with exceptional children, citing the need for nursing roles to be more defined to meet special health needs.

Jenkins (1983) related that integration of handicapped children who need unique nursing procedures, high caseloads,

and decreasing numbers of school nurses have created an environment of potential harm to handicapped children. Educators without adequate training may assume treatment of these children creating potential for malpractice lawsuits. Jenkins recommended that revised perceptions of the school nurse's role should be clarified.

Active collaborative participation with educators, parents, community health providers, and especially those determining the standards of health services in schools must be a high priority for school nurses as professionals (Smith, 1987). School nurses must continue to play a significant role in the major social movement for achieving equal educational opportunities for handicapped children.

Expanding the Role of the School Nurse

In the 1970s, several factors influenced the changing role of the school nurse: (a) parents with school age children were both employed outside the home, and there was no one readily available during the day to take children to outside community agencies; (b) children did not have medical resources that were easily accessible and, in fact, medical resources were used only in emergencies and not as preventive health care; and (c) the passage of Public Law 94-142 in 1975 dramatically changed special education services in the school setting (Igoe, 1980).

Controversy over the expanded role of the credentialed

school nurse has continued for 20 years and is more prevalent in the 1990s than ever. Oda (1977) wrote that the image of a school nurse is often limited to an expert band-aider and official lice detector, when in fact the expanded role of the school nurse has been practiced for years before the term became commonplace.

Oda stated that credentialed school nurses have discovered that they have to clarify and communicate their unfamiliar role to others for acceptance and utilization by both peers and members of other disciplines. School nurses have consistently worked as the only health professional in an educational setting, defining and redefining their role. According to Oda (1978), in California, a master's level Nurse Specialist in School Health Program prepares nurses with advanced health assessment and role development skills for leadership positions in school health services. That was 12 years ago, and although these same circumstances are more the norm than the exception today, the controversy appears to have remained unchanged surrounding the role of the credentialed school nurse.

Role of the School Nurse in Health Assessment

This study uses Roy's model as a framework. It is based on the role of the credentialed school nurse in special education and how this role is perceived by nurses and teachers. The school nurse recognizes that school

health programs must provide for identification of individual differences and abilities. Assessments must be made to meet the needs of the students in special education who have physical impairments which are not immediately correctable. These students are assisted in the learning process by placement and special attention within programs provided by the school system.

Roy addresses nursing goals and activities using the nursing process. Nurses promote adaptation of clients in any setting, including special education. The credentialed school nurse, utilizing advanced education, is especially adept in assessing students in special education using the four elements of Roy's model, which are: (a) physiological system, (b) self-concept system, (c) role mastery system, and (d) interdependence system (Andrew & Roy, 1986).

The school nurse's primary goal is to promote the health and welfare of the child. Health, in this sense, refers to physical, emotional, social, and educational functioning. To determine the child's health status and clarify his strengths, a health, development, and social history provides basic data, including demographic information, medical history, special problems, and adaptive behavior descriptions. This information is critical in planning appropriate interventions that can enhance and encourage a child's educational process and adaptation

(CSNO, Operational Guidelines, 1985).

An extensive literature search revealed that up-to-date resources indicating the changing role of the school nurse are not readily available. Articles in journals, books, references, and editorials are more than 10 years old for the most part.

Chapter 3

METHODOLOGY

This study was a descriptive comparative study using Wolf's (1979) Modified Wade Instrument (see Appendix C for permission from Wolf). Wolf developed her data collection instrument using Wade's (1966) instrument which contained 50 representative tasks to study the roles, functions, and status of school nurses in New York. Wade's instrument was developed to determine the extent to which nurses, administrators, and teachers expressed agreement in the role of the school nurse. In 1966, school nurses traditionally practiced nursing using the "Recommended Policies and Practices for School Nursing," published by the American School Health Association. Wade (1966) used these guidelines as the criteria for his original instrument (see Appendix B for permission from Wade, 1966). Since Wade's instrument related only to the general school population, five school nurse tasks that pertained to special education and the multiply handicapped were included in Wade's Modified Instrument by Wolf (1979).

Wolf (1979) investigated the perceptions of administrators of special education development centers regarding the functions of the credentialed school nurses with severely and profoundly handicapped children. Wolf stated her study was needed to determine if the 1975

legislation of Public Law 94-142 resulted in a difference in the administrators' perspective of school nurses in the special education of these children.

The current study was done to research and assess the understanding of the role of the credentialed school nurse with handicapped children who are being integrated into general education. The question that this study asked was: How is the role of the credentialed school nurse perceived by special education teachers compared to how this role is seen by the school nurses themselves?

Data Collection

A cover letter and the Modified Wade Instrument (see Appendix F) were mailed to 100 credentialed school nurses working with integrated handicapped children in special education and 100 special education teachers selected from school districts in three California counties. Permission was obtained in writing from the assistant superintendents of special education from each of the county offices of education in the three counties selected. A convenience sample of the first 100 nurses and 100 teachers from the directory of each of the three counties was used.

Permission was obtained from the Institutional Review Board for Human Subjects (see Appendix A) from San Jose State University to conduct this study. Informed consent was implied by the return of the survey questionnaire. The

selected population was informed that there were no risks or benefits by completing the questionnaire and that anonymity was assured by random selection by county only. The cover letter stated that the results of this study would be available to anyone that was interested at the completion of this project. As questionnaires were returned, those indicating an interest in the results of this study were coded on the back side with an R in the upper left-hand corner. Respondents provided return addresses for this. All 200 packets that were mailed contained a stamped, self-addressed envelope for convenience in returning the questionnaire. Directions were included in each packet for completing the Modified Wade Instrument. The instructions with the Modified Wade Instrument directed the respondents to indicate, by placing an X in the appropriate column, whether each of the 55 tasks "belonged" or "did not belong" to the role and function of the school nurse in special education. Demographic information was requested with the Modified Wade Instrument (see Modified Wade Instrument, Appendix F).

Analysis of Data

Wolf's (1979) Modified Wade Instrument was used to collect data from credentialed school nurses and special education teachers using the 55 functions related to representative tasks of the school nurse. The Modified Wade

Instrument was the independent variable and was assumed to cause the effect being studied. The dependent variable was the measured effect that resulted from the difference in the perception of school nurses and special education teachers regarding these tasks.

The Modified Wade Instrument has limited reliability (Wolf, 1979). Reliability is establishment by several administrations of an instrument to a number of samples to determine consistency of response. No such activity was undertaken with the Modified Wade Instrument. However, content validity is assumed because the items are taken from the Standards for School Nurses set by the American School Health Association. Construct validity, determined by administering the instrument to a number of comparable samples to assess whether the instrument measures what it purports to measure, was also not established (Wolf, 1979).

The answer "does not belong" was hand-tabulated for each of the 55 tasks in each category of teacher and nurse with the returned questionnaires. The number of "does not belong" calculated from each questionnaire was then tabulated for comparison in nurse and teacher categories. The data were analyzed using a z -test to compare the two population proportions for each of the 55 tasks. The z -test assumes the two samples come from two populations with equal means but not necessarily equal variances. Although no hard

and fast rule exists as a dividing line between large and small samples, in practice, a sample size greater than 30 is considered large, and one of 30 or less is considered small. The mean proportions and standard deviation for each of the two samples in question must be determined by the z -ratio (Triola, 1989). The data were analyzed to determine whether there was a difference in response at an .05 level of significance. Z -score values of ± 1.96 on a two-tailed test reflect a difference in perception on the 55 tasks between the teachers and the nurses.

Chapter 4

ANALYSIS AND INTERPRETATION OF DATA

Data from this study were analyzed to determine if there was a different perception of the role of the credentialed school nurse in task and function as perceived by the special education teachers by comparing their perception to the way the school nurses envisioned their roles themselves. A total of 200 Modified Wade Instruments were sent to 100 special education teachers and 100 credentialed school nurses. Of these 200, 116 were returned. Of the 116 returned, 14 were invalidated: (a) 11 because the address was invalid, (b) 2 because the respondents were retired nurses, and (c) 1 because the teacher had become an administrator. There were 102 validated respondents. Sixty out of 100 (60%) were nurses. Forty-two out of 100 (42%) were special education teachers. Total respondents were 102 out of 200 (51%) which constituted the sample.

The perceptions of the special education teachers and credentialed school nurses were measured by assessing the results of the Modified Wade Instrument which listed 55 tasks and functions of the school nurse. Respondents were asked to indicate whether each function "belongs" or "does not belong" to the role of the school nurse.

Description of the Sample

Of the 60 nurses who returned the Modified Wade Instrument, all were female, and 34 of the 60 had worked in the school system for more than 15 years. Six of the nurses had worked less than 5 years in the school system. Of the other 20 nurses, 13 of them worked in the school system for 10 to 15 years, and 7 for 5 to 10 years. Of the 42 teachers who returned the Modified Wade Instrument, 8 were male, and 34 were female. Again, 24 of the 42 teachers who responded had worked in the school system for over 15 years, with only 3 out of 42 working in the school system for less than 5 years. Ten teachers (10 out of 42) had worked in the school system for 10 to 15 years, and 5 (5 out of 42) had worked for 5 to 10 years.

The analysis of the demographic data indicates that both the teacher and school nurse respondents were a more experienced population, based on years of service, and mostly female, with more nurses responding (60%) than teachers (42%). Thirty-four out of 60 (52%) of the nurses had worked in the school system for over 15 years, and 24 out of 42 (52%) of the teachers had worked in the school system for over 15 years (see Table 1).

Analysis of Data

The data were analyzed using the z -test to determine whether there was a difference in response at an .05 level

Table 1

Demographic Data (N = 102)

	Nurses (n = 60)	Teachers (n = 42)
County 1	15	10
County 2	32	7
County 3	13	25
Males	0	8
Females	60	34
Less than 5 years	6	3
5-10 years	7	5
10-15 years	13	10
More than 15 years	34	24

of significance to obtain critical z values of below -1.96 or above +1.96. There was a definite difference in response between teachers and nurses. The analysis of the data indicated disagreement between the teachers and the nurses in 27 out of the 55 (49%) tasks included in the Modified Wade Instrument.

The results of this study indicated that conflicts and disagreements do exist between the way the credentialed school nurses and the special education teachers perceive

their roles. An example of one of the areas of substantial disagreement was related to Tasks 29 and 30. Both of these tasks addressed cooperation between the special education teacher and the school nurse regarding planning programs and adjusting them as needed for handicapped students. Task 29 asked if planning programs for handicapped students was a role of the school nurse. Fifteen (25%) of the school nurses stated that this role did not belong. However, 71% of the teachers did not consider this a school nurse role. Task 30 asked if school nurses should interpret recommendations for program adjustment for handicapped students to the teachers. Almost 43% of the teachers said this did not belong, while only 7% of the nurses felt this way. Task 33, which related to identifying students for special education programs in cooperation with others, was seen by all but 5% of the nurses as being their role; however, 21% of the teachers disagreed.

Teachers did not see the role of the school nurse as a resource regarding personal health problems. Another task that was in substantial disagreement was number 26. This question raised the issue of health teaching to other school personnel. In Task 26, 67% of the teachers stated this did not belong, and again in Task 47, 33% of the teachers were in disagreement with this being a school nurse role. In Task 55, which related to health programs for

non-instructional personnel, 24% of the teachers felt this role did not belong to the school nurse. In comparison, for Task 26, 83% of the school nurses perceived the role of health resource as belonging to them, and in Tasks 47 and 55, 93% of the nurses thought these tasks belonged to the school nurse's role.

In terms of specific tasks, 1, 3, and 40, which were concerned with the school nurse being involved in using outside health resources, the teachers and the nurses were in substantial disagreement that this should be done by a school nurse. In Task 1, 38% of the school nurses were in disagreement, whereas 62% of the teachers stated this task did not belong to the school nurse. In Task 3, coordinating the use of private doctors and dentists, 17% of the school nurses felt that this role did not belong, in agreement with over half of the teachers (55%) who felt this role did not belong to the school nurse. In Task 40, all of the nurses advocated using community agencies to assist students and parents with student problems, while 17% of the teachers disagreed.

Tasks 12 and 14 were in role disagreement concerning assisting with the feeding of children who have eating problems and teaching life support measures to aides and teachers. Only 20% of the nurses felt that feeding children was not their role, while 40% of the teachers felt this way.

However, only 5% of the school nurses felt that teaching life support measures and injection administration to teachers and aides did not belong to their role, while 21% of the teachers felt this function did not belong.

Tasks 18 and 20 were inversely viewed by nurses and teachers. Task 18 asks if nurses should select and order first aid supplies. Ten percent of the nurses felt that this was not their role, but all of the teachers felt that it was the school nurse's role. In Task 20, which asked if the nurse's role was to coordinate the development of policies and procedures for communicable disease, all of the nurses felt that this was their role, but 7% of the teachers disagreed.

Task 51 states that the school nurse holds individual conferences on a regular basis to evaluate health needs of the students with the teacher. This role was strongly perceived in disagreement by the teachers, with 57% stating it does not belong as compared to 90% of the nurses who felt it was a very important task belonging to the school nurse role.

Another significant departure of the school nurses' perception from the school nurse role was Task 10, which stated that the school nurse renders first aid to injured or ill students. Thirteen (22%) of the nurses stated this task does not belong, while only two of the teachers (5%) felt

that it did not belong to the school nurse role. This is a surprising result and the inverse of what one would expect to be considered by school nurses as a primary role function.

Task 25, identifying normal growth from deviation and relating this to the attention of the physician, was considered a role of school nurses by 95% of the nurses, but was considered as not belonging to nurses by 26% of the teachers. Task 31, assisting students and their parents to live with health deviations, and Tasks 35 and 37, counseling students and parents about health needs and the effects of family health on students, were interpreted by the nurses (96-100%) as belonging to their role, while over 30% of the teachers disagreed.

Tasks 47, 48, and 49 were in strong disagreement between the two groups. The tasks related to teaching the dangers of tobacco, alcohol, and habit-forming drugs, teaching sex education, and advising other health units on a consultant basis. Most of the school nurses felt that this was a function of their role, but 30 to 62% of the teachers disagreed. The most substantial disagreement was in who was to teach sex education. It was interesting to note that although the teachers were in strong disagreement in Tasks 47, 48, 49, and 15, which were related to nursing roles in teaching student health concepts, there was strong agreement

in Tasks 8 and 11 which were related to teaching health concepts and making program adjustments to meet student health needs.

There was strong agreement that the school nurse role included all of the vision, hearing, and other related health screening mandates. Conversely, in Task 43, related to maintaining accurate health records for all students, 18% of the school nurses disagreed that this was their role, but 98% of the teachers thought that it belonged. Both the teachers and the school nurses were in strong disagreement with Task 39, which related to planning the school day to provide adequate rest, exercise, and eating time. The teachers had 77% disagreement with Task 39 being a school nurse role, and 53% of the nurses agreed with the teachers. There was strong disagreement from both teachers and nurses that Task 45, teaching home nursing in school, was a school nurse function (see Table 2).

There was a significant difference (± 1.96) of opinion on 27 of the 55 tasks using the Modified Wade Instrument (Wolf, 1979). Credentialed school nurses and special education teachers disagree regarding the role, function, and tasks of the credentialed school nurse.

Table 2

Percentage of Difference in Disagreement of School Nurses
and Special Education Teachers on Tasks Belonging to the
School Nurse Function (N = 102)

Task	Nurses	Teachers	%*	<u>Z</u>
	(n = 60)	(n = 42)		
1. Plans and arranges schedules for physicians, dentists, or other health service specialists.	38	62	24	2.35
3. Coordinates the use of private doctors and dentists.	17	55	38	4.05
10. Renders first-aid to injured or ill pupils.	22	5	17	2.37
12. Assists teachers in learning to feed children with eating problems.	20	40	20	2.26

Notes. * = percent of disagreement

Table 2 (continued)

Task	Nurses	Teachers	%*	Z
	(n = 60)	(n = 42)		
14. Teaches life support measures: gastronomy feedings, suctioning and administration of injections to teachers and aides.	5	21	16	2.53
15. Teaches and consults with foster care parents and college students about seizures, dental hygiene and other health care needs.	20	38	18	2.02
18. Selects and orders first-aid supplies.	10	0	10	2.11

Notes. * = percent of disagreement

Table 2 (continued)

Task	Nurses	Teachers	%*	Z
	(n = 60)	(n = 42)		
20. Coordinates development of recommended policies and procedures for the control of communicable disease in the school.	0	7	7	2.10
25. Identifies deviations from normal growth patterns and calls these to the attention of a physician.	5	26	21	3.06
26. Confers with other school personnel regarding their personal health problems.	17	67	50	5.14

Notes. * = percent of disagreement

Table 2 (continued)

Task	Nurses	Teachers	%*	\bar{z}
	($n = 60$)	($n = 42$)		
29. Plans programs for exceptional (handicapped) pupils.	25	71	46	4.65
30. Interprets to teachers, recommendations for adjusting programs for handicapped pupils.	7	43	36	4.37
31. Helps pupils (and their parents) learn to live with health limitations.	7	33	26	3.48
33. Identifies, in cooperation with others, pupils for "special" education programs.	5	21	16	2.53

Notes. * = percent of disagreement

Table 2 (continued)

Task	Nurses	Teachers	%*	<u>Z</u>
	(<u>n</u> = 60)	(<u>n</u> = 42)		
35. Communicates to school personnel, home conditions and their effects on pupils.	7	31	24	3.24
36. Counsels with pupils and parents, in school and at home, about pupil health needs and their relationship to the school program.	0	17	17	3.28
37. Interprets to parents, the effects of the family health on the welfare of pupils in schools.	3	33	30	4.10

Notes. * = percent of disagreement

Table 2 (continued)

Task	Nurses	Teachers	%*	<u>Z</u>
	(n = 60)	(n = 42)		
39. Coordinates the plans of the school day to provide adequate exercise, resting, and eating time.	55	76	21	2.19
40. Utilizes community agencies to assist pupils and their parents with pupil health problems.	0	17	17	3.28
43. Maintains accurate health records for all pupils.	18	2	16	2.46
45. Teaches home nursing in school.	57	83	26	2.83

Notes. * = percent of disagreement

Table 2 (continued)

Task	Nurses	Teachers	%*	\bar{z}
	(\bar{n} = 60)	(\bar{n} = 42)		
47. Teaches health units on a consultant basis.	7	33	26	3.48
48. Teaches the dangers of tobacco, alcohol, and habit-forming drugs.	12	48	24	4.05
49. Teaches sex education.	15	62	47	4.91
51. Holds individual teacher conferences, on a regular basis, to evaluate health needs of pupils.	10	57	47	5.14
53. Encourages and participates in pupil activities such as Future Nurse Clubs, college and career night functions.	15	5	45	3.82

Notes. * = percent of disagreement

Table 2 (continued)

Task	Nurses	Teachers	%*	<u>Z</u>
	(<u>n</u> = 60)	(<u>n</u> = 42)		
55. Participates in health training programs for bus drivers, clerical workers, cafeteria staff, custodians, and other non-instructional personnel.	7	24	17	2.48

Notes. * = percent of disagreement

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Because there are fewer credentialed school nurses due to severe cuts in school district budgets, the role of the school nurse is undergoing changes that impact the children in schools, as well as those who also serve these children, the teachers and the administrators. An example of a current debate is special education versus California Education Code versus Scope of Nursing Practice. The key issue involved is that school nurses want appropriate revision of an antiquated California Education Code and a more realistic approach to school health. The district budget cuts represent fewer credentialed school nurses with a larger population in more schools and less time to complete the tasks that directly relate to an optimum level of school nursing. Conversely, the mandatory requirements for academic credentialing for school nursing are becoming more and more demanding. This is often difficult for rural school nurses to obtain without financial consideration and time restrictions. Adding to their competency does not necessarily increase their stipend nor does it guarantee them a job placement. It only means that they cannot be hired without these credentials.

Special education teachers, on the other hand, are

increasing in number due to the expanded demand for their expertise with mainstreamed students. The teachers also have special teaching credentials which are taken beyond the requirements for general education teachers. The special education teachers maintain that they were not trained to be school nurses, and the nurses should be available to do these tasks. The problem is one of availability. The school nurses cannot realistically be in all places at all times, with the number of schools and increased student population for which they are responsible.

Many unsolicited comments were returned with the questionnaires from both the teachers and the nurses supporting the problems just discussed. An interesting observation is that going back 10 years in the school news media or related literature, many of the same problems existed then as well as now. It appears that this dichotomy of tasks is not easily remedied. Unfortunately, it is not unusual to find conflicts in the operational guidelines for credentialed school nurses at the level of federal, state, and local standards, and more conflict between the standards that apply from the educational perspective and those from the health care position of advocacy.

Recommendations

More than anything else, the role of the credentialed school nurse needs a strong, well defined sense of

direction, scope, and realistic priorities. First, this must be acknowledged and supported by district administration, then clearly represented to teachers and other groups and programs within the school district. This study was done with three counties in California which limited its size and scope. A national survey is recommended so that data can be used for guidelines for State and Federal evaluation to strengthen the educational process through health supervision and health education for children and youth. The phrase, "healthy children learn better," is not taken just from school media, but a realistic and appropriate assessment for any educational endeavor.

A related recommendation to this study would be to establish and maintain collaborative relationships with special education teachers and credentialed school nurses with similar personnel elsewhere in the state. This is vital in order to assure that the programs used for students are current, accurate, and relevant to future needs. It is recommended at the conclusion of this study that the first priority of teachers and nurses is the understanding of all roles related to the commitment of optimum welfare of students to meet all their educational needs.

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APPENDIX A
Human Subjects 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: Rita K. Palo, Nursing
18264 Pesante Cyn. Rd.
Salinas, CA, 93907

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

Date: February 19, 1990

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

"How Do Special Education Teachers Perceive the Role of the School Nurse"

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

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

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

cc: Mary Reeve, RN

APPENDIX B
Permission to Use Instrument

Geneseo

Department of Elementary & Secondary Education & Reading

November 1, 1989

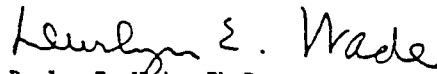
Ms. Rita Palo
18264 Pesante Canyon Rd.
Salanis, CA 93907

Dear Ms. Palo:

Enclosed please find a copy of Nurses in the Schools. You have my permission to reproduce as desired, providing credit to the author and publisher is acknowledged.

Since the original publication is no longer available, I have substituted a reproduced copy. Best wishes on the completion of your doctorate. I hope you will find this information useful.

Sincerely yours,



Durlyn E. Wade, Ph.D.
Professor of Education

DEW:dr
Enclosure

APPENDIX C

Permission to Use Modified Instrument

**severe disorders of language program
special day classes**



san mateo county office of education

10-9-89

Rita Palo
18264 Pesante Canyon Road
Salinas, CA 93907

Dear Ms. Palo,

You have my permission to replicate my study Comparative Study of School Nurse Functions in Development Centers for the Handicapped using the Modified Wade Instrument found on page 61.

I wish you the best of success in your research and if I can be of further assistance, please feel free to contact me.

Sincerely yours,

Karen M. Wolf, M.S.N.

Karen M. Wolf, M.S.N.
Special Education School Nurse

SOUTH COUNTY OFFICE
3601 CURTISS STREET
SAN MATEO, CA 94403
(415)373-4026

NORTH COUNTY OFFICE
3501 COLLEGE DRIVE
SAN BRUNO, CA 94066
(415)353-7310

APPENDIX D
Agency Consent Letter

RITA K. PALO
 18264 Pesante Canyon Road
 Salinas, California 93907
 (408) 663-2069

December 7, 1989

RE: Graduate Studies Thesis

Dear _____:

I am a graduate student in the nursing program at San Jose State University. For my thesis I am interested in clarifying the role functions of the School Nurse and the Special Education Teacher. Because this study is based on their perceptions, I need feedback through a questionnaire and survey, which is based on the Modified Wade Instrument.

I am requesting your permission to contact several Special Education Teachers/School Nurses selected randomly for their input. The reported information will remain anonymous and the data will be grouped for analysis. The results of this study will be available to you at the completion of this project.

Your consideration and prompt reply would be greatly appreciated.

Sincerely,

Rita K. Palo, R.N.

 Permission Granted

 Date

Note. In order to protect anonymity of the participating county agencies, signed letters granting subject permission are on file.

APPENDIX E
Cover Letter

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

Rita K Palo
18264 Pesante Canyon Road
Salina, California 93907

January, 1990

Dear Colleague:

I am a Master's Candidate in the Department of Nursing at San Jose State University. As part of the research for my thesis, I am assessing the understanding of the role of the credentialed school nurse as perceived by special education teachers in comparison to the way the school nurses see themselves. By completing the enclosed survey questionnaire, you will be assisting me in the process of this data collection.

Permission to distribute this questionnaire has been granted by your County Office of Education. There are no risks to you in completing this questionnaire. The reported information will remain anonymous, and the data will be grouped for analysis from three counties in the bay area. You can be sure of the confidentiality of your responses. By completing the questionnaire and returning it to me in the enclosed self-addressed and stamped envelope, your consent is implied. Although there are no direct benefits to you, it is hoped that this data will increase the understanding of the role of the credentialed nurse in special education. The results of this study will be available to you at the completion of this project.

If you have any further questions about the research please feel free to contact me at 408-663-2069 or my faculty advisor, Mary Reeve Ed.D., RN at 408-924-3165. For questions about the rights of participants in research or research related injury, contact Serena Stanford, Ph.D., Graduate Studies and Research, San Jose State University, 408-924-2480.

Please accept my appreciation for your time, interest, and participation in completing this questionnaire.

Sincerely,

Rita K. Palo, RN

APPENDIX F
Modified Wade Instrument

MODIFIED WADE INSTRUMENT

Directions: You are asked to complete this form about your perceptions of the school nurse role. Please mark an X at the right which indicates whether the function belongs to or does not belong to the role of the school nurse.

SCHOOL NURSE FUNCTIONS	Belongs	Does Not Belong
1. Plans and arranges schedules for physicians, dentists, or other health service specialists.		
2. Assists with school health examinations.		
3. Coordinates the uses of private doctors and dentists.		
4. Arranges for vision and hearing screening of pupils.		
5. Arranges for height and weight surveys.		
6. Conducts height and weight surveys.		
7. Coordinates follow-up action for pupils who need corrective care.		
8. Consults with teachers in making program adjustments to meet pupil health needs.		
9. Coordinates the establishment of policies and procedures relative to the emergency care of pupils in case of accident or illness.		
10. Renders first-aid to injured or ill pupils.		

SCHOOL NURSE FUNCTIONS	Belongs	Does Not Belong
11. Assists teachers in managing life support measures: suctioning, gavage, tracheostomy care for students whose physician has provided teaching supervision and prescription of that care.		
12. Assists teachers in learning to feed children with eating problems.		
13. Performs skilled nursing care such as suctioning, giving oxygen, administering medications and injections based on physician's orders.		
14. Teaches life support measures: gastrostomy feedings, suctioning and administration of injections to teachers and aides.		
15. Teaches and consults with foster care parents and college students about seizures, dental hygiene and other health care needs.		
16. Follows through with parents in case of emergencies or accidents.		
17. Follows through with accident reports and insurance forms in case of emergencies or accidents.		
18. Selects and orders first-aid supplies.		
19. Secures written instructions from the school health officer for the care of sick or injured pupils.		

SCHOOL NURSE FUNCTIONS	Belongs	Does Not Belong
20. Coordinates the development of recommended policies and procedures for the control of communicable disease in the school.		
21. Interprets communicable disease control policies to school personnel and parents.		
22. Helps teachers screen for communicable diseases.		
23. Examines pupils with suspected communicable diseases and excludes or readmits them in accordance with school policy.		
24. Coordinates the immunization program for pupils when performed within the school.		
25. Identifies deviations from normal growth patterns and calls these to the attention of a physician.		
26. Confers with other school personnel regarding their personal health problems.		
27. Confers with school personnel regarding the health needs of pupils.		
28. Develops recommended policies and procedures for excluding and readmitting pupils to school for health purposes.		
29. Plans programs for exceptional (handicapped) pupils.		

SCHOOL NURSE FUNCTIONS	Belongs	Does Not Belong
30. Interprets to teachers, recommendations for adjusting programs for handicapped pupils.		
31. Helps pupils (and their parents) learn to live with health limitations.		
32. Maintains special records on handicapped pupils.		
33. Identifies, in cooperation with others, pupils for "special" education programs.		
34. Serves as a contact between the home and school on health programs through home visits.		
35. Communicates to school personnel, home conditions and their effects on pupils.		
36. Counsels with pupils and parents, in school and at home, about pupil health needs and their relationship to the school program.		
37. Interprets to parents, the effects of the family health on the welfare of pupils in schools.		
38. Coordinates the plans to provide resting facilities for ill pupils.		
39. Coordinates the plans of the school day to provide adequate exercise, resting, and eating time.		

SCHOOL NURSE FUNCTIONS	Belongs	Does Not Belong
40. Utilizes community agencies to assist pupils and their parents with pupil health problems.		
41. Cooperates with other agencies which contribute to the promotion of health and welfare of the school community.		
42. Recommends appropriate health record forms.		
43. Maintains accurate health records for all pupils.		
44. Provides procedures for the orderly transfer of health records for pupils (entering, leaving, or transferring to another school).		
45. Teaches home nursing in school.		
46. Develops referral forms to facilitate communications between various offices in the pupil services.		
47. Teaches health units on a consultant basis.		
48. Teaches the dangers of tobacco, alcohol, and habit-forming drugs.		
49. Teaches sex education.		
50. Aids in procuring suitable health materials for class use.		
51. Holds individual teacher conferences, on a regular basis, to evaluate health needs of pupils.		

SCHOOL NURSE FUNCTIONS	Belongs	Does Not Belong
52. Coordinates in-service programs for teachers on problems of health.		
53. Encourages and participates in pupil activities such as Future Nurse Clubs, college and career night functions.		
54. Utilizes a working knowledge of health standards and laws, to make recommendations to insure a healthful, safe school for pupils.		
55. Participates in health training programs for bus drivers, clerical workers, cafeteria staff, custodians, and other non-instructional personnel.		

Please complete the following demographic information:

Are you a:	a. Nurse	b. Teacher
Are you:	a. Male	b. Female
How long have you worked in school	a. Less than 5 years	b. 5 to 10 years
	c. 10 to 15 years	d. 15 years or more
In which county do you work?	a. Monterey	b. San Mateo
	c. Santa Clara	