AN ABSTRACT OF THE THESIS OF

Pattamaporn Vongleang for the degree of Doctor of Philosophy in Health Education presented on January 19, 1993.
Title: Roles and Responsibilities of School Nurses in Benton, Clackamas, Lane, Linn, and Marion Counties, Oregon.

Abstract approved

Signature redacted for privacy.

A considerable number of research studies have been conducted in order to suggest a professionally desirable and practically feasible definition of the school nurse's role. Yet, the role of the school nurse remains unclear to both the lay public and the nursing profession. The main purpose of this qualitative research was to define the role of school nurses from the perspective of the school nurse. The social interaction model was used as a frame of reference for defining the role. This model defines the role of the school nurse in terms of how the nurse interacts with other people in the educational environment. This aspect of role definition has not been investigated in previous research studies.

A qualitative method, multi-case study, was employed for the investigation of this issue. Study cases included 16 volunteer school nurses who work in Benton, Clackamas, Lane, Linn, and Marion counties. Data were gathered from
intensive interviews, non participating observations, and document reviews.

This study found that school nurses identified their major role as an advocate for students and their families regarding health-related issues. The school nurse's role also included acting as a resource person on health-related issues for students, families, and all school personnel. Additionally, the school nurse's role included working as a liaison between school districts/schools, students/ families, community resources, and local health departments. The models of role interactions between school nurses and others were developed from analyzed data. These models were depicted in illustrations.

Time constraint, because of over-caseload, was stated as the major factor that inhibits nurses from working more effectively. Being unable to spend enough time in each school leads to the problem of poor visibility for the school nurse and, as a consequence, causes poor role identity for the nurse, as well as, unrealistic expectations for school nurses as perceived by students and school personnel. Study utilization and recommendations for further research were included.
Roles and Responsibilities of School Nurses in Benton, Clackamas, Lane, Linn, and Marion Counties, Oregon

by

Pattamaporn Vongleang

A THESIS
submitted to
Oregon State University

in partial fulfillment of the requirements for the degree of
Doctor of Philosophy

Completed January 19, 1993
Commencement June 1993
Acknowledgments

It has been a good long process in my life as a doctoral student. It involved so many people, who were there and helped make this mission possible. To each of them, I want to acknowledge and express my thanks and great appreciation.

To my beloved father and mother, Boonma and Pratoom Vongleang, and other family members, past and present, I want to acknowledge you for nourishing me with the value of education, an inspiration of learning, as well as the value of being an independent person. Also, I wish to acknowledge you for your continuing support, understanding, and encouragement in the completion of this degree. This success is a reward for all of you.

My sincere appreciation is extended to all of my interviewees, school nurses in Benton, Clackamas, Lane, Linn, and Marion Counties who provided time, cooperation, and friendly interviews in my data collection process. Thank you for being so cooperative and understanding of the potential benefits of this research. Without your help, this study would not have been possible. After spending time talking with all of you, I know that your students are lucky to have such caring nurses like you in their schools.
I also, wish to acknowledge the cooperation from the Oregon Department of Education in providing the primary data related to Oregon school health services for this study.

To my major advisor, Dr. Margaret Smith, a special thanks for your invaluable advice and the learning experiences I received in the past four years. I have learned a great deal from you about teaching. Most of all, I will remember you always have my best interests at heart. You certainly showed me your desire to make me a genuine scholar. You never failed to give me thought provoking advice in creating professional works from my own ideas. Thank you very much for helping me leave school with pride, ambition and dignity.

To my committee member, Dr. Norman Lederman, I gratefully acknowledge and thank you for helping me in gaining valuable experiences in qualitative research. Thank you for turning my nightmare of analyzing hundreds of pages of data into an exciting, and thrilling learning experience. My respect for you intensified during my stay at OSU. You were always helpful and available when I need assistance.

To Dr. Ann Rossignol, Dr. Robert Houston, Dr. Katharine Hunter-Zaworski, my committee members, I wish to thank you for your helpful advice which guided me in designing this professional quality research and completing this strong doctoral program.

To Drs. Kathleen Heath, Dianne Erickson, and Jefferry McCubbin, I also wish to thank you for your willingness to
be substitute members on my committee. Even though, I have worked with you for a short time, I have received generous help from you.

Lastly, I wish to acknowledge my deep appreciation to my dearest American friends, Patricia and Herb Mortz. You cared for and supported me throughout the tough years. You had big hugs for me when I accomplished something. You gave me your shoulder to cry on when I was miserable. You cared for me like my family, like a best friend. Patty, you deserve special thanks for patiently editing my first draft. Herb, my interviews would not be possible without you teaching me how to drive. Your assistance and encouragement were significant parts of this success. Thank you very much.
# TABLE OF CONTENTS

I. INTRODUCTION
   - Background of the Problem: 1
   - Objectives of the Study: 7
   - Study Population: 8
   - Delimitations of the Study: 9
   - Limitations of the Study: 9
   - Definition of Terms: 10
   - Research Justification: 10
   - Summary: 13

II. REVIEW OF RELATED LITERATURE
   - Historical Perspective of School Nursing: 14
   - Initiation of School Nursing Programs: 15
   - Second Period of School Nursing: 16
   - Third Period of School Nursing: 18
   - Fourth Period of School Nursing: 22
   - School Nursing from the 1980s to the Present: 25
   - Review of Related Study: 27
   - Development of School Nursing in Oregon: 39

III. METHODOLOGY
   - Case and Case Selection: 43
   - Setting: 44
   - Method of Data Collection: 45
   - Instruments and Procedure: 46
   - Time Spent Gathering Data: 49
   - Period of Data Collection: 50
   - Data Analysis: 50
   - Summary: 52

IV. ANALYSIS OF RESULTS
   - Demographic Data of the Participants: 53
   - Research Findings: 59
   - Other Findings: 96
V. CONCLUSIONS, DISCUSSION, AND RECOMMENDATIONS

Conclusion and Discussion................................. 102
Role of the School Nurse: Social Interaction.............. 102
Interactions in Relation to Role Identity.................. 111
Prioritization of Responsibilities....................... 115
Nursing Perceptions of Potential......................... 117
Role Identity in Relation to Health Services/Programs... 118
Issues of Concern Regarding School Nursing in Oregon... 119
Recommendations
Study Utilization........................................... 120
Research Recommendations................................ 121

REFERENCES.................................................. 123
# LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Distribution of professional background of 16 participants</td>
<td>56</td>
</tr>
<tr>
<td>2.</td>
<td>Types of work setting (grade level of schools) of 16 participants</td>
<td>57</td>
</tr>
<tr>
<td>3.</td>
<td>Length of in which the 16 participants have been employed as school nurses</td>
<td>58</td>
</tr>
<tr>
<td>4.</td>
<td>A protocol for gastrostomy feeding</td>
<td>67</td>
</tr>
<tr>
<td>5.</td>
<td>A form for reporting students' head lice</td>
<td>70</td>
</tr>
<tr>
<td>6.</td>
<td>An example of a school nurse's document when she made home visit</td>
<td>74</td>
</tr>
<tr>
<td>7.</td>
<td>An example of a school's nurse document</td>
<td>99</td>
</tr>
<tr>
<td>8.</td>
<td>Role interaction of the school nurse, the macro level</td>
<td>104</td>
</tr>
<tr>
<td>9.</td>
<td>Role interactions between school nurse and the school district/school personnel the micro level</td>
<td>108</td>
</tr>
<tr>
<td>10.</td>
<td>Factors which affect nurse role identification in school</td>
<td>114</td>
</tr>
<tr>
<td>11.</td>
<td>Factors of support/hindrance in the completion of school nurse responsibilities</td>
<td>116</td>
</tr>
</tbody>
</table>
LIST OF TABLES

<table>
<thead>
<tr>
<th>Table Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Numbers of school districts, school nurses, and study cases in each county</td>
<td>44</td>
</tr>
<tr>
<td>2. Types of employment and caseload (nurse:students ratio) of the 16 participants</td>
<td>55</td>
</tr>
<tr>
<td>3. Activities mentioned by 16 participants in response to the question &quot;What do you do in your day-to-day work?&quot;</td>
<td>64</td>
</tr>
<tr>
<td>4. Factors that hindered the school nurse's job reported by 15 participants</td>
<td>84</td>
</tr>
<tr>
<td>5. Sources of the school nurses' support reported by 15 participants</td>
<td>85</td>
</tr>
</tbody>
</table>
School nursing is one of the most enigmatic areas that exists in the profession of nursing. The role of the school nurse is difficult to define and it is generally poorly understood by both the lay public and by nursing professionals. The practice of school nursing is usually invisible to people, most of whom are unaware of the nature of the tasks performed by school nurses. Frequently, the role of the school nurse is visualized as that of "band-aider." For this reason, nurses who work in schools almost invariably undergo some degree of "interactive role stress" (Oda, 1974).

In states such as California there are state guidelines for school nursing practices. These guidelines also serve as a tool for the evaluation of the effectiveness of California school nursing. In Oregon, only a single official document is related to the responsibilities of the school nurse. This document "Health Services for the School-Age
Child", is published by Student Services Section of the Department of Education. The current copy in use was published in 1989 (Fuller, Miller, & Perkin, 1989). This publication serves as a handbook to assist school districts with the development and implementation of health services for students in grades preschool/K-12. Basically, the document details the state requirements for school health services, provides guidelines for selected procedures, and lists the responsibilities of the administrators. However, these guidelines do not address the issue of who is directed to perform each of the functions listed.

Since the position of school nurse is not mandated throughout Oregon schools, school districts have developed various options for the management of health services in those schools which lack school nurses. Some school districts choose to hire health aides, while others use alternative school personnel to provide health services. According to a survey regarding Oregon health services conducted, by the Department of Education in 1990, health services rendered in schools are provided by different types of personnel (Perkin, 1990). For vision screenings, 37 percent were conducted by school nurses, whereas the balance of the screenings were conducted by community volunteers, other school personnel, and physicians (respectively, 26%, 14%, and 2%). In terms of tracking student immunizations, 45 percent were processed by secretaries, whereas 43 percent were maintained by nurses, with the remainder of the record
keeping assigned to other school personnel. In the course of the current investigation, initial contacts with school districts indicated that some districts have both school nurses and health aides, some districts have only school nurses, and other districts include neither positions.

From the above data, it is apparent that school health services in Oregon vary to a considerable extent from district to district. As a result, it may be hypothesized that Oregon school nurses encounter problems in relation to their poorly defined roles within Oregon school districts and schools.

Throughout the United States, considerable research has been designed to identify the roles of school nurses from the viewpoint of both professional desirability and practical feasibility. Despite persistent research efforts, it would appear that the identification of the roles of school nurses remains unclear (Oda, 1991; White, 1985). From a review of the related literature, two major problems associated with the study of the roles of school nurses have been identified. These problems include the frame of reference for the role that the research is based upon and the issue of the research methodology utilized.

The frames of reference of almost all of studies previously conducted have been based upon functional aspects and professional orientations. This orientation provides a picture of what school nurses should do or what they actually perform as a classification within the medical
profession. However, this aspect seemingly ignores the basic fact that the school nurse is in a unique position in an educational environment, and not within a medical environment. School nursing is a medical subculture within the educational culture. As such, when attempting to define the role of the school nurse, it is critical that the educational involvement of the school nurse be considered.

Hawkins (1971) provided a critical evaluation of research which has been conducted to investigate the roles of school nurses, noting that most studies had failed to take into consideration the extremely important factor of team relationships. It was stated that some of the research had considered such relationships, but at the same time had paid little attention to the reality of the situation. It was concluded that the role of the school nurse cannot be understood solely in terms of nursing functions, rather it is part of a contextual framework of professional and personal relationships. From this viewpoint it may be hypothesized that research, which is based on the socially interactive roles of nurses in educational environments, would possibly provide a more precise definition of roles of school nurses.

A second problem related to school nursing research is centered upon the issue of methodology. Almost all of the research previously conducted have utilized traditional surveys as the primary tool for the identification of the role of school nurses. According to Hawkins (1971), conventional surveys fail to explore any number of the more
interesting aspects of the work of school nurses. Hawkins conducted a study based upon a group of 20 nurses. In this study, participants were asked to maintain a combination log sheet, diary, and observation commentary reporting their work for a 15-month period. From this qualitative approach, Hawkins determined that some of the situations handled by school nurses were extremely complex. All of the participants in the study indicated that they had one or more experiences with complex situations. Some of these situations were so frequent that they eventually became a normal feature of the school nurse's job. This finding had not been previously identified in related research.

Weakness of the traditional surveys regarding school nurse have also been noted by Oda (1981) and White (1985). Both criticized those studies which had used sets of activities, as suggested by experts and/or the literature, to determine the role of the school nurse. These types of studies were considered to be misleading and it was observed that the use of specific activities to represent the role of the school nurse may reflect researcher bias. It was stated that this situation exists because some of the common school nursing activities, such as child advocacy or the interpretation of health information, were difficult to identify as role components from a list of daily activities. Oda and White both proposed that researchers who focused only upon nursing related activities would not be able to discover any non stereotyped school nursing practices that may exist.
In 1971, Marriner investigated the opinions of school nurses regarding the importance they attributed to selected school nurse responsibilities. From the use of a questionnaire survey, as the primary data collection tool, Marriner admitted that the study reflected only a limited ability to determine the reasons why the participating nurses viewed the importance of certain responsibilities in the ways in which they did or why they ranked responsibilities differently. By its nature, the traditional survey limits participant freedom of response to the questionnaires. Participants are forced to place themselves in one of the categories created by the researcher. Therefore, the participants are unable to disclose or otherwise select other options which are not within the researcher's questionnaire categories. What the researcher then basically determines is how many people fall into each of these pre-determined categories, facts which may have little to do with what the participants wanted to note with respect to particular issues. Moreover, conventional research processes provide little or no capacity to explore either the reasons why participants respond to questions in certain ways or explanations about the dynamics of specific situations. Generally, the traditional survey can answer only the "what" question, and not the "why" or "how" questions.

Since the traditional survey fails to offer a comprehensive idea of what tasks school nurses actually perform, an alternative research methodology would appear to provide
a reasonable solution. A qualitative method is one of the most highly competitive approaches. It provides the ability to illuminate the dynamics of situations which are often invisible to outsiders. Qualitative strategies suggest how expectations may be translated into daily activities, procedures and interactions (Bogdan, 1986). For reasons of these capabilities, the use of a qualitative research investigation could possibly provide a more comprehensive definition of the roles of school nurses role.

Objectives of the Study

The overall objective of this study was to identify the role of school nurses from the perspective of the school nurse. Social interaction was used as a frame of reference for definition of this role. To accomplish this principal objective, seven specific subobjectives were addressed. They are as follows:

1) To identify the actual responsibilities of school nurses.
2) To determine how school nurses prioritize their responsibilities.
3) To determine how school nurses perceive their potential.
4) To identify those factors that support and as well as hinder school nurses in the completion of their responsibilities.
5) To determine school nurses' perceptions of how other people view their role.

6) To identify working relationships between school nurses and students, parents, and school personnel.

7) To determine how school nurses describe and relate to their role with school health services and school health programs.

Study Population

The population for this study consists of 34 school nurses employed by school districts in Benton, Clackamas, Lane, Linn and Marion Counties. Among these school nurses, 16 (47%) participated in the study. Participation was voluntary, anonymous, and confidential.

Delimitations of the Study

The following delimitations were identified:

1) Data from nonparticipant observations and related documents provided by the participants provided confirmation of the findings derived from intensive interviews.

2) Tape recorded interviews were transcribed verbatim to ensure accuracy of the data.
3) Interviews were conducted during the participants' work days, therefore the data with respect to how participants normally perform their duties were partially obtained by observation.

Limitations of the Study

The following limitations are acknowledged:

1) Participants in this study were selected by non-random methods. In addition, the number of participants was very small in relation to the small size of the initial study population, or the unavailability and/or unwillingness of some of the population to be interviewed. Generalizations beyond this group of participants must take this fact into consideration.

2) Due to the nature of the profession of school nursing, which is female-dominated, as well as the small size of the study population, the researcher was unable to avoid the chance that all participants would be females.

3) In some cases, complete face-to-face interviews could not be obtained due to interruptions and distractions attributed to the nature of participants' duties.
4) The researcher is a non-native English speaker and unknown as such to the participants, answers supplied by participants may have been influenced by a variety of factors which were not under the researcher's control.

5) The interpretation of data may have been influenced by the researcher's cultural background.

Definition of Terms

Document: An original of an official, or unofficial, paper relied upon as the basis proof, or support for research findings.

Potential: Abilities that have not been realized; but, which are assumed to be within the capacity of an individual.

Responsibility: The duty that prescribes that each individual is accountable for his/her job.

Role: A label corresponding to individual social status; a label that individuals use to organize their own activities or to apply to others or to adjust to the situations as a way of making sense of their own activities.

Research Justification

According to Miyamoto (1963), the study of "roles" may be based on any of three orientations: cultural traditions, social interactions, and adjustment to situations. Cultural
tradition orientations focus upon prescribing behaviors proper to a social status. Social interaction orientations emphasize actual behaviors in relation to others. Situational adjustment orientations stress personal feelings of defensiveness or subordination when working in positions, rather than the activities related to those positions. Miyamoto states that a number of experts have indicated that studies of situational adjustments and social interactions have the capacity to provide a great number of researchable questions for the study of role concepts.

In general, school nursing may be viewed as "a varying combination of what an administration wants, teachers expect, students need, parents demand, the community is accustomed to, the situation requires, and what the nurse, herself believes (Gair, 1966. p. 401). Since school nursing is partially dependent upon the expectations of others, and partially upon the needs of clients, a study of the role of school nurses based upon social interaction would appear to be desirable. This orientation will serve to provide a different view of school nursing, and one which has not been addressed by previous research. This could potentially result in an improved understanding of the role of the school nurse.

The principal purpose of this study was to identify the responsibilities of the school nurse in Oregon and to define this role by application of an approach which is substantially different from previously conducted research. Social
interaction orientation was used as a frame of reference for the role of the school nurse for this study. A qualitative method for a multi-case study was employed for the investigation of these issues.

Since the main focus of this study was to capture participants' perspectives, the qualitative approach was employed. The qualitative method provided an opportunity for participants to express their opinions and feelings concerning particular issues (Bogdan, 1986). It is thus hoped that this approach would uncover hidden aspects of school nursing which have not been determined from traditional surveys. Thus the current study, as outlined above, differs from previously conducted studies in the following ways:

1) Different frames of reference for the concept of role, were used. Rather than using professional orientation, the current study used social interaction orientation to define the role of school nurses.

2) A multi-case study, based upon a qualitative approach, was employed in this study. With respect to these methods, data were collected through intensive face-to-face interviews based upon open-ended questions. No structured questionnaire was used to gather data.
3) A portion of the data was obtained by observation of what was occurring within the educational environment, or the natural setting at the time of the interviews.

4) Intensive interviews offered the researcher the opportunity to probe other aspects of roles which were of possible relations to the current study. This type of information provided answers to "why" and "how" questions.

Summary

Chapter I provides an explanatory background why a study of the role of the school nurse, based upon a qualitative research model and frames of reference for roles based upon social interactions, was both desirable and necessary. This introductory chapter also addressed the objectives of the study, described how the current study differed from previously completed research, and described the study population as well as the limitations, delimitations, and definitions of the terms used in this study. Finally, evidence was provided to support this study approach.
CHAPTER II

REVIEW OF RELATED LITERATURE

Historical Perspective of School Nursing

School nursing originated in London, Great Britain in 1892 when Amy Hughs was given the responsibility of investigating the nutrition of school children. Within six years, Ms. Hughs had successfully established the London School Nurse Society. At the same time, these efforts contributed to the development of school nursing in the United States (Wold, 1981). In 1893, Lilian Wald and Mary Rewster of New York City, first used the term "public health nurse" to describe their role. These nurses were assigned to provide services to the worst slum communities in New York.

In 1894, the first U.S. school health services were implemented, with the intent of detecting and controlling the spread of contagious diseases among New York City school children. In response, public health nurses extended their roles into schools by providing assistance to physicians during inspections and, when necessary, determining that infected children should be excluded from schools. However, it was not until 1902 that the first official school nurse was employed in the United States. Miss Lina Roger
Struthers was the first American school nurse and she was assigned to work in four New York City schools. Her responsibilities included: providing treatment for minor diseases such as scabies, impetigo, or pink eye, and making home visits when appropriate.

According to a historical study of the role of school nurses (Regan, 1976), the development of school nursing may be chronologically divided into four periods: The first from 1902 to 1923; the second and third, respectively, from 1924 to 1949 and the period of the 1950s and 1960s; and the final period from 1969 through the 1970s. For the purposes of the current study, a fifth period not reviewed by Regan, from the 1980s until the present, is also considered.

Initiation of School Nursing Programs (1902-1923)

In the earliest period of development, school nurses were viewed as "the necessary connecting links" between medical services and schools as well as between the health needs of students and their parents. During this time school administrators and teachers came to rely upon school nurses for the management of school health services. Students and their families needed school nurses for direct access to health services and for referrals to specific community resources. Physicians also became dependent upon school nurses for the identification of illnesses and for the role of extending health care measures to school children (Regan, 1976).
Second Period of School Nursing (1924-1949)

During the two decades prior to World War II, increased emphasis was placed on health education as an integral part of school health services. As a result, the role of the school nurse began to extend into areas of health education. A report of 1932 on the Third White House Conference on the administration of school health programs indicated that every school staff member should assist in attaining the objectives of health education. The 1930s were also the decade of "the whole child approach," when school nursing began to shift toward illness prevention and health promotion. This emphasis included preparation for emergencies in schools, the expansion of health programs into the area of mental health, arranging for physical examinations, and immunization and care for the physically handicapped (Day, 1962). School nurses were expected to combine health instruction with the administration of health care services.

Expansion of the role of the school nurse into health education helped to create a new school nurse job classification, the "school nurse teacher" or "teacher nurse." Certification for school nurse teachers was first provided by the University of the State of New York in 1938. The initial responsibilities for this position included: assisting medical supervisors in the protection of the health of children; teaching health issues to students, parents, and teachers; assisting in health examinations; conducting home health visits; securing treatment for health defects;
providing first aid; inspecting school health facilities; cooperating with public health agencies to control communicable diseases; and cooperating with welfare agencies to help families find appropriate medical treatment (Tipple, 1969).

School nurses played important roles in the integration of individual and informal health education with health services. However, a 1934 survey of public health nursing, conducted by the National Organization for Public Health Nursing (NOPHN), demonstrated that overall services continued to be provided at unsatisfactory levels. It was indicated that the poorest quality of public health nursing services were offered through school nursing services. Moreover, it was speculated that the low quality of services was due to the failure to include appropriate health and education courses in the schools of nursing. This, in turn, influenced the school nurses lack of preparation for the performance of a formal health education role (Regan, 1976; Troop, 1963).

During World War II, large numbers of young men were called into military service, and vast numbers of draftees were rejected for reason of physical defects (Palmer, 1944). This was viewed as a potential threat to the national security, a situation which subsequently influenced the development of school health services and the role of school nurses. The health of school children was recognized as an essential part of a national health policy. Therefore, at
this juncture, school nurses began to reevaluate the focus of their services, initiating further responsibility for home health visits, the interpretation of children's health needs, and providing the results of physical examinations to parents and teachers (Randle, 1943).

Third Period of School Nursing (1950s-1960s)

During the 1950s, developments with the larger American society caused certain changes in the stereotyped role of the school nurses. This social evolution included the following factors: new research in the methods of prevention and control of communicable diseases; the increased spread of new knowledge about health; and changes in the functions of schools and public education, public health concepts, and the concept of childhood growth and development (Day, 1962). Prior to mid-century, there had been an expansion of school personnel allied to health care, such as nutritionists, physical educators, or recreational specialists and counselors. In accordance with this expansion of public education services, cooperation between departments of education, nursing and medicine, and other community agencies concerned with the health of school children was encouraged. It was reported that the "collaborative aspects" of the role of school nurse were frequently mentioned in the literature (Regan, 1962).

Chayer (1950, 1953) proposed that since school personnel were increasingly able and willing to contribute to the
health of school children, school nurses should be expected to extend both their education and programs to the point that they would be able to supplement the work of these new contributors. This position called for the school nurse to adapt to the role of synchronizer and coordinator. Chayer also specified that in the strategic position of coordinator, the school nurse should be responsible for the informative and interpretative role of providing facilitative information resources about the home, the school, and the community to school personnel. On the other hand, the school nurse would also interpret the purposes of school health issues for community groups.

The increased adoption of this new role moved school nursing away from a superficial and quantitative orientation toward a qualitative orientation and from an individual approach toward the group process approach (Chayer, 1950). However, school health service authorities, administrators, and leaders in the nursing community still failed to agree on just which activities a nurse should include within the concept of school health services. Thus, individuals who worked in schools continued to express varied concepts of the role of the school nurse (Day, 1962).

Attempts were initiated to establish standards for the practice of school nursing. In 1952, the Committee on School Nurse Policies and Practices of the American School Health Association began to develop standard guidelines for school nurses (Marriner, 1971). However, it was not until
1956 that the "Policies for School Nursing" were first published. Revisions of this publication were issued in 1956-1957, during the period 1957-1959, and again from 1960 to 1967.

The initial publication had specified that the responsibilities of the school nurse consisted of 12 areas, including: health appraisal (screening, follow-up); emergency care; communicable disease control (including immunization); counseling; exclusion and readmission; advocacy for the exceptional child; home visits; cooperation with community agencies; maintenance of health records; assistance in health instruction; promotion of nutrition and mental health; and cooperation in the maintenance of standards of environmental health (Smiley & Fricke, 1956).

In the final revision, the committee recategorized school nurse responsibilities into five major areas, including: organization and implementation of school health programs; provision of services related to pupil health (health consultation, planning and coordination of emergency care, first aid, and treatment for the exceptional child); evaluation of the school health programs; provision of services related to health of the school personnel (in-services, counseling for personal health problems); and being an active member of both the teaching and nursing professions (American Nurse Association, 1967).

In the 1960s, focus upon the health problems of school age children shifted from acute or traumatic illness to
sociologically related health conditions. Such health problems as smoking, sexually transmitted diseases, alcohol and drug abuse, pregnancy, and mental health began to take priority over communicable diseases. In response to these problems and policies, the role of school nurses was shifted more closely into the educational area. This is evidenced by changes in the list of duties for school nurse-teachers as described by the University of the State of New York in 1968, in contrast to the responsibilities specified in 1938, as noted in the previous section. The responsibilities related to education which were added in 1968 included: assisting teachers in planning, coordinating, and evaluating health education activities; serving as consultants in health instruction; assisting in the evaluation of health instruction materials; and evaluating the outcomes of the school health service programs (Tipple, 1969).

In 1966, Public Law 89-749, known as the "Partnership for Health" law, was passed and the term "pupil personnel service" was used to represent the team involved in administration of school health services. This team consisted of physicians, nurses, dental hygienists, counselors, psychologists, and other health specialists (e.g., speech-hearing specialists). It was speculated that, given the previously limited perceptions of the role of school nurses, the addition of other professionals to the school health team was perhaps threatening to the school nursing role. Overlapping
and ambiguity of functions between social workers or counselors and school nurses were specifically noted (Wold, 1981).

Fourth Period of School Nursing (1969 through the 1970s)

The 1970s were a period when the school nurse roles were undergoing changes in divergent directions (Oda, 1974). Major social situations and influences existed which impacted the expansion of the role of school nurse. The first event was a change in the health needs priorities for school-age children. Chemical dependency, a problem which had been growing since the 1960s, became a critical problem during the 1970s. Alcohol and substance abuse, and related problems such as delinquency, Sexually Transmitted Diseases (STD), and pregnancy, required nurses to focus their role upon the provision of health counseling and guidance (Wold, 1981).

A second social force that would also impact the role of school nurses during the 1970s was increased national emphasis upon equal opportunity for all. In 1975, the Education of All Handicapped Children Act (PL 94-142) was enacted (Rose, 1980). Accordingly, the school nurse was assigned an advocate role among these children. To adopt this role, new responsibilities were to include: coordination of medical and nonmedical services; provision of medical/social input concerning removal or modification of the various architectural barriers that may be present in school...
settings; administration of medication; provision of medical information to other school personnel and parents; and management of an Individual Educational Plan (IEP). In accordance with these new responsibilities, school nurses had to reassess their priorities. Many of the former activities performed by nurses would need to be reduced in number and extent, if not entirely eliminated. As a result some activities were delegated and/or assigned to other personnel.

However, expansion of the nurse's role seems to have worsened the situation of role ambiguity. In 1971, Hawkins stated that the school nurse "is expected to provide guidance in poorly defined areas, coordinate activities of which she is only vaguely a part, and cooperate in health education on terms dictated largely by others" (pp. 744). In addition, budgetary cutbacks during this period threatened the job security of school nurses. Wold (1981) described the position of school nurse at that time as "being between a rock and a hard place" (pp. 16).

During the 1970s, development of school nursing was increasingly directed toward educational preparation and professional certification. In 1970, the title of "school nurse practitioner" (SNP) came into general use. The purpose of the SNP program was to rectify losses from the failure to utilize to the fullest extent the skills and services of the 16,000 school nurses in the U.S. (Silver, 1971). The SNP was expected to identify and manage the health needs of the school children while providing ongoing care. In addition,
the SNP was to counsel parents and school personnel concerning the health needs of school children. However, most school nurses were not able to assume these additional duties unless and until they were relieved of other responsibilities. Therefore, health aides were trained to help school nurses in some of the simple and routine activities (Silver, 1971; Silver, Igoe and McAtee, 1977).

In 1975, a position paper issued by the Subcommittee on Educational Preparation for School Nurses proposed a change of direction in the standard guideline concepts for school nursing practices. It was stated that

a uniform national standard of school nursing educational preparation seem[ed] unrealistic. Because of differences in the Health Programs in the 50 states and of the varying needs of the local components within them, it would be imprudent to recommend nonproductive theoretical and discouraging unrealistic goals. (Wolcott & Grunbery, 1975, pp. 409)

The committee suggested that an effort at state levels, based on the philosophy, goals, and the identified needs of local jurisdictions, would seem to be a more realistic approach.

In 1978, the Robert Wood John Foundation of the National School Health Services established school-based clinics to provide both basic and primary care in school settings (Edwards, 1987). School-based clinics were also intended to serve the special needs of adolescents, including problems concerning teenage pregnancy. These clinics were staffed by licensed health care providers, either nurse practitioners, physicians, or such related personnel as
counselors, clerks, social workers, and health educators. Edwards stated that nurses who worked in school-based clinics should act as liaisons to: coordinate clinic activities with regular school programs; develop communication with schools, families, and communities; provide leadership in case conferences for clinic students with unusual long-term health problems; coordinate screening and other health activities to avoid duplicated services; manage the care for special education students with health related conditions; and initiate referrals to clinics.

School Nursing from the 1980s to the Present

The 1980s were a decade of change and adaptation in the role of school nurses, necessitated by the need to continue to provide services as both local and national governing budgets declined. In some places, school nursing positions were eliminated and those nurses who remained in position were required to serve larger student populations. In some places, professional nurses were replaced by practical nurses and health aides. Secretaries could often be found accomplishing many of the health service tasks previously provided by nurses. In addition, health curricula were planned by curriculum committees and instruction was carried out by teachers who rarely used nurses as valued consultants (Custer, 1984).

Oda (1991) has reported that since the beginning of the 1990s, schools have enrolled an increasing number of
students who are crack babies or even children with AIDS (Acquired Immunodeficiency Syndrome). These children are at risk for developmental delays as well as for behavioral difficulties. They may also need levels of special care similar to those for disabled children. Also, teen suicides and child abuse and neglect have been reported at increasingly higher rates. These school situations call for increased assessment and management responsibilities by school nurses. Oda (1992) has suggested that in the future, school nurses should pay attention to collaboration, research, activism, prevention, case management skills, computer literacy and educational preparation.

According to Mehl (1990), the responsibilities of the current generations of nurses who work in schools should include:

1) Assessment, or screening of existing health problems, assessing the school environment for safety reasons;

2) Education, or training teachers in necessary basic health care in school, help in health promotion program, and help in the development of the health curriculum;

3) Planning, or involvement in the IEP and planning the monitoring of the IEP;
4) Implementation of all the services, ranging from traditional bandage hand-outs to immunization, AIDS education, and counseling for health problems; and

5) Evaluation of the effectiveness of school health programs.

In summary, it may be seen that the development of the role of school nurse has paralleled the expansion of school services, based principally upon current social health needs and local educational focus. Over several generations, this conclusion has been expressed by Chayer (1937), Regan (1976) and Woodfill (1986), experts who have stated that the role of school nurse is largely influenced by current educational philosophies and socioeconomic conditions.

Review of Related Studies

The roles and responsibilities of school nurses have been investigated from various perspectives, based upon a variety of methodologies, by a large number of researchers. In addition, workshops, seminars, and conferences have been conducted to discuss appropriate school nursing issues. Some researchers have tried to identify the expected and actual roles of the school nurse from the perceptions of related professionals, such as administrators, teachers, parents, students, or other school personnel, while others have sought to determine the role of nurses based upon the self-perceptions of the school nurses. Moreover, other
investigators have studied the role of nurses by meta-analyzing all types of published and unpublished materials. The following review summarizes selected findings from related studies conducted during the decades since World War II.

In Indiana, an investigation of school nursing practices in the public schools was conducted in 1956 (Bland, 1956). The purpose of the study was to determine which activities school nurses actually performed and school nurse self-perceptions of the significance of each activity. Self-reported questionnaires were distributed to the 171 school nurses employed through the Indiana Board of Education. Results indicated a wide range of activities performed by school nurses and it was determined that there was uniformity of performance in the administrative, liaison, health service, and teaching categories.

For administrative activities, 97.7 percent of the nurses stated they were in charge of the exclusion of children from school, whereas only 50 percent of the respondents believed this activity to be a vital part of the job of school nurses (Bland, 1956). In the liaison service category, the major activities performed by about 93 percent of the nurses were contacting the medical, dental and allied professions, contacting voluntary agencies, and helping families find agency assistance. Only about 19 percent of the subject nurses rated these activities as a vital part of school nursing activities.
In the area of health services, all of the Indiana participants stated that they conferred with teachers regarding the health status of school children (Bland, 1956). Of this number, only 41 percent considered this a vital activity. About 97 percent of the nurses provided emergency care for accidents and sudden illness, screening, interpretation of doctors' orders and comments, and basic physical examination. Among these nurses, about 17 percent considered these to be vital nursing activities. About 98 percent of the nurses held conferences via the telephone, or consulted and assisted with teachers in the solution of student behavioral problems. However, only 15 to 16 percent believed that these activities were vital responsibilities. Of the various activities related to teaching, 98 percent of the nurses reported that they assisted teachers with such health related issues such as immunization, activities which were rated as vital by about 48 percent of the nurses. Only 12 percent of the participants stated they taught regularly scheduled classes.

In 1985, a similar study was completed by White (1985) in New York. About 403 school nurses participated in the study by responding to self-reporting questionnaires. The study showed some results which were similar to those from the Indiana study (Bland, 1956). Most nurses reported that the majority of their time was spent in the assessment of students' health complaints, obtaining health histories, providing first aid and emergency services, screening,
counseling with individual students, or conferring with staff regarding students' health problems. Furthermore, the study revealed related activities that the nurses performed only to moderate extents, including: counseling parents, making referrals, participating in school health teams, teaching health issues, follow-up of attendance problems, coordinating services for the handicapped, and evaluating health service effectiveness. A few respondents stated they made home visits, did budgeting, inspected school physical plants, and provided in-services. A small number of nurses said they spent a minor amount of time with clerical work such as recording excuses or attendance. Most nurses felt that these functions were not appropriate to their role.

In 1971, there was an attempt to investigate the same issue from a different approach. Hawkins (1971) used a qualitative approach to identify the responsibilities of school nurses in Western Pennsylvania. The researcher asked 20 nurses in several rural schools and large industrial town schools to maintain 15-month log sheets, diaries, and commentary observations upon their everyday tasks and responsibilities. The descriptive data indicated that school nurses were used as family health resources by a number of mothers of school children. Among other responsibilities, nurses were required to report child abuse; evaluate eligibility for free lunches, prosthetic appliances, and for various professional services; and to complete insurance reports and provide information to juvenile courts and
various agencies. Nurses also provided referrals to physicians, and received and interpreted information about the health status and treatment of school children; they served as administrative spokesperson on all matters of concern to school health programs; and they cooperated with state as well as with local health authorities.

Analysis of task differentiation among elementary, middle and high school nurses was completed in 1979 in Texas by Gilman, Williamson, Nader, Dale and McKevitt. Immediate task self-reporting was used at random as a data collection instrument. Nurses working in elementary, middle, and high schools were asked to record their major activities at 15-minute intervals during the working day for 10 days. The investigators found that the school level affected nursing activities. Data indicated that the time spent by nurses in direct contact with students increased as the school level increased, explained insofar as nurses changed their activities to respond to individual developmental needs. At the elementary level, nurses devoted a great portion of their time to pupil inspection, screening, classroom observation, and administration of prescribed medication. To the contrary, middle school nurses spent most of their time on complaint assessment and first aid, whereas high school nurses' activities were focused on the appraisal of complaints and problem assessments, obtaining health histories from students, and individual counseling.
Further analysis of the results revealed that nearly 50 percent of the interactions with parents by elementary school nurses occurred during telephone conferences; in high schools, this percentage increased to 73 percent. An additional duty of the school nurses was attending special education team conferences, conducted more frequently at the elementary level. One interesting result indicated that regardless of the school level, professional/administrative activities remained similar in nature and required a similar amount of time (Gilman et al., 1979).

The perceptions of other professionals related to school nurses constitutes another perspective which has been of interest to a number of researchers. The perceptions of these others was mentioned often as exercising an influence upon the role of school nurse. As stated by Gair (1966),

> school nursing is a varying combination of what an administration wants, teachers expect, students need, parents demand, the community is accustomed to, the situation requires, and what the nurse, herself believes. (pp. 401)

A study of school nursing practice conducted in Illinois during 1967 indicated that administrators and teachers did not always understand how to make the best use of school nursing services. Fricke (1967) used questionnaires to survey the opinions of 1,668 superintendents, 1,562 principals, 3,600 teachers, and 614 school nurses in elementary and secondary schools. Nurses were asked to rate each function listed for its importance to her daily practices, while the other groups were asked to rate the same functions
on how they understood the importance of these functions. Results indicated that more than 80 percent of all respondents agreed that the most important functions of school nurses included: responsibility for screening procedures; providing emergency care; and uncovering students' health problems.

In addition to these three functions, 80 percent of the superintendents and principals also indicated their belief that it was also important that nurses should assume a leadership role in the identification of student health needs and participate in the formation of school health programs (Fricke, 1967). For the latter responsibility, only 50 percent of the school nurses ranked it as equally important. Approximately 80 percent of all nurses and teachers rated the maintenance of health records as a very important task, while the majority of administrators did not agree. One interesting result indicated that only from 15 percent of the superintendents and principals ranked participation in curriculum planning as an important part of the jobs of school nurses. It was speculated that this was the reason why nurses were rarely called in to assist with this activity.

In 1979, Greenhill completed a study which sought to identify and compare the perceptions of principals, teachers, counselors, and school nurses toward the nurse's role in secondary schools. Participants included 46 principals, 87 counselors, 154 teachers, and 225 nurses. Likert-type
questionnaires were used to collect data. The results indicated that the perceptions of principals, teachers, and counselors differed significantly from those of nurses with respect to the role of the latter. It was shown that principals and teachers agreed that school nurses should not be allowed to provide direct classroom instruction, while nurses believed they should provide this service. For counseling functions, principals, teachers, and nurses were in agreement that nurses should counsel students with emotional health problems, whereas counselors disagreed while indicated that nurses should counsel students only when referred by counselors. In general, the area of greatest incongruity between all of the educators and the nurses lay in the traditional nursing role of the conduct of hearing/vision tests, transporting of sick children to hospitals or homes, and the administration of first aid.

A subsequent study completed by Miller and Hopp (1988) confirmed the discrepancy of perceptions between educators and nurses. Questionnaires were sent to principals, parents, teachers, nurses, and other school staff, including secretaries. The results indicated a wide variation of responses in which principals ranked screening as the highest nursing priority, while teachers, parents and other staff gave the highest priority to first aid and emergency care. Nurses regarded prevention and control of communicable diseases as their most important responsibility.
For health instruction, the most desirable activities indicated by all respondents were resources for teachers and a staff development program (Miller & Hopp, 1988). However, nurses indicated that both activities were equally as important as classroom instruction and parent health education programs. Counseling for physical health problems was virtually accepted as a school nurse responsibility by all respondents, but wide discrepancy was found in the area of counseling on emotional health problems. All nurses stated that this was an important nursing skill, while most principals, parents, and other staff said that this was not an essential part of the school nurse role.

The discrepancy between the perceptions of nurses and other school personnel toward the school nurse role was confirmed again by Fabian (1989). Fabian used Likert-type questionnaires as the basis for an instrument, surveying a total of 34 SNP, 36 principals, and 74 teachers. It was found that there was a consistent incongruity between the perceptions of the SNP and principals/teachers toward the nurse's role. Nurses attributed a higher degree of importance to activities related to health appraisal and health education. Teachers and principals perceived the SNP role in a more restrictive context, and attributed greater importance to traditional nursing activities such as first aid. In general, principals and teachers reported no significant differences in their perceptions of the school nurse role.
In 1980, Resnick, Blum, and Hector conducted a qualitative study of adolescent perceptions of school nursing roles, based upon interviews with approximately 800 high school students. Participants were asked to form small group discussions based upon guideline questions. Results from 170 group discussions showed that most students were aware of the presence of the school nurse or a health aide at their schools. However, there was little discrimination between a nurse and an aide. A number of students viewed the school nurse as the person who took care of student illness or provided excuses for going home. Some students regarded nurses as frequently "duped and conned" into incorrectly certifying student illness when students were actually malingering. Occasionally, students reported empathy for the constraints upon nurses. The students identified nursing activities as bandaging wounds, taking temperatures, giving shots, conducting physical examinations, administering aspirin or providing tampons, health information, and advice. Nurses were viewed as suspicious or as frequently ineffectual at meeting the needs of teenage students. Suggestions for improvement included more responsibility for participation in health matters, more authority, and closer involvement with students.

Further analysis of these results indicated that many students, males in particular, perceived male school nurses as an inappropriate sex-role (Resnick et al., 1980). Male nurses were regarded by a minority of participants as a
possible improvement over females with respect to communication with male students. A predominant theme expressed by this group was that school nurse responsibilities included both medical care and teaching responsibilities.

The image of school nurses in the American press was investigated from 1978 to 1980 by Kalisch, Kalisch, and McHugh (1983), based upon data collected from clipped articles in nationwide newspapers. The results indicated there were a relatively small number of articles on this topic. In addition, those articles which were printed were presented in a modest visibility, low-attention getting style. However, further results showed that the number of articles about school nursing had increases 341 percent from 1978-1980. The majority of articles usually described that illness or care for injuries actually constituted only a small part of school nursing responsibilities, and that other services included health screening and education.

Preventive care was emphasized as the principal concern of school nursing (Kalisch et al., 1983). The three responsibilities that most often appeared in the newspapers were illness and injury care, screening, and health education. In general, school nurses received high praise in the newspapers articles. Parents, school administrators, and physicians usually supported efforts to improve and protect students' health. Demands from those individuals and groups were usually focused on increasing service coverages. More than 80 percent of the articles identified school nursing as
a vital force for improving the health of the nation's school children. It was rare that criticism of school nurses was found in the newspapers. Examples of criticisms included the work in school based-clinics with contraceptive and pregnancy counseling, and clients' confidentiality.

A historical study based upon meta-analysis techniques, completed by Woodfill (1986), suggested that there was no such thing as a common role for nurses in school settings. The conclusion of this study of role orientation supported the aforementioned investigations. It was indicated that technically the school nurse has been viewed as a health educator, but in actuality role expectations were more closely illness-oriented. It was stated that this disparity (i.e., between the real and the ideal) had existed for years.

In summary, review of the studies cited has indicated that there has been a wide range in perceptions of nursing responsibilities, and that these responsibilities have varied from time to time and from place to place. However, some activities, such as physical care-related activities, have been commonly performed by school nurses. In general, these services have been viewed as the keystone of nursing practices, either in schools or elsewhere.
Little formal information is available regarding the responsibilities of the school nurse in Oregon. According to the literature reviewed by Day (1962), the first time that a nurse was employed to work in a school district was in 1902. By 1925, the city school districts had hired 11 more nurses to work in elementary schools. These nurses worked under the supervision of the city. At the same time, there were also some agency nurses who worked cooperatively with school groups, placing their greatest emphasis upon case findings and follow-up care.

During the 1930s, this level of school nursing care was expanded to include high schools. In the 1940s and 1950s, specialized services, including extensive immunization programs, were provided in schools. The main focus of these services was directed at the control of communicable diseases. Home visits were made to collect specimens and to give instructions for the care of sick children. Visual screenings and height/weight monitoring were also basic nursing responsibilities. Teaching was offered only on an informal basis. However, nurses assisted teachers whenever possible as resource persons.

Day (1962) also analyzed the activities of 93 Oregon school nurses who worked in elementary and secondary schools in 29 counties. Self-report questionnaires were sent to 25 school nurses hired by the Board of Education and 64
employed by the Health Department. The variety of responses suggested that the role of school nurse was fluid and varied with different frameworks. The findings indicated that the services were focused in the areas of safeguarding student health, finding and correcting defects, prevention and control of illness, counseling, and health education.

In the area of health education and counseling, the role of nurse as health counselor was more clearly recognized than with respect to clinical counseling or classroom teaching (Day, 1962). However, approximately 60 percent of the respondents provided classroom instruction, but most of these teaching activities were performed on an informal basis or in the form of assistance extended to teachers through demonstrations or presentations of health units. Nurses hired by both types of agencies largely believed that they were a liaison between the home, the school, and the community. However, nurses perceived that they lacked the strong identification of a faculty member.

An investigation of the perceptions of teachers toward the role of the school nurse was also conducted in Oregon in 1965 (Forbes, 1967). Participants were 115 public school teachers in seven secondary schools and 13 elementary schools. Self-reporting, open-ended questionnaires were used as instruments. The study findings indicated that teachers perceived nurses performing most frequently in the area of health appraisal (screening, health records), follow-up, and health protection (first aid) and safety. Teachers
in elementary schools perceived that the nurses performed more activities than did the teachers in secondary schools.

From this study, it was concluded that school personnel determined the school nurse role by the amount of time the nurse spent in school (Forbes, 1967). In terms of preparation, teachers stated psychology course preparation was an important nursing requirement if better services were to be expected. However, it was rarely stated that nurses should provide service in the areas of mental health or counseling.

Currently, The state of Oregon does not mandate school nurse certification prior to allowing nurses to work in schools. The only requirement is that a nurse must have at least a registered nurse (RN) license. In addition, the state does not mandate that schools must employ school nurses and the school nurse position remains optional for Oregon schools. This situation is a threat to the security of school nursing positions, especially during times when Oregon faces education budgetary crises. It is anticipated that budget cuts, due to the effect of Oregon Measure 5, will negatively impact the school nurse job market and the job security of school nurses (personal communication, Marda Blem, former president of The Oregon School Nursing Association, OSNA, 1992).

In the keynote speech and subsequent small group discussions held at the 1992 OSNA conference at Newport, opinions of how the Oregon Educational Act for the 21st Century (House Bill 3565, Oregon, Legislative Department, 1991)
should be involved with school nurses was considered. It was anticipated that House Bill 3565 would help to secure school nurse positions. In this bill, health care is addressed as one of the basic needs of children and their families. It is stated that, to comply with the 21st Century Educational Act, health and social services at the school site should be provided to meet the comprehensive needs of children and their families. In addition, in the nongrade primary programs for children enrolled in prekindergarten through the primary grades, the model should include the coordination of comprehensive health and social services to parents and families. Moreover, the participants at the 1992 OSNA conference recommended that the school nurses should themselves find ways to make their jobs more visible to the public as well as to administrative personnel to assure recognition of the importance of their work.
CHAPTER III

METHODOLOGY

Cases and Case Selection

Cases in this study were the school nurses who worked in Benton, Clackamas, Lane, Linn, and Marion Counties, Oregon. These counties are located in the Willamette Valley. Voluntary to participate in the study and availability for interview were the criteria for case selection. The researcher began the case selection process by calling each school district within the five counties, asking whether they had a school nurse. From this process, it was found that the total number of school nurses working in these five counties was 34. Among these school nurses, 16 of them voluntarily participated in this study (shown in Table 1).

Due to the method of case selection described above, demographic variables of the cases were not controllable and were distributed by chance.
Table 1. Numbers of school districts, school nurses, and study cases in each county.

<table>
<thead>
<tr>
<th>Counties</th>
<th># of school districts*</th>
<th># of school nurses</th>
<th># of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benton</td>
<td>8</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Clackamas</td>
<td>28</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>Lane</td>
<td>16</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Linn</td>
<td>20</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Marion</td>
<td>33</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>105</td>
<td>34</td>
<td>16</td>
</tr>
</tbody>
</table>


Setting

Data collection was conducted in three types of settings - the school health room, the school cafeteria, and the nurse's office in the district building. For most cases (11), data was collected in the health rooms while the nurses were on duty. During interviews the researcher was with the interviewee privately except when the students or
parents or other school personnel came to ask for help, then the interview was stopped and began again when the interviewee finished her duties.

In general, the health room is located within or next to the main office. Every health room has one or two beds for sick students to lie down, first aid supply cabinet(s), medicine cabinet(s), medical instrument cabinet, file cabinet(s), a refrigerator, a restroom with a sink, a telephone, and a nurse's desk. In some high schools, the rooms for sick students to lie down are separated for boys and girls.

One setting in this study was a School Based Clinic. The clinic is located in the school building. There are two nurse's desks (one is for the nurse practitioner, the other is for the school nurse), and a clinic receptionist's desk. Also, there was a room for doing a physical examination with simple laboratory, and treatment area.

Method of data collection

A qualitative method was employed for this investigation. The strategy chosen for this investigation was multi-case studies. Multi-case studies refer to studies which include two or more subjects, settings, or repositories of data in order to find commonalities and/or diversities of interest issue(s). This strategy offers an opportunity for the researcher to make comparisons and contrasts among each case in different settings (Bogdan, 1982).
Instruments and procedure

Data was gathered from three sources as follows:

I. Intensive interview. This served as the main method of gathering data. The standardized open ended interview was employed. The basic purpose of this type of interview is to minimize interviewer effects by asking the same questions to each respondent. A list of open-ended questions was prepared for the interview process. The questions were categorized into five groups as follows:

1) Background/Demographic questions. These questions concerned the identifying characteristics of the participating school nurses.

   1.1 Tell me about your professional background.

   1.2 How many schools do you cover? At what level(s) of school do you work?

2) Experience/behavior questions. This question was about what a participant does or has done.

   2.1 What is your typical work day? What do you do in your day-to-day work?

3) Opinion/value questions. These questions were aimed at understanding the cognitive and interpretive processes of the participants in the particular issues.
3.1 Of the responsibilities which you just described, which do you consider of most importance or least importance? Or do you think they are equally important? Why or why not?

3.2 Is there anything or anybody which inhibit your ability to complete your responsibilities?

3.3 What are the factors which support you in completing your responsibilities?

3.4 Do you believe that you are reaching your potential role? Why or why not?

3.5 How do administrators view your role?

3.6 How do teachers view your role?

3.7 How do parents view your role?

3.8 How do students view your role?

3.9 How do counselors view your role?

4) Knowledge question. This was the question to find out what factual information the respondents had in the area of their work.

4.1 How do you describe the School Health Services and the School Health Program?

5) Closure question. This was the question that prompted the interviewee to tell other ideas which had not been expressed and/or summarize her ideas.
5.1 What else is there that I did not ask you, but you think I should know about the school nurse's responsibilities?

Interview process

Face-to-face interviews were used with every case. Informed consent was obtained from each participant before conducting an interview. Every interview was taped recorded with permission from the interviewees. In some cases when face-to-face interviews were incomplete, telephone interviews were conducted to obtain additional data. Each subject was informed about the purpose of the study, and that their identities would be kept anonymous. They were informed that the interview was informal and conversational. Also, it was acceptable if they wanted to add information or talk about issues other than those requested by the researcher.

In each interview, every interviewee was asked the same questions. However, questions were sometimes asked in different sequences depending on the flow of the conversation. Follow-up questions and clarifying questions were asked to clarify an opinion when needed. Probing questions were used when the researcher perceived the need to pursue information in greater depth or broader sense for some particular issues.
II. Nonparticipating observation. Since most of the interview took place in the health room while participants were on duty, the researcher had an opportunity to observe day-to-day activities of the school nurses. Short notes of observational data were done at the setting when it was appropriate. Complete notes of observational data were hand-recorded on the same day.

III. Document review. All accessible documents that were related to school nurse's job, either directly or indirectly, were reviewed and/or copied with permission from the participants. These documents included memos, health room daily log sheets, nurse's anecdotal records, student health records, and protocols for inservice training.

Time spent gathering data

The researcher spent the total of 53.5 hours with the 16 cases. This included the time interviewing and observing. There was one case for which the researcher was not able to obtain an interview, and another case that the researcher had only a half-hour interview, because the nurse's time was filled with serving students on that day. This was because the students and parents were coming to the offices all day. Therefore, the total number of interviews was only 15 cases. The total time for interviewing the 15 participants was 31 hours. The two longest interviews took 3.5 hours for each one. The shortest interview, with one
case, was 30 minutes, and this interview was incomplete. The average time spent on an interview was two hours.

Period of data collection

Data collection started on March 6th, 1992. On June 4th, 1992, the process had to be stopped as the schools closed. However, at that point, data collection was nearly complete. Interviews were conducted again by phone when the schools started up again (September 30th, 1992). The second period of interviews continued until all necessary data were acquired. The last interview finished on October 6th, 1992. The data collection process was slow because school nurses are usually busy so it was difficult for them to make arrangements for an interview. There were two cases in which the researcher had to go to the settings twice in order to interview the participants since they had an unplanned duty, such as an unscheduled meeting being called on the day that they had previously scheduled an appointment with the researcher. Time used for transportation was another factor that made this a slow process. Time spent driving to each setting ranged from 15 minutes to 2 hours. This made it more difficult to set schedules for interviewing.

Data analysis

Data from the tape recorded interviews was transcribed verbatim. The length of the transcript was 126 single-spaced pages. Data from observations was also typed and
consisted of a script 7 single-spaced pages in length. Some documents that the participants permitted the researcher to review were photocopied.

The analysis was performed in two processes, ongoing and final analysis. Ongoing analysis was done along with data collection. The intent of ongoing analysis was to find out whether the data compiled by the researcher was of significant quality, or if additional data was needed. Also, this process helped identify weakness of the interview for improvement on further interviews. The main purpose of this analysis was to ensure that the researcher was getting sufficient, quality data.

Final analysis occurred when data collection was finished. The method employed in this process was cross case analysis. This type of analysis refers to a process of grouping together answers from different people to common questions or analyzing different perspectives on central issues. This process is recommended as fairly easy to use in analyzing a standardized open ended interview (Patton, 1990). In this study, data related to each study question which was gathered from all sources was sorted, grouped, and categorized. Grouping as well as categorizing was based on either the similarity or contrast of the opinions or information. Conclusion, possible explanation, and discussion were formulated according to trends, themes, or patterns suggested or identified by organized data.
Summary

This was a qualitative study of the school nurses' role and responsibilities. Investigation was done by comparing and contrasting the data gathered from 16 selected cases of school nurses who work in Benton, Clackamas, Lane, Linn, and Marion Counties in Oregon. Intensive interview was the main instrument in collecting data. Interview data was augmented by nonparticipating observation and document review. Cross case analysis served as the means to analyze data.
CHAPTER IV

ANALYSIS OF RESULTS

The main purpose of this study was investigating the school nurse's role by using a qualitative method. Data which was gathered from in-depth interviews, nonparticipating observation, and related documents were descriptively analyzed. The research findings and analysis are arranged in the following sequences:

1. Demographic description of the participants.
2. Findings and analysis of each research question.
3. Other findings related to school nursing and school the nurse's role.
4. Summary of findings.

Demographic data of the participants

Demographic data in this study consists of gender, educational background and other professional trainings, type of employer, type of employment, length of time working as school nurses, types of work setting (levels of schools), and ratio of nurse:students that the participants served. The sixteen participants are all female. All of them are hired by school districts. Among these nurses, nine were employed full-time while seven are on part-time schedules.
For those who work part-time, their working hours range from 20 to 30 hours/week. Participants carry a caseload range from one nurse: 600 students to one nurse: 7,000 students. Most participants (10 cases, 67%) have caseload between 1:1,200 - 1: 2500 (see Table 2). The participants' educational background varies from a two year associate degree to a Master's degree in nursing or a related area. Among 16 participants, half of them have a bachelor's degree in Nursing and/or related areas, while 18.8% have Master's degree and 25% have an associate degree (Figure 1). Other special training or certification that these nurses have include: school nurse practitioner certification (1 case), school nurse teacher certification (1 case), public health nurse credential (2 cases), and counseling training (1 case).

In Figure 2, it is shown that most participants (10 cases- 67%) work in a combination setting. Among these participants, three of them work in every school level (K-12), five work in combinations of elementary-middle schools (K-8) and two are in middle-high schools (grade 7-12). Only five of the participants work at a single school level; two of them work in high schools and the other three work at the elementary level. Five of the respondents who worked in a combined setting, reported that the focus of their services was different at each grade level. This was because the students at different age groups had divergent needs. At the elementary school, health concerns were more focused on minor injury and illness due to communicable diseases. At
the middle and high schools, the focus changed to behavior related or psychosocial health problems, i.e., eating disorder, pregnancy. The participants who worked with K-12 graders stated that they spent more time with the elementary students than with the middle and high school students.

The length of time the participants have been working as school nurses ranges from 2 months to 38 years. About half of the participants have been in this profession for 11-20 years (shown in Figure 3)

Table 2. Types of employment and caseload (nurse:students ratio) of the 16 participants

<table>
<thead>
<tr>
<th># of students served</th>
<th>600-</th>
<th>1,200-</th>
<th>1,600-</th>
<th>2,600-</th>
<th>3,600-</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,100</td>
<td>1,500</td>
<td>2,500</td>
<td>3,500</td>
<td>7,000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of employment</th>
<th>Part time</th>
<th>Full time</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>9</td>
<td>16</td>
</tr>
</tbody>
</table>
Figure 1. Distribution of professional background of 16 participants

* Figure shows the highest degree that the participants hold.
Figure 2. Types of work setting (grade level of schools) of 16 participants
Figure 3. Length of time in which the 16 participants have been employed as school nurses
Research findings

Question #1 What is the typical day for the school nurses?

The results showed that the participating school nurses perceived that there is no typical day for their work. A number of subjects gave a similar answer when asked to respond to this question.

It's real hard to tell what a typical day is because no two days are ever alike.

I don't have what I call a typical work day. Everyday is pretty well different.

Every subject but one worked in more than one school. Due to having more than one work setting, the nurses set a schedule to be at each school at a particular time. However, their schedules are not rigid and they are on-call. This means that any school with a problem that needs a nurse consultation will call them. The nurse will make a decision to either give instructions on the phone or go to the school to take care of the problem.

I have a fixed schedule, like I have a day in a week that I meet with each school. And... as long as nothing happens. Unless the telephone rings, and then I have to go.

These statements are confirmed by the researcher's observation. During some interviews, nurses interruptions by phone calls. The nurses consulted on the phone. In one
situation the nurse had to go to the other school right away because a diabetic student in that school was having an insulin reaction.

One interviewee expressed her frustration regarding this working condition. Her explanation implied that she felt that the secretaries were not willing to accept the limitation that she can not be at one school all the time.

When I am supposed to be at one school and I can't get away from the other school. Then I come like an hour late to that school, there are sometimes that secretaries will say "Finally got here, huh!". Their frustration comes out because they like me to be here all the time...It is unrealistic.

What do school nurses do in their day to day work?

Besides telling what do they do in their day-to-day work, most participants also expressed their opinions of what the school nurse's role was. They visualized the school nurse's role as a child advocate, as a liaison, as a teacher, and as a social worker.

As school nurse, you are a child advocate first.

A school nurse is a liaison person between the school, the health department, physicians, parents, and the school district as far as a child's health goes.

I am a teacher in a way. And it is one of the big roles of the school nurse...You not only teach kids, but parents, teachers, staff, anybody who contacts you.
School nursing turns into really a social worker rather than doing just emergency care or dealing with illness or injuries.

In addition, most participants explained that a school nurse's job was not really substantially similar because of a variety of factors. It varied from place to place, and from time to time depending on what the community or districts needed and how heavy the caseload was. However, there were some responsibilities that they had in common. These duties included the state mandated services such as tracking immunizations and screenings.

I am sure school nursing is so different from one area to the next. What the needs are is different, even from one district to the next, because you get such different kinds of kids. Even one year to the next it can be different.

Basically we do a lot of the same things but the proportion of time spent on it is different depending on what your district wants. One of my friends, spends a lot of time dealing with a teen parent project...where in another district a nurse may be involved very heavily in special education.

If you have to cover a lot of students you'll become a consultant, can not do much of a hands on activity.

There were 20 groups of activities reported by 15 participants in response to the question "What do you do in your day to day work?". They are shown in Table 3.

First aid, emergency and illness care

Every participant stated that first aid, emergency, and illness care were part of their responsibilities. Duties in this group include taking care of emergency and illness
while at school, contacting and educating parents when their children are sick and making referrals to the medical facilities when necessary, excluding students who have communicable diseases, making sure all the first aid supplies in the health room are available all the time, and setting up the procedure for emergency situations. As mentioned earlier, the nurses are not at one school all the time, therefore, it is impossible for them to give first aid or emergency care for that school every time it is needed. However, they are still responsible for these services. To adjust to this situation, the nurses work on an on call basis and/or educate the secretaries or health aides or other personnel to be able to provide these services for the students when the nurses are not at that school.

Guest speaking in classrooms

All of the participants except one stated that they were invited by the teachers to be guest speakers or resource persons in the classroom occasionally. No one reported that they taught class on a regular basis. Topics or units that teachers usually asked the nurses to teach depended on the students' grade level. In the elementary level, the topics usually involved personal hygiene, while in the middle schools and high schools they usually were asked to teach sex education (family life, growth & development, and birth control), and communicable diseases (including STDs and AIDS). Other topics which they taught sometimes included
the body system, consumer health, heart disease, first aid, nurse and nursing careers, poison control, and head lice.

Health counseling

Most participants stated directly that one of their responsibilities was health counseling. Health counseling provided by school nurses basically means physical health, but sometimes it could be related to emotional health. Two participants stated that they provided emotional counseling when there was no counselor or counselors were not available. Overlapping with the counselors on this duty was mentioned by four participants. However, it appeared that most participants did not have a problem or a serious conflict with overlapping. Only one participants stated that she had problem of job overlapping with the counselor.

My feeling is that they (counselors) like to take care of the stuff themselves. Maybe the counselor and school nurse operate like "Don't step on my toes" ...I usually work pretty well with them, but every once in awhile there is a feeling, back and forth, it goes both ways...there is one of the problems that I've seen between the counselor and me personal. It was that the student may be pregnant and having problems along that line. They want to take care of it...instead of working together...I feel I was excluded completely from it.
Table 3. Activities mentioned by 16 participants in response to the question "What do you do in your day to day work?"

<table>
<thead>
<tr>
<th>Activities gathered from 16 participants*</th>
<th>Number of cases reported each activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency, first aid, and illness care</td>
<td>16</td>
</tr>
<tr>
<td>Guest speaker in classrooms</td>
<td>14</td>
</tr>
<tr>
<td>Counseling for health problems of students &amp; staff</td>
<td>13</td>
</tr>
<tr>
<td>Medical aspects involvement for the special need students</td>
<td>13</td>
</tr>
<tr>
<td>Immunization (keep track, inform parents, make state report)</td>
<td>12</td>
</tr>
<tr>
<td>Screening (height/weight, vision, hearing, head lice, scoliosis)</td>
<td>12</td>
</tr>
<tr>
<td>Inservices (one-on-one and group)</td>
<td>11</td>
</tr>
<tr>
<td>Home visits</td>
<td>10</td>
</tr>
<tr>
<td>Finding resources for students and families</td>
<td>8</td>
</tr>
<tr>
<td>Monitoring medications that the students take in schools</td>
<td>6</td>
</tr>
<tr>
<td>Parent education (in group)</td>
<td>6</td>
</tr>
<tr>
<td>Assessing child abuse, referring &amp; following up</td>
<td>6</td>
</tr>
<tr>
<td>Providing consultation as a member of the health curriculum committee</td>
<td>3</td>
</tr>
<tr>
<td>Monitoring school environment as a member of safety committee</td>
<td>3</td>
</tr>
<tr>
<td>Monitoring blood pressure for staff</td>
<td>3</td>
</tr>
<tr>
<td>Setting up guideline &amp; policy for AIDS control</td>
<td>2</td>
</tr>
<tr>
<td>Setting up training courses for students with special needs</td>
<td>2</td>
</tr>
<tr>
<td>A member of task force committee on health issues</td>
<td>1</td>
</tr>
<tr>
<td>Writing policy &amp; budget for school health service program</td>
<td>1</td>
</tr>
</tbody>
</table>

* These activities were gathered from interviews, observations, and some documents provided by the participants.
School nurses and counselors refer students to each other when they felt like that the other would give better help. The general theme in making a referral decision was that if the students have physical problems, the nurses will take care it, but if it was emotional problems, the counselors would work on it. In cases of problems that related to physical and emotional well being i.e., child abuse, pregnancy, the counselor and nurse work together.

Services for special need students

Most participants stated that they worked with other school staff and parents on the medical aspects of special need students. Special need students include students who have chronic health problems, i.e., diabetes, seizure disorder, hyperactivity, and handicapping conditions. Inservice training was stated as being part of this responsibility. The nurses educated school personnel about the nature of the illness and trained them about necessary nursing procedures. It appeared that some participants were highly involved in this duty. They stated that they were part of the Individual Educational Plan (IEP) team, responsible for medical aspects of a child.

I need to set up a delegation of responsibilities ... first I set up the multidisciplinary team-the teachers, yourself, anybody else that get involved, regional services usually occupational therapy, physical therapy, then I get all the strategic plans together...then you have another one which is the IEP that's where the parents
come... you set down a goal, you strategize with parents... Finally you try to implement through the year.

For those who appeared to be less involved with the services for special need students, their jobs would cover monitoring medical care and delegating some nursing procedures to the staff. These nurses did not mention about being involved in the IEP.

The instructors have to be taught to do some nursing procedures, those tasks have to be delegated... write a protocol or a procedure for it (for the specific tasks) and delegate to the person. Then, go back periodically to check that procedures have being followed.

Figure 4 shows an example of the protocol that a school nurse designed for training and monitoring the staff in giving care for special need students.
**Button Gastrostomy Feeding**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Met</th>
<th>Unmet</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gather equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Towel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*50 cc syringe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*graduated container</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*tubing and adaptor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*formula amt. as indicated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*warm 30 cc tap water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Warm formula</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test temperature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Inspect button site</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Wash your hands before and after the feeding.

Figure 4. A protocol for gastrostomy feeding
Immunization

The majority of participants mentioned that they were responsible for tracking immunizations of students. This job has to be finished at the beginning of the school year. The participants stated that it is mandated by the State of Oregon that each school report the students' status on immunizations every year, since it is part of communicable disease control. In February, if any student has not met state requirement for immunization, he/she has to be excluded from school until the requirement is met. This duty involves compiling students' immunization history from parents, keeping records, making the state report, informing parents about exclusion and regulations, and exclusion of unimmunized or incompletely immunized students. A few participants noted that they arranged the immunization clinic with the Health Department at the school site. A number of participants stated that this is a time consuming part of their duties, and it was hard since they had to finish it before the exclusion day mandated by the state which is in February. In different districts, the nurses used different methods to arrange this job depended on the facilities that they had available.

All of the kids' records need to be looked at...we belong to the ESD computer which is the computer that set up services by county...I enter all the data in the junior high and high school because they have terminals in the building...and I don't have any secretary. The other nurse in this district
doesn't have terminal so we gather the information on paper and send it to the secretary at the central office.

We have our immunizations on the computer...then the aids have time and sort of sit down and look at the health folders and record information that parents bring in. They send it into the data processing here, we put it in the computer...They get the data back from the data processing, they look at it to see whether or not they put it in correctly...When they have questions...or somebody seems to be having a problem, they let us know.

What we just did was we invited all the parents of the kindergarten children next year to come and see me. And I interview them and asked them to bring the child's shot record and then tell them whether they need a booster or not...And all the shots are on the computer also. You find out who needs the shots and you refer them.

Health screening

Most participants reported that they were responsible for health screening, contacting parents, referrals to appropriate resources, and keeping the student health records of these information. Health screenings included height/weight, vision, hearing, and head lice at the elementary level. At the middle schools, nurses also screened for scoliosis. At the high school level, screenings for these problems were done on a referral basis either from parents, teachers, or students themselves. Figure 5 shows a form that a nurse used to inform parents when students' head lice were identified. This form is designed to be sent with the brochure explaining how to treat head lice.
Dear Parents:

☐ Head lice or ☑ Head lice eggs have been found in your child's hair.

School policy requires treatment and removal of all eggs from the hair before a student may return to school.

You must accompany your child on his/her return to school. He/she must be checked either by me or a school representative before the student can re-enter the classroom. I am in the Central Office from 8-8:30 each morning to re-check and re-enter students. The buses will be instructed to not transport your child until he/she has been cleared.

Please refer to the lice flyer sent out earlier for complete instructions on treatment.

Thank you.

---

Figure 5. A form for reporting students' head lice.

Some participants stated that the two screenings that are state mandated were vision and hearing tests. Few participants mentioned that they also did dental checks in their screenings. A number of subjects reported that they trained volunteers to help them in the screening. Volunteers were usually parents. Screening need to be done at the beginning of the school year, similar to the immunization report. A number of participants stated that the beginning of the year is the busiest time. Most of their time was spent on tracking immunizations and screening. The following statements show how school nurses arrange, and conduct their screenings.
We do height/weight, vision, scoliosis (for middle schools only), and head lice. Also I work as part of the team that does hearing screenings. A lot of school nurses do not do that, but it's because of my background...and then I record all of that information on the health card.

I use a lot of volunteers...instruct them...Sometimes I have parents do the recording for me on the health records. Other times I end up doing that myself...then recheck later before they're referred to physicians.

Check for fat, the PE teachers do this. Then they give me their lists and then I do all the rechecks. I do referring for the vision test...I do scoliosis (screening) on the boys and girls in the 7th, 8th, and 9th graders. I look at them in the PE classes and recheck, I have them come to this room and I check them alone. Then I refer them.

The parent volunteers in each building help with screening. My health aides have set everything up, they get the volunteers, and we bring the equipment.

**Inservices**

The majority of cases reported that they provide inservice trainings to other school staff. These inservices were mainly provided for secretaries and teachers. Inservices reported by these participants can be categorized into three groups. The first group of inservices related to nursing care for the special need students.

Handicapped children...I have to teach the person to do it, write a protocol or a procedure for it, for the specific tasks, and delegate to these persons. Then go back periodically to check that procedures have been followed.
One participant stated that she did inservices more on an individual basis (one-on-two, one-on-three) rather than on a group basis. She explained that, "because kids' health needs are much more specific, and you need to have people that are actually delegated to the care of the students."

The second group of inservices involved state requirements regarding health services. These inservices included adrenaline injection and AIDS prevention and control.

I teach, how to take care of bee stings. This is medical policy for the district and teachers and everyone has to understand that...We are required, as nurses, to teach people HIV/AIDS...I go through with staff every year about our policy for HIV and show also a blood spill kit. We have a blood spill kit in every building.

The last group concerned inservices which were necessary due to a particular situation or setting. The areas which were mentioned in this category included dealing with child abuse, sexual abuse, suicide, and head lice.

Some participants stated that besides providing inservices for teachers and secretaries, they also provided inservices for health aides.

I have to keep continually training health aides...things that they deal with in the health room...from stomachaches, headaches, seizures, nosebleeds, knock outs.

**Home visit**

A number of participants stated that home visits were part of their day-to-day work. Frequency of home visits varied from "quite a few home visits" to "a lot of home
visits." Safety was mentioned by some participants as a factor that made them decide not to make a home visit or make it less often than they used to do.

I don't like to do that as the first line. I like to use mail or phone. Number 1, I think it's not safe to go by yourself, I try to go with somebody else.

I used to go to the houses and home visits...You can't do it anymore because of the drug problem...The nurses at X can't go by themselves without taking a policeman with them...because there are all these drug labs...I don't do home visits anymore, I was threatened by a lady with a knife on the home visit out here.

The participating nurses reported that they made home visits for many reasons. These reasons included to check out what was wrong in case of absenteeism or a problem in the classroom, to ask for cooperation from families, and to follow up cases. Some participants stated that home visits helped them understand the students' problem better because they could see the students' home environment.

It's much easier to understand a child and the way they behave when you go to their home...both to see their interaction there, and what the home condition is...It answers a lot of behavioral and psychological questions...It helps to bring this home to teachers as well.

Figure 6 shows documentation regarding a participating nurses home visit.
March 11 7pm.

TC 3-30-93  

RE: home visit on 3/25/93.

M. Altshul, MD. He said he feels 

would be in same shape educationally 

even w/o his diabetes. He recounted how his 

behavior changed 3/11/93 during 45 60 min a 

his B.S. was 39 @ 8:20pm; he appears to be sullen, 

lertgic I have an attitude problem. He told him 

we can't know the difference, as deny he wouldn't be in this 

state w/o diabetes, but see a correlation between his low B.S. 

and his classroom behavior & his academic performance. When I ask 

about his insulin dosage, the possibility of a midday shot, he 

mentioned he was on 1 new dosage. He then said he 4 the 

family problems dominate. He said he spent 1 hr & 45 

of 3/19. He also said they can get into him at any time. 

He also said Russell is pre-adolescent & not into physical development.

Figure 6. An example of a school nurse's document 

when she made home visit.
Finding resources for students and families

Finding resources and referring students to those resources was reported as part of the school nurse's responsibility by a number of participants. Some participants stated directly that this is a big part of their job because a lot of families can not afford to buy health insurance due to their economic situation and financial problem.

We find sources of medical care for people who don't have it. More and more, lately, because so many people don't have money to buy health insurance...But you have to make sure that they get appropriate care...That's the big part of our job.

Monitoring medication taken at schools

Some students who are chronically ill or have a condition that requires them to take medications on a regular basis, for example, seizure disorder or hyperactivity, need to have their medications monitored when they take them at school. A number of subjects stated that they were responsible for setting up a system to monitor medications taken at schools. It was reported that in order to give medications to students at school, parents needed to have a physician's signature, and the bottle labeled with the administering instruction. When the nurses are at schools they are responsible for giving these medications. When they are not in that school, the secretaries, aides, or other assigned personnel will take care of this service. These school personnel were trained by the nurses regarding how to give a
particular medication. In general, students come to the health room and take their medication at a particular time under the supervision of the school personnel or nurses. The person who gave the medication to the student documents medication administration by signing his/her name and the time that they gave it on a medication sheet. This sheet is kept as a record and use for tracking students' medications.

**Formal parent education**

A number of participants mentioned that they provided formal parent education occasionally. The areas that the nurses reported providing group education included a review of materials used in teaching a growth & development unit, immunization requirements, and how to take care of a child when he/she is sick. One participant stated she did individual parent education on a regular basis. She perceived that educating parents in group was not effective, because:

> The parents that need to be there don't come because they are dysfunctional, not involved anyway. The parents who usually come are the parents who are highly involved...highly responsible parents. It's hard to get the target people that you really want...they just don't come...so that is why you need to go on an individual basis.

**Child abuse cases**

According to the law, when any of the school personnel suspects child abuse, she/he is required to report the incidence to Children Services Division (CSD). For school
nurses, some participants mentioned that when they suspected child abuse, they assessed the child for physical evidence of abuse and documented the incidence, made a referral, coordinated with CSD, and followed up the cases.

Consultation for health curriculum construction

A small number of participants stated that they were members of a health curriculum committee. One of them said she helped the committee write an AIDS curriculum and evaluated the textbooks that they used. Another participant said she provided answers for some questions that the committee had.

Monitoring school environment

Some participants stated that they were on the safety committee. Their responsibilities were to check and monitor every factor related to safety environment in schools. The committee consisted of nurses, custodians, secretaries, and teachers.

If there is a concern; people come in and fill out the form about the concern of issue... what do you recommend to do about it. We do safety checking on a scratchy basis, walk around the building and look at different areas, 'that is safe' and 'not safe' and monitor it.

Monitoring blood pressure for staff

Some participants mentioned that they had programs to monitor blood pressure of school personnel. Also, the
nurses gave consultations regarding personal health for school personnel and sometimes provided referrals. One participant stated that this service help establish good working relationship with school personnel.

We take their blood pressure and answer their questions...provide a lot of support for them for those kind of things. So I think it goes back and forth. The staff feel supportive when they have problems and questions and we feel support back from them when we want to try something, too.

Miscellaneous activities

A small number of subjects reported that they were responsible for setting up guidelines and policy for AIDS control in their districts. Some participants stated that they set up groups for students who have same special interest or need, such as pregnant students or children in grief from loss. In these situations nurses provided teaching or training of skills that these groups of students needed. Other activities reported by individual participants as part of their duties were writing policy, preparing budgets for school health service program, and working on a task force committee regarding school health issues.
Question #2. Of all the responsibilities that the school nurses described, which do they consider of most or least importance or do they think they are equally important?

There seemed to be no distinctive direction to the answers in response to this question. A small number of participants expressed the similar idea that all activities were equally important in different ways.

They are different and important.

They are equally important. They have a priority, it depends on the situation. One activity could be the most important and take priority in one situation, but may be not in others.

A few participants who responded to this question perceived that some activities were more important than the others. An activity that was mentioned as an important part of school nurse's job was emergency and illness care. They stated, "that what most people value nurses being there for-someone to take care and assist for an emergency or crisis," and, "Day to day stuff is probably superimportant of what I am here for."

Paper work was stated by some participants as the least important part of their job. However, they admitted that it had to be done. Disagreement between participants was found in the importance of screening and health education duties. One participant ranked screening as an important function
because it gave her a chance to see all of her students. Another participant said she did not see a real reward in doing that.

Health education was viewed as an important activity by one participant while it was ranked as low in importance by another participant according to her time constraints. She said "I don't see that my time should be used in the classroom doing direct teaching"

The following are samples of opinions about the most important activities as expressed by individual participants.

Health counseling...that's probably one of the most important things because you're helping people to take care of themselves.

Anything that can help the individual kid improve their quality of life...that probably is my personal priority.

The special health needs are really important. Because schools and everybody are sensitive to being sued...being aware of legal issues is a very important part of school nursing.

Immunization, communicable disease control, emergency care. Those are very important...parent education, that is very, very important. You do that on a daily basis.

Question #3 Is there any thing or anybody which inhibits the school nurses' ability to complete their assigned tasks?

The two major factors identified by most participants as hindering factors regarding their school nursing responsibilities were time constraints and people's perception/
expectations of them. Since most of the participants worked in more than one school, they usually spend only half a day once or twice a week in each school. They felt that this was not enough and that they should have more time to spend with students in order to follow up on important problems. Responses from a number of subjects implied that they wanted to have more staff or cover fewer schools than they actually did, so that they could provide better services, and spend more time at each school with individual problems.

I wish there were five of me, at least...actually I think the National Association recommends 700 students to a school nurse, not 7,000 (she had). I just don't have the time to see the students that I need to see, or follow up on those that I do see. I could do a lot more help if I had more time...I'd like to see the school district hire more school nurses.

Probably the biggest thing is the fact that you are spread so thin...you only have half a day in each place. If you were able to spend a longer period of time in one particular place, you could become more involved, provide more services to teachers, see more students, be more in depth...that probably gets in the way, the most is just not being able to provide more time.

Attitude/perception/expectations of school personnel such as principals, teachers, and secretaries toward school nurses was another factor that participants said could make their job difficult. The expectation that school nurses know everything and can fix everything concerning a health problem was mentioned by some participants as an unrealistic expectation, because sometimes this was beyond their
ability. Secretaries' unacceptance of the limitation that the school nurse can not be at one school all the time frustrated one participant.

Some participants stated that there was a political reason for them to stay visible in schools. By taking care of sick students school nurses do what teachers and other personnel perceived to be their role.

They expect me to be in school taking care of the sick kids, the traditional role. If they don't see me, they don't think I work...A lot of political things that inhibit me from doing what I want.

It is real important for them (teachers) that I do the front line care, that I do the bandage...that's a small part of my job. The rest of my job is down here, they don't see it...But If I don't do this part, that they want, then they don't think I am a good nurse.

The other perceptual factor that hindered school nurse's job was the fact that the district and school administrators did not see the necessity of having a school nurse. A small number of participants stated that some administrators and personnel did not think a school nurse was necessary because they do not observe day-to-day activities at the school.

They may not see what we do. We take care of the business and they don't see the things that could happened because we prevented them from happening, perhaps the perception that they have is of whether or not the nurse is needed.
People who get in positions kind of decide what the school needs. Like people on the school board are people who have income, higher than normal family lives. So it's hard for them to know what the overall needs of the school. And they may not see nursing as being a very high priority because their children probably don't use the nursing services too much...they don't probably really know too much about the kinds of families that the kids who use the nursing services. That can be a real hinderance on my job.

School nurses work in an isolated setting, and do not have other nurses or doctors to back-up their ideas, like in the hospitals. It makes them feel a lack of support in the work environment. This was mentioned by some participants.

I think we are kind of the strange person. They don't understand about medicine. We are kind of like a stranger in a strange land.

One of the largest barriers for all school nurses is the fact that they are alone. No back up from colleagues like in the hospitals because the school nurses are working sort of in isolation...Your administrators have no idea what your nursing practice is, what the restrictions are. Often times you don't have support from teachers because they see your jobs as versus their jobs... when it comes to the time of a budget cut.

A summarization of all factors mentioned by the participants as factors that hindered their job are shown in Table 4.
Table 4. Factors that hindered the school nurse's job reported by 15 participants

<table>
<thead>
<tr>
<th>Types of hindering factors</th>
<th>Characteristics of people and non-people related hindering factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>People related inhibitors</td>
<td>- School personnel have a negative attitude about and unrealistic expectations of school nurses.</td>
</tr>
<tr>
<td></td>
<td>- Principals in different schools have different philosophies and want things to be done their way.</td>
</tr>
<tr>
<td></td>
<td>- Superintendents and principals do not back-up and side with the parents when making decisions on some sensitive problems, i.e., child abuse.</td>
</tr>
<tr>
<td></td>
<td>- People who are trained to do something and do not follow through as they should.</td>
</tr>
<tr>
<td></td>
<td>- Students who pretend to be sick and when there is not enough evidence and the principals side with the students.</td>
</tr>
<tr>
<td></td>
<td>- Physicians who do not understand a school situation and make an unrealistic order.</td>
</tr>
<tr>
<td></td>
<td>- Teachers who are too scared to deliver care to the students, then they end up doing nothing.</td>
</tr>
<tr>
<td></td>
<td>- People who have an offensive attitude toward the School Base Clinic and see it as a contraceptive clinic.</td>
</tr>
<tr>
<td>Non-people related inhibitors</td>
<td>- Time constraint/excessive caseload</td>
</tr>
<tr>
<td></td>
<td>- Limitation of community resources for referral.</td>
</tr>
<tr>
<td></td>
<td>- Working in isolation with no other nurses or medical colleagues to back-up when the school nurses is having a problem with a medical decision.</td>
</tr>
</tbody>
</table>
Question #4. What are the factors which support school nurses in completing their responsibilities?

Responses from 15 participants showed that there were five sources that provided support for school nurses. Summarization of all sources of the school nurses' support reported by 15 subjects is showed in Table 5.

Table 5. Sources of the school nurses' support reported by 15 participants.

<table>
<thead>
<tr>
<th>Categories of sources</th>
<th>Sources of support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>- School Board, School district, Superintendents</td>
</tr>
<tr>
<td>School personnel</td>
<td>- Principals, Teachers, Counselors</td>
</tr>
<tr>
<td>Nursing colleague</td>
<td>- Other school nurses, Oregon School Nurse Association</td>
</tr>
<tr>
<td>Community groups</td>
<td>- Parents</td>
</tr>
<tr>
<td>Medical profession</td>
<td>- Volunteer physicians</td>
</tr>
</tbody>
</table>

Almost every participant acknowledged "people" as their major source of support. Administrative personnel were recognized by a majority of participants as an important source of support.

The superintendent is very supportive... That's one of the things, that the district has real support from this is far away from what I hear...
from other school districts. We get a tremendous amount of support for implementing a program, trying something new, doing different things.

School Board supports us too, they understand... You may hear other places that they may say, "well! the district doesn't understand, the principal won't let me do this." That won't happen here!!!

School personnel was also reported by most participants as a supportive group in terms of coordinating job duties.

Teachers are excellent in supporting. It is back and forth support. I do something for them, they support me.

Secretaries are great in supporting and helping when I am not in the building.

Some principals support me all the way when I am going out on the rim.

Counselors are wonderful, I can count on them in helping with a job.

However, it was mentioned that personnel could be supportive or hindering, depending on the relationship they had with the nurses. To elaborate on this issue, some participants explained that skills to develop and maintain positive relationships or being a teamwork person was an essential characteristic of being a successful school nurse.

You have to have a lot of PR (public relation). You really have to learn that, otherwise it would be difficult to work with a large number of people.

If you are not a teamwork person, you will never make it with your job. You aren't by yourself at all... Team work is the biggest part of being in this role.
You have to be very political, know who to keep informed, who to do what with... If you don't have good relationships with people, your life could be miserable.

The other source of support was the support among the school nurses themselves. Having a meeting with other school nurses, sharing experiences and problems was a method that school nurses used to cope with working in an isolated setting.

**Question #5** Do the school nurses think they are reaching their potential role? Why or Why not?

There were both "yes" and "no" answers to this question. The participants who gave affirmative answers had two different explanations. The first reason related to the work setting. They stated that the potential of the school nurses depended on the setting, the case load, and the severity of the students' health problems. They perceived that their potential was reached because they were doing the things that are **fit and adequate for the place** that they employed. Another group of participants explained that their potential was reached when they were doing the things that **they visualized school nurses should do.**

What I want potentially: I am perfectly satisfied in this position here. If you had to work in a larger school I might have to do something else.
We're doing a lot more of what I have been visualizing for a school nurse... The role of the school nurse has more to do with the overall picture of the educational setting for the child, rather than just one thing in particular. I think that's what I am doing.

Two reasons were identified as an explanation of why some participants did not think they were reaching their potential. Most of these participants had a philosophical position that things were changing all the time, so there was always a need for improvement.

You never reach your potential. There's always room for possibility, probing, the bigger picture, improvement. When you accomplish one thing, then you go on others.

I don't know that I am reaching my potential... If I think that, then, that's the end and I am in trouble because things are changing, and I have to change my potential, what I expect in myself.

The second reason given for why school nurses do not reach their potential, mentioned by a few participants, was the time component. They stated that they did not have enough time to do what they should and want to do.

Question #6 How do the administrators view the school nurse's role?

Most participants felt that administrative personnel saw their role as someone who took care of students' health problems and managed health services. This perspective of the nurse's role also included taking care of students'
illness, being a consultant in interpreting medical
information, and clarifying legal issues involving the
health of the students.

They probably are aware of the medical aspect of
my job - taking care of sick kids, teaching
class, little awareness of some desk work.

Make sure that these kids are taken care
of... make sure they don't get sued for health
kinds of things, don't have parents come and say
"we neglect the child."

Someone who can interpret and intervene, make
sure they are setting things up right, a case
managing role.

The other response to this question implied that some
participants were not sure whether the administrators had
any idea of what their job was. They thought that some
principals were not aware of having school nurses in their
schools.

The main administrator in the district... I am
sure he knows what I do on a day-to-day basis,
but in another way, I am not sure if he has any
idea of what I do.

If I take care of my business, that's fine. If
you don't make noise, make yourself visible,
they may think that you are probably someone
they never hear of and can work without that
person.

It depends. Some of them don't care whether they
have school nurses... then the others feel the
need and really use me.
Question #7 How do the teachers view the school nurse's role?

Most participants who responded to this question, stated that they thought teachers saw the school nurse as a resource person for them. As a resource person, the teachers consulted the nurses when they had questions concerning either their own health or their students' health. Teachers also asked the nurses to be guest speakers in the classroom occasionally. Among these participants, some mentioned that teachers also saw them as a support person or someone who took care of emergency situations, and students' illness.

They see us in a supporting role with kids that have health issues. They feel that we are a good resource for health questions, for health concerns that they have.

They visualize my job as being a medical emergency or illness person or as helping them in class.

Someone that can answer their questions, and give confidence when they have to handle injured students.

It was reported that the teachers' perception of the school nurse depended on the relationship they have with the nurse. It also depended on how visible the school nurses were to the teachers.

It varies from teacher to teacher, how visible you are to them makes it different. When you deal with some problems in the classroom...they will say "Oh! we have a school nurse, that's fine."
Some (teachers) see me more than the others. It depends on how close of a relationship I have with them.

Question # 8 How do the parents view the school nurse' role?

The majority of participants perceived that parents saw a school nurse as an advocate or a resource for them and their children in terms of health care. They stated that in general, parents appreciated having a nurse in the school because they felt safe to have somebody to take care of their child at school. The participants reported that parents usually consulted them when they have a problem with the child's health, i.e., what to do with the children before they go to the doctor.

As their advocate. Someone who can tell them that their child has health problems, not in an intimidating role; their support system in school, not threatening, somebody that they can vent to about school.

Appreciate having us to handle an emergency, especially when their child has special needs. As a resource to ask about their health problems. Generally they feel happy to have a nurse in school.

However, the participants mentioned that sometimes, some parents might not be happy with what the nurses do. This usually happens when the nurses deal with something related to school regulations such as head lice exclusion and exclusion when an immunization requirement was not met.

It varies from parents who are nice and grateful to parents who pull their kids out of school because you don't do something the way they want.
Some parents are pretty happy to see me...some are less happy. Sometimes it is intimidating... when I ask them to do something they can't do.

In the districts that had both a health aide and nurses, it was reported that a lot of parents thought health aides were nurses. This was because health aides were in the health room all the time and took care of all the emergencies and illness while nurses moved from school to school.

Question # 9 How do the students view the school nurse's role?

A number of participants perceived that students saw them as helpers for their health problems. Subjects stated that elementary students saw the nurse as someone who took care of them when they were sick at school. Nurses felt older students visualized a nurse as someone they can talk to about their feelings or about confidential issues.

Someone who takes temperature, gives them a bandage. The one who can tell me that I am sick or not. It's probably like a mom in a way.

As a resource, to ask such and such questions about health. Some of them feel confident to tell me their personal stuff.

They feel we are a real safe place to come... and talk, because we respect their confidentiality.
Some subjects stated that how the students think of them depends on the relationship they have with the nurses and how often they use the nurses' services.

Sometimes they see me as a grouch. But I think that they know that I am happy to help them.

Depends on the relationship, how much I have seen them. Some see me as a "lice lady". That's all they know about my role, coming to check kids' head lice.

A lot of students don't know that I am here at all. Some use me wisely. Some have an unrealistic expectation... want me to fix everything, so they could go on their way and don't have to go to the doctor.

In the districts where health aides were hired to work in the health rooms, a lot of students thought that health aides were nurses. Also, one participant mentioned that she felt that the young children had a problem picturing the school nurse since they only have an image of hospital nurses.

A lot of time they are not real sure who we are, what we do. They think the health aide is a nurse. A lot of kids have a problem when we say we are nurses, especially the little kids, because their idea of a nurse is somebody in the hospital. The one who is gonna give them a shot. You don't have a uniform, so how can you be a nurse.

**Question # 10 How do the counselors view school nurse's role?**

A number of participants who responded to this question perceived that counselors saw a school nurse as a supporting person who cooperated with them on medical issues.
As part of MDT (Multidisciplinary Team) ... as a support for specific things related to health or to provide information on family background.

Somebody that tries to help kids out, like they do too ... but in terms of medical problems ... provide information to each other.

**Question # 11 How do the school nurses define School Health Services and the School Health program?**

It appeared that most participating nurses did not have a clear picture of the differences and similarities between these two terms. They tended to be familiar with and able to more clearly define School Health Services than the School Health Program. When asked about the School Health Program, some subjects thought for awhile before giving unsure answers, while others stated that they had no idea about it. There was one participant who put both terms together and called it "School Health Service Program"

I really don't know about a School Health program. I think we do more of services.

Program sort of goes along with services. Program is having the program there and services is what you actually do about the program. That's probably the way it goes.

I don't know what you mean by School Health Program because School Health Services is how I define my role.

Most subjects felt that there was not much difference between the two terms, in that these terms fit together side by side. These participants pictured that the School Health Program was broader since it involved more people and
included health education and fitness components. School Health Services were described to be one of the components in the School Health program.

School Health Program is probably bigger because it includes education, physical fitness aspects. School Health Program involves teachers, and a lot more people. School Health Services is part of School Health Program.

School Health Services and School Health Program are the same. School Health Program is probably broader because it involves more specialists, whereas School Health Services is only nursing staff. That's the only thing I can think of as the difference.

When describing School Health Services, most respondents tended to define it by relating it to their roles. Some of them stated that School Health Services are their direct responsibility.

Services sounds like giving hands on, program sounds like a general education aspect. The nursing role would be services.

School Health Services, I generally define it by what we do, the tasks. School Health Program generally covers what the schools are required to do...mandated activities.

School Health Services is how I define my role. In this district School Health Services is me. I feel very strong that everything that's going on that has to do with health is my responsibility.

Some participants defined School Health Services by relating it to the district policy or the state mandated services.
I define School Health Services by basically taking it out of the state law. It includes health care, first aid, communicable diseases control, health records, services for special need kids, and coordinate health education program.

Services provided in the district by a variety of people...goal is to provide support to the students who may have medical problems or just regular students...It is the responsible of school district.

Other findings

During the interviews, some issues were coincidentally mentioned by many participating nurses. These issues included delegation of some nursing tasks to untrained personnel, invisibility of their job and difficulty in making people understand it, insecurity of the job and unfairness of being hired in a classified position. It appeared to the researcher that these issues were important to the participants and school nurses in general. These issues also relate to the school nurse's role.

Delegation of some nursing tasks to untrained personnel

A number of subjects mentioned that they had concern about the responsibility they had when delegating nursing tasks to untrained personnel to take care of special need students. They stated that after they delegate the tasks they were supposed to do occasional follow-up to make sure that everything was correct, but sometimes they can not do that often enough since they train so many people.

Being kind of out on the rim...who is gonna support us in the decision making processes. When it comes to time that something happens, is
your school district gonna stand up for you? Or are you gonna be stuck out there and let your license get taken away because you do have such a large responsibility...I think some people are on very shaky ground as a school nurse. I would like a lot more support in that area.

It's kind of scary, particularly with so many, school coverage. You can't get back and follow up often enough.

A lot of concern about how responsible school nurses are for what others do when they don't have enough control...It is really frustrating to realize that your license is dependent on how others practice, when you are not there all the time.

**Invisibility of the job and difficulty in making people understand the job**

A number of cases mentioned that most people did not have any idea what the school nurses does. They stated that people usually stereotyped the nurses' role and did not knowing the differences between their roles in different work settings.

If you don't wear a white uniform, don't have a syringe in your hands, no one knows what you are doing.

The general public thinks, nurses - white hat white uniform, as long as you are a nurse, a nurse is a nurse. They don't understand the difference in setting.

Even though, the participating nurses realized they were not very visible and their role were not understandable to the public, they did not have a clear solution for this situation. Some participants stated that this was because
they were not good at standing out and telling people what they did, also they did not have time to document everything they did.

It is so hard to describe what you do to people that do not do it. It is hard to stand out and say what we do is important. We are not good at that.

School nurses are real busy and don't have time to document their work. By the time you get a chance to do it you are tired already.

It was found that some school nurses documented what they had done to the students by imitating the way they documented the patient's chart in a hospital setting. Figure 7 shows an example of this type of documentation.
4/15/92 - Cuts cleaned/banded

4/16/92 - Itchy eyes, shortness of breath at night, cough, a runny nose after being exposed to a sick child.

4/17/92 - Bridget's cut bandaged, please call 823-7415.

3/10/92 - Hip joint feeling worse called mom. Repeats complaints.


3/9/92 - Last week injured ankle.

Weekly Report 3(9-13)92

3/9/92

Nurse's office & Central.

Answer phone messages.

On call for schools needing assistance.

Conferred with [redacted] reg. [redacted] taking Adaptive PE so she may do the exercises for her Rt leg at school under supervision. [redacted] only works with student in the DD classes. Work on student health notes.

Conferred with [redacted] and [redacted] reg when [redacted] started doing her exercises in [redacted] class she started approx. the middle of Jan.92.

T/c from [redacted] req. vision rec. on [redacted]. Rec'd vision within normal limits.

- Kicked on the rt shin while playing soccer. Rt shin pain for to touch and when he moved his leg, no deformity, discoloration or swelling. Ice was applied by secretary and he rested in the health room. His father was called but could not come for him. [redacted] took him home. Alteration in comfort due to blow to lower rt. leg.

Recorded Health Appraisals & Central.

3/10/92

Nurse's office & Central.

Answer phone messages.

On call for schools needing assistance.

Rechecked vision on [redacted] (reg. evaluation of student with a rash. T/c to Merl Helms re: name of OD [redacted] was referred to Dr. [redacted] examined not needed. Slightly esotropia. Surgery not recommended. Possibly exercises if parents can afford them. T/c from Sonja & S. Shore. [redacted]'s leg was fractured. Took him to doctor this AM.

Figure 7. An example of a school nurse's document
At the Oregon School Nurse Association conference held in Newport, the issue of invisibility of school nursing was also brought up in the small group discussion. About 20 school nurses who joined this discussion shared ideas of how to make people see the importance of the school nurse's job. The techniques they suggested basically involved the presentation of important data and documents to the target groups.

I did some overheads with numbers and then had a very short showing...like, one children with a respirator, one with the tube feeding, where they didn't even make a difference in class, seeing these children is very effective.

You have to give care to the adults, to the teachers...We documented that we have provided thousands of consultations regarding staff health at the very least last year...I go to the central office at least once a month, take everybody's blood pressure.

One of the thing we have done was providing inservice to groups, individualized groups, like one group of school principals, one group of special education, supervisor one group of teacher and present the role of school nurse.

Some participants reported that generally school nurses recorded only general information in the student health record because everybody can gain access to these records and the records went with the student when she/he moved to another school. On confidential matters nurses document in a separate file so that only people who are involved with the issue can get access.
The health cards that the students have, in reality, very little gets recorded on it. Only stuff that is general, if it is like personal kind of stuff, nobody records it.

Insecurity of the job and unfairness of being hired in a classified position

As mentioned earlier, some districts chose not to hire a school nurse, since it is not a mandated position. This situation is anticipated to be worsened because of the Measure 5 budget cuts.

School nursing right now is affected a lot by Measure 5. We're not a required service...you take the thing that you have to do in education, then this (health) is a support service and that may be one thing that is down the road... They will cut it or eliminate it.

Some participants stated that since the school nurse is a nonmandated position, some school nurses are forced to be hired in a classified position which means they are paid the same as a secretary or custodian. They stated that this was not fair treatment because they have the same education as teachers did but are not compensated similarly.

Some school nurses are paid by the hour and lower than the teachers. That's shabby treat.

You got the same education but some of them (school nurses) were considered as custodians, secretaries...They (districts) may recognize that a school nurse has eminent qualifications but they don't want to pay teachers' wages, they are gonna keep her down here.
Role of the School Nurse: Social Interactions

As identified in this study, the role of the school nurse is based upon social interactions with students, parents, and educational personnel. The subjects interviewed explained their duties by describing these interactions. A social interaction model may be used to explain how this role is defined and may be interpreted through the daily activities of the school nurse. The model may also be used to describe the dynamics for the overall work process of the school nurse. The model is based upon the concept that the interactions of the nurse with others is a reflection of how the nurse and the others perceive the role of the school nurse. The role of school nurses has not been investigated or identified from this point of view in previous studies.

In the present study it was determined that school nurses identified their major role as an advocate for the interests and concerns of students and their families with respect to health-related issues. To serve in this role,
school nurses work as the liaison between the school district/schools, students/families, community resources, and local health departments (Figure 8).
Figure 8. Role interactions of the school nurse, the macro level.
In general, the local health department is the organization which the school nurse interacts the least. The majority of school nurse working interactions are with students, families, and school staff. Since the families of many students do not have health insurance resources, interactions with community resources is also an important part of the duties of the school nurse. Therefore, it becomes the school nurse's responsibility to determine which medical and welfare resources in the community are available to students and their families, and to provide references as appropriate.

Interactions with Students and Parents

As the advocate for students and families, the school nurse provides health services, health consultations, health education, and referral to health/welfare resources. Most of the time, for elementary students, the nurse deals with illness and especially with factors related to communicable diseases. In middle and high schools, since the principal problems faced by these students are related to physiological changes and behavioral and psychosocial health problems, the school nurse tends to function as more of a health consultant. In the present study, it was found that the interactions between school nurses and parents takes place largely through telephone conferences. Occasionally, parents come to schools to confer with nurses, either on an individual basis or at school committee conferences. In
some cases, the school nurse does make home visits to parents. However, a number of the school nurses involved in this study reported that out of concern for personal safety, they would make home visits only on a need basis.

In general, parents cooperate with school nurses by providing students' health and developmental historical information for follow up, or by referring the child to the nurse when health problems are suspected. In some districts, parents volunteer to help nurses with such activities as screening for head lice or measuring height/weight. It was reported that school nurses dealt with various attitudes, ranging from neutral to positive or negative, on the part of parents. In general, parents tended to be unhappy with the nurse when they were dealing with school regulations or intimidating issues (i.e., exclusions for reason of head lice or issues of child neglect). Most of the participants in the present study perceived that parents are generally pleased to have school nurses care for the health interests of their children in the schools.

**Interactions with Superintendents**

The school nurse works under the direct supervision of the school superintendent. Since no data was gathered upon this subject, the dynamics of how the nurse interacts with the superintendent is beyond the scope of this study. However, data derived from some of the subject interviews
could be interpreted to imply that the interactions between superintendents and school nurses are perceived as helpful and supportive rather than hindering.

**Interactions with School Personnel**

The goals of the relationship between the school nurse and school personnel are wellness and educational benefits for students. In accordance with this purpose, as described in Figure 9, the school nurse and school personnel work cooperatively to help students remain healthy and derive full benefits from their education. The school nurse is a resource person on health-related issues for all school personnel. To serve in this role, the school nurse provides necessary in-service training, including: AIDS information, how to care for special needs students, and medical emergencies for all school personnel. The school nurse interprets the medical and legal aspects of child health problems to the school personnel, and provides consultations, with school personnel for both personal health problems and student health problems.
Figure 9. Role interactions between the school nurse and the school district/school personnel at the micro level.

- **Superintendents**
  - Supervision
  - Case referral & information exchange

- **Teachers**
  - Inservices, health consultations, & classroom guest speaker
  - First aid provider when school nurse is not at the school
  - Inservices, on call consultations

- **Principals**
  - Consultations on health & legal issues

- **Counselors**
  - Case referrals & information exchange

- **School Nurse**
  - Administrative cooperation
  - Case referrals & information exchange

- **Secretaries**
Principals

School nurses provide a supportive role for school principals. The school nurse manages health services, cares for student health problems, and assists principals in the interpretation of the legal aspects of student health-related issues. However, a number of the participants interviewed for the present study perceived that principals were aware only of the medical related role of school nurses, and not their overall duties. According to these participants, the principals in different schools usually reflected different administrative philosophies and wanted school functions accomplished as they directed. This was sometimes a source of frustration to school nurses since they had to adjust to the administrative philosophies of different principals.

Counselors

In general, the school nurses and counselors are mutually supportive, both have the identical goal of student wellness. Both make referrals and provide information about students to one another. Technically, the school nurse and the counselor have separate roles, insofar as the school nurse is directed to care for physical problems and counselors are directed to work with psychological problems. However, some cases such as pregnancy are cross-related in both the areas of physical and mental health. In such cases, an overlap is unavoidable. From the present study,
it was reported that this overlap was generally not the cause of conflict. Most of the participants stated that they enjoyed good relationships with counselors.

**Teachers**

For teachers, the school nurse is a resource person for health issues. Teachers usually consult with school nurses when student health problems are suspected, providing direct student references to the nurse. The school nurse confers with teachers concerning student medical limitations, how they may affect student learning capacities, and how teachers may help students with limitations in the classroom.

When teachers have students with such medical problems as diabetes or seizures, the school nurse provides necessary inservice with respect to how these medical problems may be accommodated. The assumption is that the teachers, thereafter, will be able to handle situations when students have a medical emergency in their classrooms. The school nurse also helps teachers to determine the nature of possible health problems or home situations in case of high student absenteeism. In turn, teachers provide follow-up information about student classroom performance to the nurse. From the present study, it was apparent that classroom teaching was a dependent responsibility for school nurses. This was because most of the participants reported that they performed classroom teaching only when teachers invited them to serve as guest speakers.
Secretarial staff

The school nurse works closely with the school secretarial staff. Secretaries are probably the school personnel with whom school nurses interact the most on a day-to-day basis. From the present study, it was stated that first aid and the care of illness was a responsibility of the school nurse that was interdependent with secretarial responsibilities. This was because most of the school nurses worked in multiple settings, and were not at any one school all of the time. Therefore, secretaries were expected to provide first aid care to students when the nurse was not physically present. To fulfill the requirements of this responsibility, school nurses offered essential training, such as providing medication or even adrenaline injections. The nurses also provided on-call consultation to the secretarial staff. A number of the participants in this study stated that they would not be able to provide immediate care to students effectively without the cooperation of the secretarial staff.

Interactions in Relation to Role Identity

In general, from the findings of the present study, it is apparent that the intensity of the working interactions between school nurses and students, parents, principals, teachers, and other administrative staff determined the perceptions these persons individually held of the role of school nurse. This conclusion was confirmed by
Greenhill (1979), who found that the number of direct contacts with the school nurse by principals, teachers, and counselors was significantly related to their perceptions of the role of the school nurse. It was found that some students and personnel often used various nursing services or worked closely with the school nurse, whereas others were not aware of the availability of a nurse in school or did not use nursing services at all. In 1967, Forbes conducted a study on the role of Oregon school nurses, reporting that the intensity of contact between school nurses and students, as well as school personnel, was determined by the amount of time the nurse was in the school.

These two studies, as well as the findings of the present study, reflect the continuing nature of the problem of time constraints in proportion to caseloads that Oregon school nurses have faced since the 1960s. The inability to spend sufficient time at each district school leads to the problem of poor visibility for the school nurse and, as a consequence, poor role identity for the nurse as well as unrealistic expectations for school nurses as perceived by students and school personnel (Figure 10). However, some of the participants in the present study noted that the length of time they had worked in a district had a direct relationship on the degree to which students, parents, or other personnel understood their role. It was apparent that school
nurses who were new to a district, or who worked in districts that had never had a school nurse, tended to have more serious problems of role identification.
Over caseload → Time constraint → Unable to spend enough time in every school

Low intensity of contact between school nurse and students and school personnel

Poor role identification and unrealistic expectation as perceived by students and school personnel

Poor visibility of the school nurse in school

Figure 10. Factors which affect nurse role identification in school.
This chain reaction problem was reported by most of the participants in this study as a major factor affecting the completion of their duties (shown in Figure 11). It was emphasized that having good skills in interpersonal relationships is an essential need among school nurses. This conclusion confirmed previous findings which stated that personal relationships are a significant factor for consideration in defining the role of school nurses (Hawkins, 1971).

Prioritization of Responsibilities

Providing health services and consultations were considered to be the most important responsibilities of the school nurse by most of the participants in the present study, a finding consistently supported in previously conducted studies. Fricke (1967) and White (1985) observed that physical care was viewed by most school nurses as an important function of school nurses. Some of the participants in the present study explained that this function was very important since it provided the basis from which others valued nurses for their work in schools. It would appear that even though the role of the school nurse has been expanded considerably since the 1920s, health services and consultations were still viewed as the cornerstone of school nursing practice.
Good relationships with school staff

Good relationships with students & parents

High visibility of school nurse to students & school staff

Appropriate caseload

Completion of the school nurse's responsibilities

Over caseload

Poor visibility of school nurse to students & school staff

Poor relationships with students & parents

Poor relationships with school staff

Legend:

+ = Supportive factors
- = Hindering factors

↑ = High completion
↓ = Low completion

Figure 11. Factors of support/hindrance in the completion of school nurse responsibilities.
Incongruity was found among the participants in the present study when describing their sense of their own potential. Three different perceptions were identified. The first viewed the potential role of the school nurse in relation to district needs and requirements. Some of the participants believed that their potential would be reached when they completed all tasks required by their districts or met all of the needs of the population of that district. Accordingly, this potential role is changed when a school nurse moves to a different district with differing requirements or needs.

The second perception was based on the professional orientation of the role of school nurses. From this aspect, participants perceived that their potential would be reached when they accomplished the responsibilities that they envisioned for school nurses.

The final aspect of the perceived potential of school nurses was based upon a philosophical orientation. Some of the participants believed that their potential would never be reached. It was elaborated that there was always room for improvement since the environment in which they worked was itself in constant flux. From this point of view, if nurses believed that their potentials had been reached and that their abilities had been maximized, then they would be unable to maintain pace with the needs of the populations they served.
From these findings, it may be speculated that there are at least two different frames of reference that school nurse use to define their role. School nurses who viewed their role based on the professional orientation described their potential in the context of completing professional tasks. On the other hand, the school nurses who based their role definition on social interactions viewed their potential in terms of meeting the needs and requirements of the district. These findings confirmed the concept previously noted that the role of school nurses cannot be understood from only a professional point of view. Social interactions and variations of the work setting must also be taken into consideration when defining the role of school nurses.

Role Identity in Relation to Health Services/Programs

Most of the participants in the present study were familiar with the term “School Health Services,” but not with “School Health Program.” This may have been because the document provided by the Department of Education for use as district guidelines mentions only health services. Therefore, health services have become a functional term that is commonly used by school nurses and other personnel.

Among the 15 participants, there were two distinctive perceptions of the role of school nurses with respect to school health services. The first group reported that “School Health Service” is how they would define their role, perceived as a part of their direct responsibilities. The
second group believed that health service was the responsibility of the school district as a whole, and not only of the school nurses. Most of the participants agreed that they did not perceive a substantial difference between the health program and health services. Some of the participants explained that the concept of a school health program is broader than the concept of school health services. The former consists of health services and other components, such as health education and fitness activities. Moreover, it was the perception of these participants that this approach would involve greater numbers of people such as teachers and other specialists.

Issues of concern regarding school nursing in Oregon

It would appear that the participating school nurses perceive problems related to poor role identity, poor visibility, and the fact of occupying non-mandated positions. Jointly, these three factors have contributed to uncertainty and insecurity among the school nurse population, especially at a time when educational budgets have been subject to substantial reductions. This was an issue of general concern expressed by most of the participants in the present study. Some nurses stated that their positions were secure since they had worked in their districts for long periods of time. However, they felt that the job market and as well as the job security of Oregon school nurses was threatened by the wave of budgetary reductions.
Recommendations

Based upon the findings of the present study, a number of study utilization and research recommendations are provided.

Study Utilization

1. Insofar as the present study demonstrates that interpersonal relationships are an essential part of the role of school nurse, continuing education or the curriculum for school nurses should require classes in this area.

2. It is recommended that continuing education for school nurses should also include a course on the concept and structure of the School Health Program which consists of health services, health education, and healthy school environment. This would offer school nurses a better understanding of the whole picture of school health. Thus, they could cooperate and function more effectively in the whole program. This may promote the school nurse to become a more active member of school communities.

3. Oregon School nurses should place more emphasis on marketing their works. A statewide campaign which focus on both individual and group effort on marketing the work of the school nurse is recommended.
4. According to the Oregon House Bill 3565 (The Oregon Educational Act for the 21st Century), health and social services provided at school sites are recommended to meet the comprehensive needs of students and their families. It is recommended that The Oregon School Nurse Association and The Oregon Board of Nursing use this house bill to support the legislation of state-mandated school nurse positions in the schools.

5. The school nurse should be considered as an active member of the school communities. This will promote communication and good relationships between school nurses and school personnel. Also, it will provide a chance for school personnel to understand the overall role of the school nurse and thus use nursing services more effectively.

Research Recommendations

1. A statewide survey of the perceptions of administrative staff, both at the state and district levels; school personnel; and parents regarding the school nurse's role and responsibilities is recommended. This survey will provide a guide to Oregon school nurses for their marketing campaign. It may also suggest ideas on how the nurses can improve their professional and working status.
2. Further study focusing upon the promotion of positive working relationship between school nurses and school personnel, students, and parents is recommended. To obtain comprehensive responses, it is suggested that data be collected from each of these groups.

3. An "easy to use" form for documenting the work of school nurses should be developed. Since the responsibilities of school nurses vary from one location to the next, it is also suggested that this form be adjustable in accordance with local usage. Therefore, a standard form to be used statewide or even nationwide may not serve a useful purpose.

4. Problems related to the delegation of nursing tasks to untrained personnel should be investigated by the Oregon Board of Nursing. This will help the Board improve its policy and guidance procedures, thus minimizing tension among nurses when providing this service.
REFERENCES


Woodfill, M. M. (1986). The role of the nurse in the school setting: A historical view as reflected in the literature from 1902 through 1982. *Dissertation Abstracts International* 47/05B.