

**SCHOOL HEALTH INSTITUTE:
100th YEAR POST ANNIVERSARY
SURVEY OF SCHOOL NURSES
REPORT**

JUNE, 2006

HYANNIS, MASSACHUSETTS

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September 4, 2007

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This survey was conducted by Dorothy M. Keeney, RN,BS,MA,; school nurse at the T.A. Edison Middle School, Boston, MA., now retired after 20 years of service in the Boston Public Schools.

1 INTRODUCTION

This concept of a survey of school nurses to examine current practices and changes in school nursing that have occurred over time was conceived as an outgrowth of the 100th year anniversary celebration in 2005 of Massachusetts School Nursing. The questionnaire that was developed was administered in June 2006 to school nurses attending the School Health Institute Conference at the Cape Codder Resort in Hyannis, Massachusetts. The completed report and questionnaires will be deposited in the Nursing Archives located in the Mugar Memorial Library at Boston University, Boston MA for further study and research.

Responses were obtained from 144 school nurses, representing the majority in attendance at the conference. Those responding were drawn not only from Boston, the state's largest city, but from fifteen other cities in Massachusetts and one hundred twenty-eight towns. One response came from a New York City private school nurse. Thirty five of the respondents chose to be anonymous and five gave their name but no address. There were no responses on four surveys. For a complete listing of the respondent's cities and towns, please see the Appendix.

Efforts were taken in the preparation of the questionnaire to eliminate preconceptions and biases favoring school nursing. An earlier survey posted in 2005 via the internet drew only 38 responses so it was decided to administer the survey to a live audience at a conference. We hope this survey report raises awareness about the practice of school nursing and highlights problem areas. Please note that sample sizes for each question differ, since it was not required for respondents to answer every question.

2 SUMMARY

Few would contest that school nurses have played a vital role in guarding the health of America's school children for over one hundred years. This survey examines some of the issues that school nurses have encountered along the way.

Experience

Questions 1-3 dealt with demographics. Length of employment among responding school nurses ranged from one hired in 1965 to one on a part time basis in 2006, 14 in 2000, and 10 each in 1996 and 2001. The vast majority reported being responsible for only one school although many previously cited having multiple school assignments in the past.

Treatments Given

In response to questions 4 and 5, school nurses reported the six most frequent diseases/conditions that they encountered were in descending order psychiatric

disorders, diabetes, communicable/contagious diseases, asthma, allergies and neurological disorders. Some 29% of the school nurses said that they still were administering immunizations to students and staff.

Responsibilities

Among tasks that respondents said they had in response to Question 6 were: covering multiple schools, giving meds, first aid, illness assessment, case management, following immunizations, doing mandated screenings, record keeping, being the health care expert/provider in the building, teaching health classes, working with pregnant teens, social service referrals, making home visits, and working with the doctor and dentist. The time honored procedure of throat cultures appear from the survey to be uncommon, but that has been replaced by the many complex treatments, including catherizations, nebulizer treatments, G tube feedings, tracheotomy care, ventilator care, suctioning, and monitoring diabetic pumps. In instances of multiple school assignments, nurses reported that the administration of medications sometimes was delegated to school assistants and secretaries. In summary, as one respondent cited, she "Maintained the health and well being of the students".

Routines

Question 7 asked about daily routines. School nurses having more than one school report being frequently called to their other schools for "emergencies", sometimes even daily. One nurse reported visiting each of her four schools every day. In-between sick call assessments and first aid, they conducted mandated screenings. With the availability of the longer acting drugs for attention deficit disorder (ADD), fewer medications are administered in the school setting. However respondents reported that with the increase in students with chronic diseases such as "Diabetes, insulin administration takes up their time and concentration". Computers today have entered the health office, and nurses are learning to use computerized health cards. With the advancement of medical technology, school nurses also said they were performing varied complex procedures such as those previously mentioned under Question 6. They also were asked to do non-medical duties such as selling breakfast and monitoring lunch.

Assistance from physicians

In response to Question 8, fifty-five percent of respondents said they were able to get a lunch break. Nurses also were queried in Question 9 whether physicians still visited schools. A majority, or about 54% of the respondents answered affirmatively, but 33% said a doctor visits the school only once a year. Doctors visit for such tasks as physical exams, screenings, scoliosis checks, and immunizations.

Interaction with parents

Question 10 asked nurses whether parents were generally home when they were called on the phone, or were both parents employed. Comments relayed that it was easier to contact parents now because of the availability of cell phones. However, there appear to be many more single parents now. Mothers were reported to be at home with younger children, but working as they got older. Sixty percent of parents generally were reported to be both working.

Salaries

Historically, school nurses salaries, as reported to in Question 11, during the period 1965-2006, ranged from a low of \$2,236 per year in 1965 to a starting part time salary of \$24,000 in 2006. The highest starting salary achieved among respondents was \$58,000 in 2003.

Historical Items

Question 12 asked if the respondents had items of historical interest to school nursing. A few responded yes, and they are being contacted to donate those effects.

Evolution of school nursing tasks.

Question 13-14 asked respondents to compare their early experiences to school nursing today, the direction in which they felt school nursing is going, and whether they receive support. The overwhelming response appeared that today more complicated health issues require school nurses to have more responsibilities for which they are not being reimbursed. The state Department of Health requires more monthly reports and surveys. One nurse summed it up by stating that “DPH does not seem to take into consideration that these added duties are not contractual.” Survey participants related that there is an increase in allergies and substance abuse, and a corresponding decrease in the communicable disease rate in school children.

With regard to support issues, more than double the number of school nurses related that they received professional recognition and respect from school staff and were on a professional salary scale with teachers. Funding as a problem for the school nurse position was noted by three survey participants. Two survey participants could see themselves billing insurance companies (other than Medicaid) in the future. One respondent said “I find support but the majority of staff do not really know what I do, or just how busy I am”. Another noted that the increase in obesity signals “An alarming trend and the need for education and prevention efforts”. Respondents also called for a need for more mental health services for students in response to the increase in social problems and the general lack of stability in homes. One nurse noted that “School nurses are more involved in keeping kids connected to school...reaching out to community...more vocal and proactive in school and in community..I think we are moving forward.”.

Another nurse wrapped up all of her thoughts with this account: “School nursing has changed dramatically. School nurses are truly independent practitioners who need to be skilled practitioners, be independent thinkers and be able to collaborate with multiple individuals, all for the health and safety of children.”

Comments from nurses

In the section on Comments, survey participants relayed that the role of the lead nurse seems to be accepted and appreciated. Mentoring, orientation, and shadowing another nurse were suggested to improve the system.

One nurse reported the need to educate school administrators about the value of school nursing. Another survey participant responded that the responsibility of school nurses

has increased without a corresponding increase in staffing. School nurses said they have to deal with a huge number of complex medical issues daily. New nurses, they said, would benefit from an orientation to include an understanding of policy and procedures. Several comments were made about the lack of parental responsibility and parenting skills. Another respondent wrote of the increased need to teach self care and to work with multiple agencies. There was one respondent with an RN and an Associates Degree who reported that she did not feel the need to become certified by the Massachusetts Department of Education in order to maintain her position.

3. RECOMMENDATIONS

In my opinion, the single most important recommendation to address the issues of professional recognition, respect, greater level of nurse satisfaction, and pay equity, that remain central to school nursing today, is to pursue evidence based data research on school nurse interventions.

One of the problems related by school nurses was administrators not really knowing what they do and how busy school nurses are. Looking at the correlation between what school nurses do and improved student outcomes should improve the nurses' positions. Demonstrating the relationship between their presence within the school setting, or in other words, the presence of nurses in schools, and their effect on positive student outcomes, should be the goal of these evidence based research projects.

The goal could be measured in several ways. School nurses could become more instrumental in combating childhood obesity through their work and knowledge with BMI's (body mass index), nutrition guidelines, and exercise programs. Smoking cessation programs for students and staff, the effects on teenage high risk behaviors, and wellness participation programs for staff, are but a few of the ways in which school nurses could demonstrate their effectiveness. The Massachusetts School Nurse Research Network (MSNRN) is a new organization that can assist school nurses with these projects.

Salaries for school nurses in some parts of Massachusetts are not on parity with teachers' compensations. This is typified by the starting salary statistic for one school nurse in 2003 of \$21,000. Nurses should get involved in their contract negotiations. The National Association of School Nurses (NASN) has publications containing guidelines on conversing with local school boards on this issue. The important point is that nurses should go armed with research on what they do and have data on positive effects on student outcomes.

Many school nurses are still giving immunizations as a valuable service to parents and a convenience for staff. This practice helps to prevent student absenteeism and their missing important learning time. However, are health care providers aware of this benefit? Would they be willing to pay the school system for this type of collaboration?

In the same manner, would health care providers be willing to contribute to school nurses salaries if such work with students with chronic medical conditions and/or administering involved procedures, including catherizations, nebulizer treatments, G tube feedings, tracheotomy care, ventilator care, suctioning, and monitoring diabetic pumps were recognized? Billing for school nursing was mentioned by two respondents

as a way to receive reimbursement. Note that Medicaid currently pays school systems and cities for some school nursing services, but private health care providers do not pay. School systems should not have to assume this entire burden of student and staff care provided by nurses.

A surprise for this researcher was that the respondents made no reference to uninsured children, a vulnerable population. Perhaps, doctor visits often are for them, though this reason was not cited.

Not surprising were the conditions most frequently encountered by nurses, namely neurological disorders, psychiatric disorders, diabetes, communicable /contagious diseases, asthma and allergies. These correlate with the increase in chronic disease in schools. Also of interest were the requests by school nurses for more mental health services for students, and professional development information about the most up-to-date medical technology. This finding highlights a major challenge for nurses to maintain their skill levels and techniques for procedures that they do not perform on a regular basis.

The role of lead nurses seems to be appreciated and accepted. Mentoring, providing orientation, and shadowing another nurse were suggested by some respondents as ways to assist new school nurses. Which authority, however, would pay for this assistance? Perhaps, the lead nurse could become more involved in these activities or in negotiating payment for these activities, but this was not mentioned by survey respondents.

The role that Northeastern University's School Health Institute has played in orienting new school nurses and presenting up-to-date professional development was applauded by several of the respondents. It should continue with this model.

Many nurses in Question 8 reported that they are not getting a lunch break. As a suggestion, nurses should consider sending a letter out to staff several times a year outlining under what circumstances a student can be sent to the nurse. This might cut down on the traffic and allow for a lunch break.

A healthy school work environment is good for both students and staff. It reduces staff "burnout" and increases professional satisfaction. "You need to educate school administrators on the value of school nurses", one respondent related. One study cited that "meeting healthy work environment standards, especially with regard to communication and collaboration, is related to increased patient safety and improved patient outcomes." (Steefel) Though this study was done in a hospital setting, it is still transferable to a school environment. Better patient outcomes can be correlated to better student outcomes. In order to limit turnover in school nursing positions, school administrators should include school nurses in effective decision making, and recognize their contributions and leadership.

Nurses reported that they were more involved in keeping kids connected to school, being more vocal and proactive in school and in the community. Studies have shown that these relationships benefit adolescents and tend to contribute significantly to student success. (Libbey). This kind of school nursing practice should be part of every nurse's school health program.

A surprise to this investigator was that there was no mention by respondents of an increase in violence in schools. Only one respondent reported that a student needed to be restrained. No one mentioned situations where students carried weapons to school, an event to which this author is all too familiar. Perhaps, this omission relates to the fact that the survey did not require nurses to give the school level where they worked. These situations may not occur frequently in elementary schools.

Finally, this researcher suggests conducting a similar but retooled questionnaire periodically as a means of monitoring developing changes in school nursing. Conducting the survey at conferences or conventions might seem to be a better means of generating responses.

4 SURVEY RESULTS

The respondents were advised if there are some questions that did not apply to them to just skip them and go on to the next one. That accounts for the difference in the response rate to various questions.

For a complete list of the cities/towns where the respondents came from, please go to the Appendix. The following is a breakdown of how the surveys were received:

<u>Name and address</u>	104
<u>Anonymous</u>	35
<u>Name but no address</u>	5
Total number of respondents =144	
<u>No responses on survey</u>	4

1. When did you start working as a school nurse?

Total Responses 141 out of 144= a 98% return.

1 invalid response

For a complete detailed response see Appendix !

See Figure I

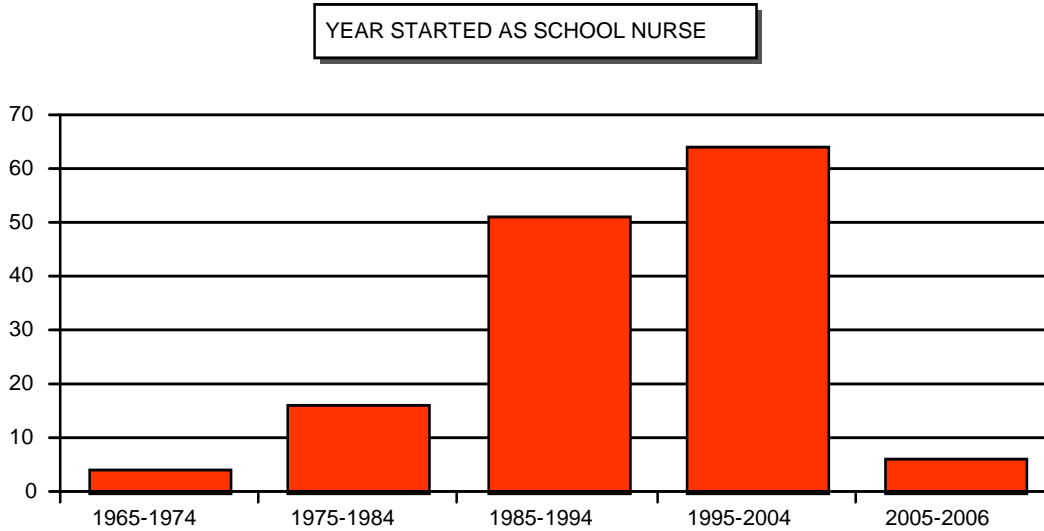


Figure I

The respondents started working as school nurses from one in 1965 to one in 2006, with ten in 1996, fourteen in 2000, and ten in 2001.

2. How many schools did you have or do you have now?

Total Responses 137 out of 144, 95% return.

For a complete detailed response see the Appendix

See **Figure II**

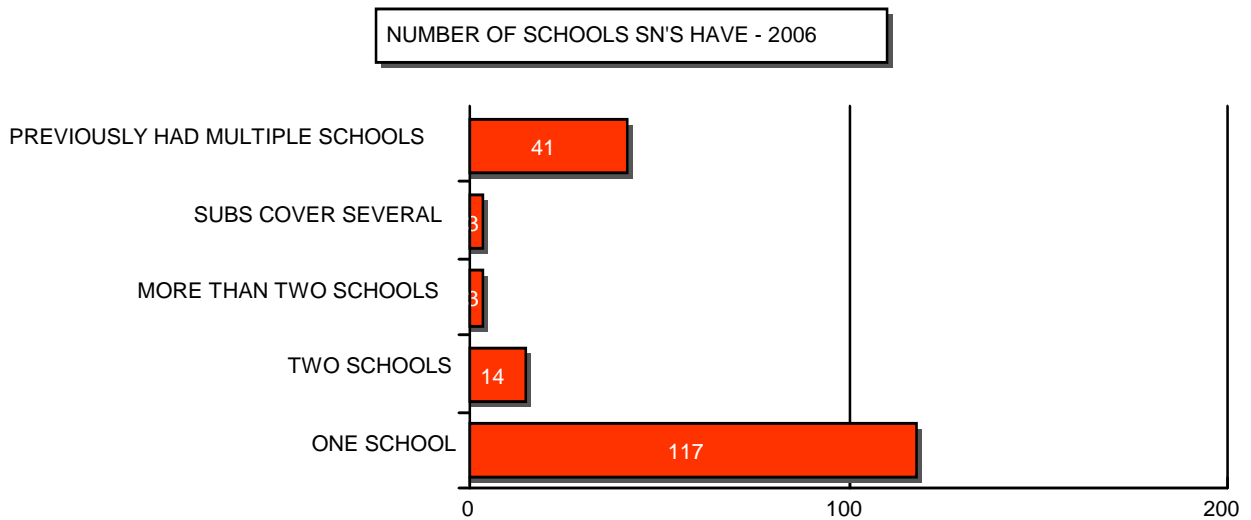


Figure II

The vast majority of school nurses currently have one school, though many previously had multiple schools.

3. How often did you visit them at that time and now?

Total Responses 88 out of 144, 61% return.

Responses 63 Now full time at one school; Response -1 On call to another school

Responses 28 Visit each school every day.

Responses 27 Split days a week at each school

Response -1 Visited school once every two weeks

4. What were the diseases, conditions that you encountered?

Total Responses 115 out of 144, 80% return.

For a complete listing of all the diseases, conditions please see the Appendix.

See Figure III

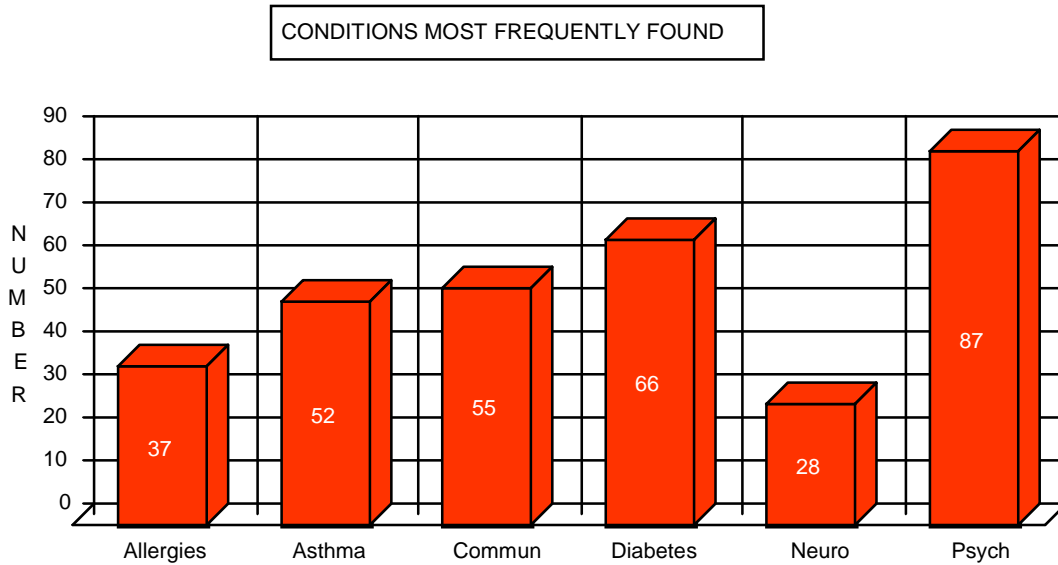


Figure III

The school nurses reported the six most frequent diseases conditions they encountered were psychiatric disorders, diabetes, communicable/contagious diseases, asthma, allergies and neurological disorders.

5. Did you give any immunizations?

Total Responses 138 out of 144, 96% return.

Responses YES 80, Responses NO 58

Flu vaccine, Hepatitis B , MMR., plant ppd.DPt, polio, MMR, varivax, mantoux, Hib

Responses -2 Flu vaccine to teachers, staff

Do you give any now?

Responses YES 40

Responses NO 98

See Figure IV

If yes, what?

Students: Flu, Td, TDap, MMR, ppd, HepB, Meningitis

Hep B, flu and allergy shots to staff

Response 1 -Brings in VNA to give all vaccines.

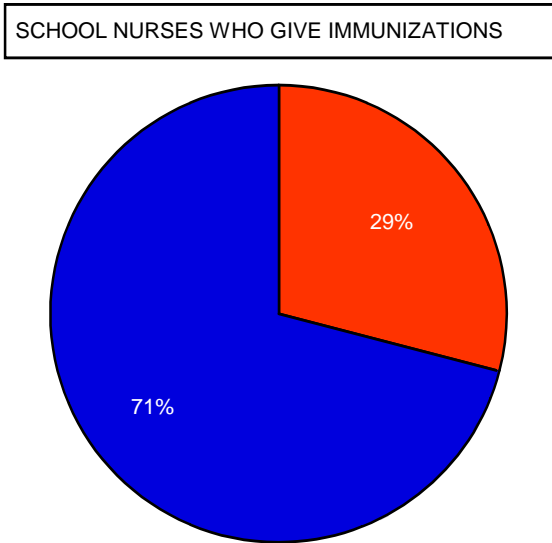


Figure IV

With regards to giving immunization, 29% of respondents reported that they were, and 71% reported that they were not giving immunizations.

6. What were your responsibilities?

Total Responses 111 out of 144, 77% return.

Please see the Appendix for a full tabulation of responses

The chart was developed by the number of times respondents commented on subjects that were similar in content.

A nurse with four schools reported that she assisted the school doctor with physicals, keeping tallies on all students who needed immunizations; the secretaries took care of meds and band aids.

One participant said "I worked to make the school safe and promote the well being of the students and staff."

See Figure V

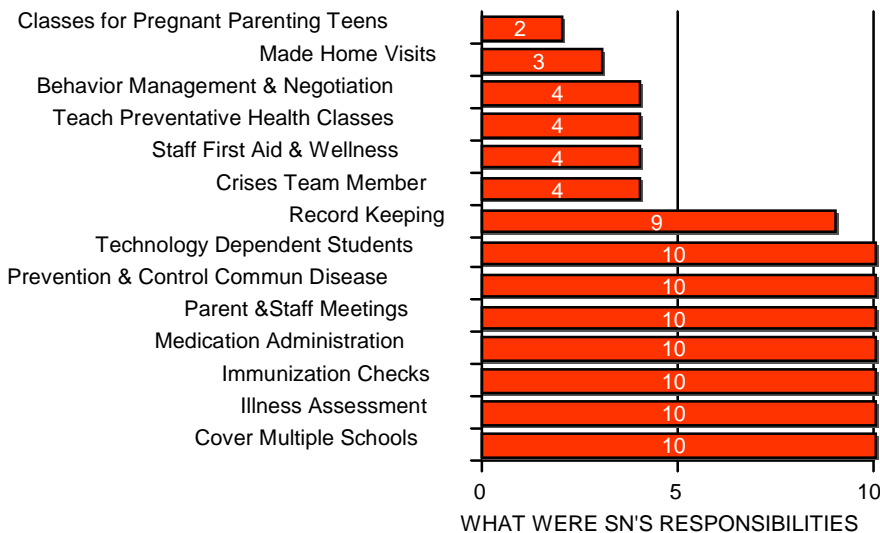


Figure V

7. What was your daily routine?

Total Responses 99 out of 144, 69% return.

For a full list of responses, please see the Appendix.

The chart was developed by the number of times respondents commented on various subjects.

Monitoring students with chronic diseases and who are technology dependent rated a number 7 on the chart. Covering multiple schools came out as number 11. One respondent said that “She rushed back and forth between schools, staying late, arriving early to complete paperwork, surveys, etc. We enter data in SNAP program as of May 2002”.

See Figure VI

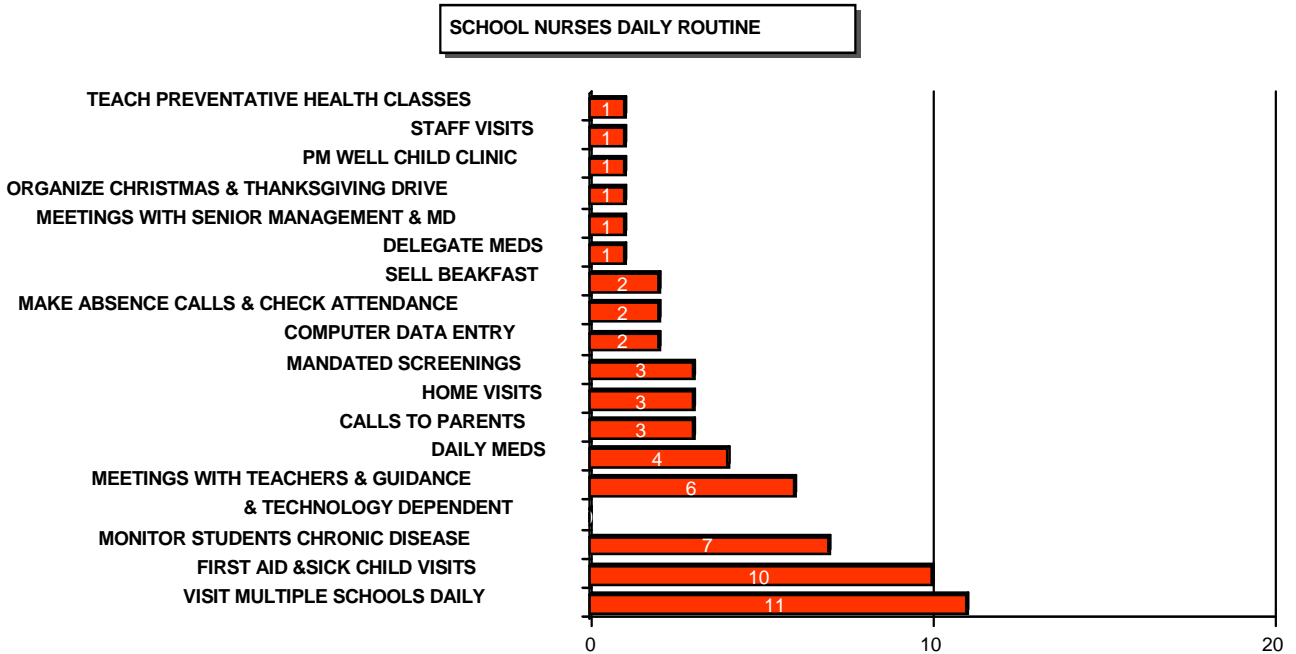


Figure V

8. Were you able to get a lunch break?

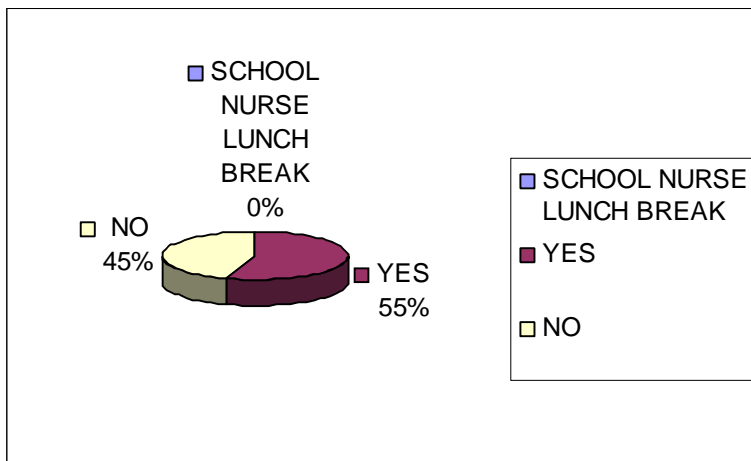
Total Responses 131 out of 144, 91% return.

Responses **YES** -72

Responses 2 One half hour included in contract but I have to be on premises.

Responses **NO LUNCH BREAK** - 59 **See Figure VII**

Fifty-five percent of respondents were able to get a lunch break.



9. Did a doctor visit the school?

Total Responses -136 out of 144, 91% response

Responses YES -78

Responses NO -61

If yes, how often?

Generally the doctor comes for physical exams, screenings, scoliosis checks, and immunizations.

See Figure VIII

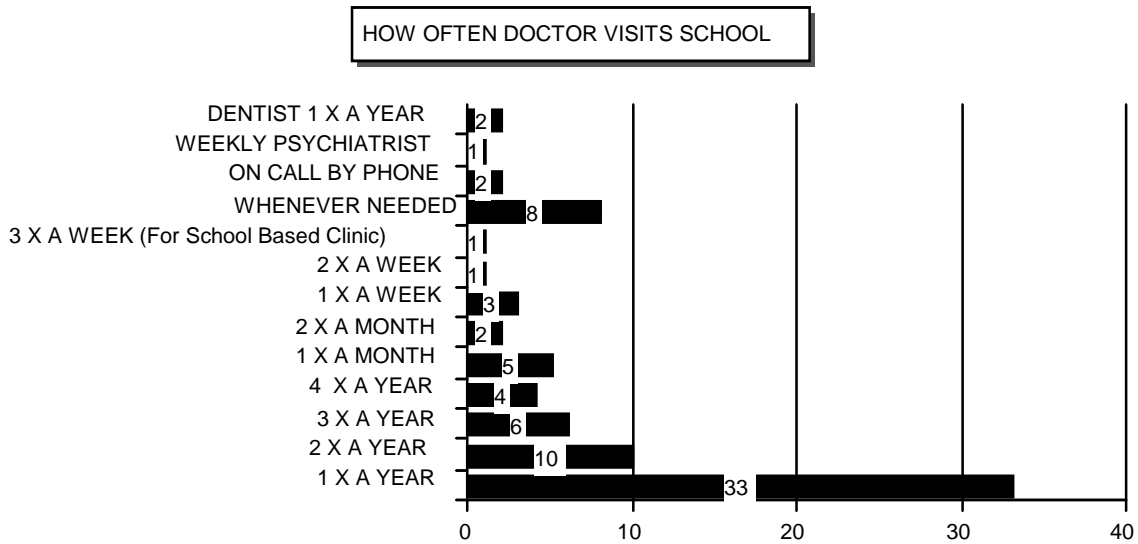


FIGURE VIII

Does A Doctor Visit Your School Now ?

NO -Responses 4

Final Tally Doctor visits school: Yes 71, No 61

See Figure IX

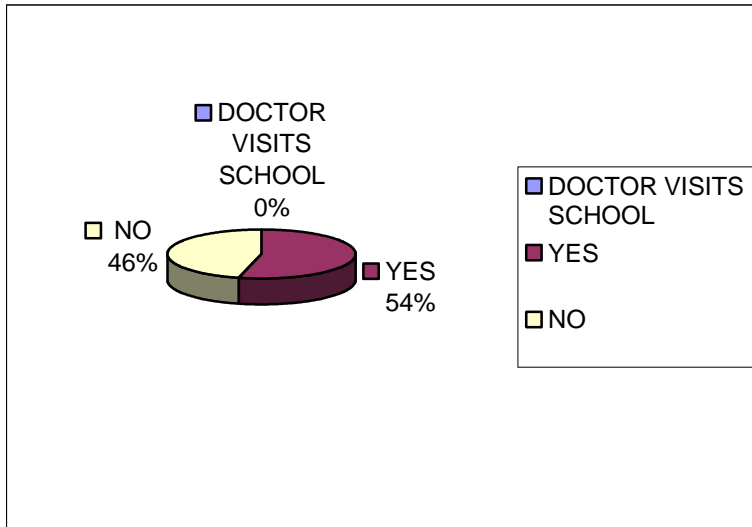


Figure IX

10. When you called a parent, was the parent generally at home, or did both parents work?

Total Responses 128 out of 144, 89 % return.

Response YES -78

Usually both at work.

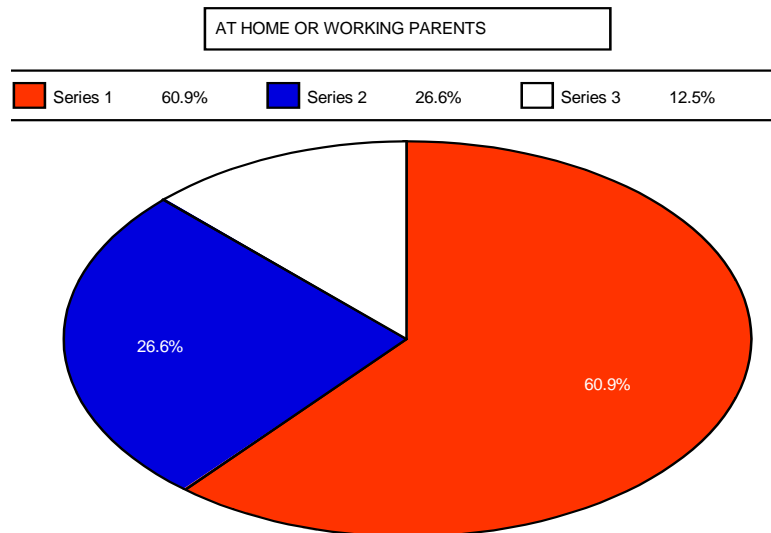
Many more single parents, now generally everyone is out of the home.

Response Half at home, half at work. - 34.

Response At home in earlier years. - 16

Over 60% of the parents were usually both at work, 26% were half at home and half at work, and 12% were at home during the child's early school years.

See Figure X



11. Do you recall what your first salary was?

Total Responses - 111 out of 144, 77 % return.

Unclear responses -3, No year given -4

Response NO -18; Response YES - 69

For a full report, please see the Appendix.

See Table I

RANGE OF SCHOOL NURSE STARTING SALARIES 1965-2006

1965-1975	\$2,236-\$7,500
1976-1985	\$4,368-\$22,000
1986-1995	\$7280-\$36,000
1996-2005	\$8,450-\$58,000
2006	\$24,000 (part time)

Table I

12. Do you have any pictures or documents relating to school nurse history?

Total Responses -97 out of 144, 67 % return

Response **YES** -10 Responses **NO** -87

There is a follow-up in process of all “yes” replies.

13. How would you compare your early experiences to school nursing today? In what direction do you see school nursing as going?

Total Responses -98 out of 144, 68 % return

For a complete list of all the responses please see the Appendix.

The chart was developed by the number of times respondents commented on various subjects.

One school nurse stated:

”School nursing has changed dramatically. School nurses are truly independent practitioners who need to be skilled practitioners, be independent thinkers and be able to collaborate with multiple individuals, all for the health and safety of children. “

See **Figure XI**

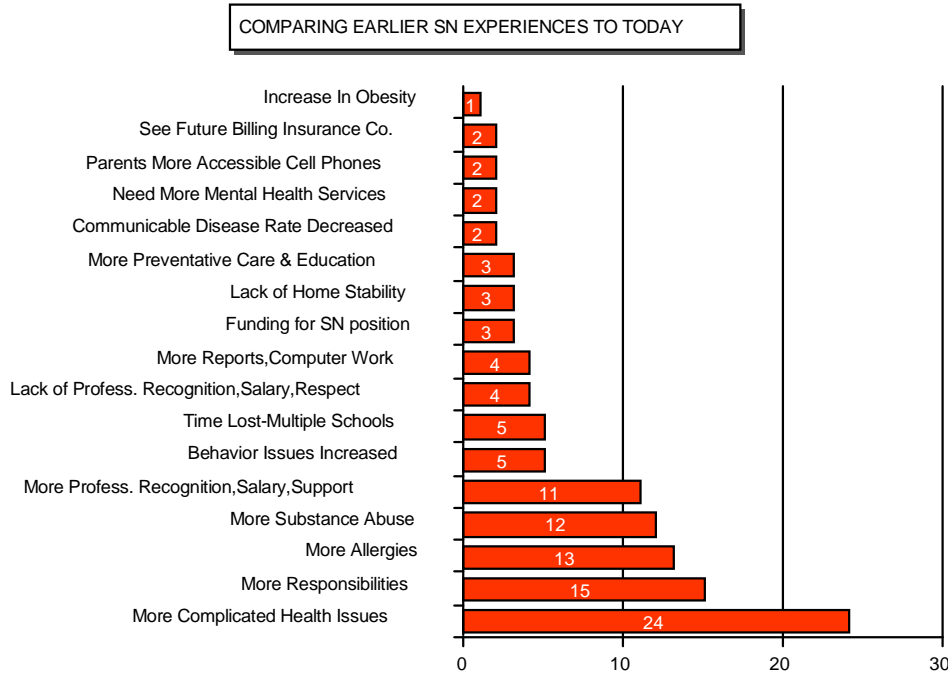


Figure XI

14: If you are new to school nursing, what has it been like for you? Do you receive a lot of support?

Total Responses - 45 out of 144, 31% return.

For a detailed report, please see the Appendix.

The chart was developed by the number of times respondents commented on various subjects.

See **Figure XII**

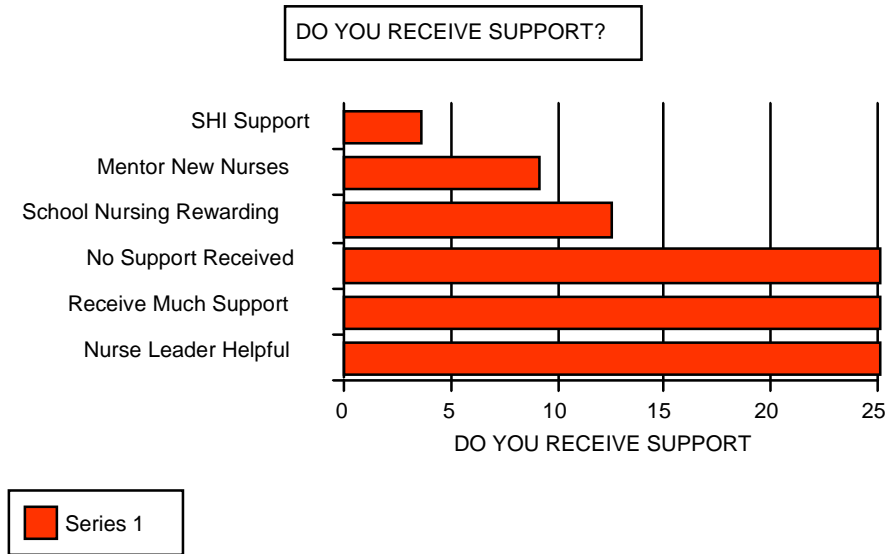


Figure XII

One respondent reported that she was impressed that the School Health Institute provided so much education and support for school nurses. She said her first year was very hard because she was not informed about licensure or trained on the computer. She received support from the other school nurses in her district, but not from her nurse leader. Every day was a learning experience for her.

COMMENTS

Total Responses 17 out of 144, 12% return.

For a detailed report, please see the Appendix.

There was one respondent with an RN and an AD Degree who reported that she didn't feel she needed to become certified by the DOE to maintain her position. Another reported the need to educate school administrators about the value of school nursing. When asked for comments, one survey participant responded that the responsibility of school nurses has increased without a corresponding increase in staffing. School nurses have to deal with a huge number of complex medical issues daily. For new nurses, they said there should be an orientation to include an understanding of policy and procedures. Also, mentoring and shadowing another nurse for a few days would be helpful. Several comments were made about the lack of parental responsibility and parenting skills. Another respondent wrote of the increased need to teach self care and to work with multiple agencies.

5 APPENDIX

Demographics

Responses received from school nurses working or residing in the following areas:

Adams	1	Byer	1
Attleboro	1	Centerville	2
Ayer	1	Chelmsford	1
Baldwinville	1	Cheshire	2
Belmont	1	Dighton	1
Boston	5	East Sandwich	4

Falmouth	3	Osterville	1
Fitchburg	3	Peabody	1
Foxborough	4	Pittsfield	2
Gardner	1	Quincy	3
Grafton	1	Revere	1
Great Barrington	1	Sandwich	2
Haverill	2	Savoy	1
Holden	1	Sheffield	1
Holyoke	1	Shrewsbury	4
Hull	1	Somerset	4
Hyannis	2	South Grafton	1
Lunenburg	2	Southampton	1
Malden	3	Spencer	1
Marion	1	Stow	3
Marstons Mills	1	Taunton	2
Medford	2	Teuksbury	1
Methuen	1	Townsend	1
Middleboro	1	Waltham	1
Millbury	1	Walpole	1
Nantucket	2	Wareham	1
Natick	1	West Springfield	1
North Adams	1	Westport	1
North Attleboro	7	Wilbraham	2
North Easton	1		
North Grafton	1	<u>Out of State</u>	
Norwell	1	New York City, New York	1
Orleans	1		

<u>Name and address</u>	104
<u>Anonymous</u>	35
<u>Name but no address</u>	5
<u>No responses on survey</u>	4

Total number of respondents =144

Question 1

When did you start working as a school nurse?

Total Responses 141 out of 144= a 98% return.

1 invalid response

For a complete detailed response see Appendix.

1965 -1	1969 -1	1972-1	1974 -1	1978 -1	1980 -1	1981-1		1982 -3
1983-3	1984-7	1985-2	1986 -7	1987-9	1988 -10		1989-3	1990 -4
1991- 3	1992- 2	1993 -4	1994-7	1995-3	1996 -8	1997-4	1998-4	1999-7
2000-14	2001-9	2002-5						
2003 -6	2004-4	2005-5	2006 -1	(Unclear response -1)				

Question 2

How many schools did you have or do you have now?

Responses 117 One school, Responses 14 Two schools, Responses 3 Have more than 2 schools now, Response 41 Previously had multiple schools, Response 3 Substitute at several schools.

Question 4**What were the diseases, conditions that you encountered?**

abuse- 2	unspecified communicable	aid" plus those listed
Allergies 37	/contagious diseases and	below.)
(This # includes all the	those listed below.)	burns 1
below allergies and	conjunctivitis-1	epitaxis, 1
unspecified allergies.)	Fifth's disease-2	eye injuries - 1
bee sting allergies 3	Hepatitis B -1	lacerations- 2
drug allergies 1	HIV/AIDS -5	minor injuries -1
food allergies 12	impetigo- 2	sprains-1
insect allergies 4	Lyme disease - 1	sun burn-1
latex allergies 1	measles 1	
peanut allergies 3	mononucleosis,	fibromyotosis- 1
	infectious -1	flu, 2
arthritis. 1	mumps 1	FOB 1
arthrogryposes, 1	pertussis, 3	fractures-9
asthma, 52	rubella 2	Fragile X syndrome- 2
	scabies 3	
Baclofen pumps, 1	shingles (herpes zoster)	GI distress-6
blood dyscrasia-1	-1	Goldenbar syndrome -1
bronchitis 1	streptococcal sore	
burns 1	throat-5	Hand, foot and mouth
Buerger's disease-1	tinea corporis (ringworm)	disease-1
	-2	head injuries 2
Cancer-7 (this # includes	tinea pedis (ringworm of	headaches-6
unspecified cancer and	the foot)-1	Hemophilia-5
those listed below.)	varicella -24	hypertension- 1
cancer death of child, 1	breakout varicella- 1	
		illnesses, minor -1
Hypogammaglobulinema -	Cornelia deLange	infant toddler program-1
1	Syndrome, 1	ITP -1
Cardiac disease 6 (this #	Crohn's disease-5	Juvenile rheumatoid
includes unspecified	croup -1	arthritis-1
cardiac disease and those	cultural differences-1	
listed below.)	cystic fibrosis-8	kidney disease-1
cardiac arrest in 10		kidney transplants -1
year old student 1	dental problems 1	
cardiac issues- 2,	diabetes - Type I & II -66	liver disorder -1
catherizations, 3	diabetic pumps -4	
celiac disease-1	Down's syndrome- 2	Marfan's syndrome 1
Central lines - 4		medications-1
cvc (central venous	ear infection-1	meningitis 1
catheters)-3	Eating disorders-4	mental health issues 10
picc line (peripherally	anorexia 1	(this # includes various
inserted central catheters)-	eczema -2	mental health issues plus
1	Eosinophilic Esophagitis-	those listed below).
cerebral palsy -14	1	anger management -2
Charge syndrome-1	Epipen use-4	anxiety -2
chronic illness 1	Eye disorders -3	migraines, 3
colitis 3	blindness -1	mitochondrial illness,1
colostomy, 1	legal blindness-2	Mobius syndrome, 1
Communicable		muscular dystrophy-3
/contagious diseases -55	first aid care, 13 (This #	Neurological Disorders 28
(this # includes	includes unspecified "first	

Epilepsy-4	various-3	Tourette's disorder-4
seizure disorders-24		tracheostomy tubes-2
nutritional health needs - 1	psychological-social	tube feedings -7
orthopedic injuries -1	issues -4	G tube feedings
Orthopedic problems -4	psychosomatic illnesses-1	(gastrostomy tube,) 6
hip dislocations -2		G-J tube feedings
osteomyelitis-1	Rhett's syndrome-2	(gastrostomy-jejunal
ostogeneses imperfecta-1		tube)-1
	scarlet fever, 1	tuberculosis-2
paraplegic-1	Sexually transmitted	
pediculosis -10	diseases (STD's) 2	URI-(upper respiratory
pneumonia-3	chlamydia-1	infection)-3
pneumothorax,	sickle cell disease, 1	UTI (urinary tract
spontaneous 1	sleep apnea,	infection)- 1
preventative care-1	social emotional	
psychiatric disorders -87	classrooms 1	Vader Syndrome-1
ADD-10	special education students	vagus nerve stimulator-1
ADHD-34	1	ventilators -1
Asperger's syndrome, 2	spina bifida-9	viruses -1
autism 13	sports injuries, 2	Von Willebrands disease-
behavioral disorders-2	Sticklers syndrome, 1	2
bipolar-9	substance use and abuse	
depression, 7	-2	wheelchair bound-1
mood disorders-1	syncope-1	WPW(Wolff-Parkinson-
obsessive compulsive		White) Syndrome- 1
disorder (OCD)- 1	tech ed injuries- 1	
pervasive developmental	teen pregnancy-3	
disorders PDD-7	tiredness, 1	

Question 6.

What were your responsibilities?

These are the responses. Some replies have been numbered because the idea or commentary was repeated by several respondents.

Responses -8 Medication administration, record keeping, illness assessment, colostomy dressings, standard nursing care and fluoride program.

Responses-2 In the health office, education of staff and students, assessment, heights and weights, filing, and documenting visits on computer.

Responses-4 Maintaining the health and well being of the students, and accountable to principal.

Responses-2 1986-Immunization checks, head lice checks, occasional outbreaks of communicable disease, computer records keeping.

Responses 4 Student and staff encounters, care plans, daily meds, mandated screenings as postural screenings, vision and hearing screening; flu clinic for staff, record keeping. Daily records on individual children, emergency first aide, splinting, bandaging,

Immunizations coordinator, recess and lunch duty, health teaching, fluoride program.

Training first responders; contacting parents, MD's, and specialists; running lunch groups.

Responses-2 Care of sick and injured children; monitor children with diabetes Type I along with cerebral palsy. Increase in mental health issues; participate at pre CHIN meetings.

Assigned to 3 elementary school at different locations - 1,500 students- called daily to respond to emergencies.

Thirty patients on meds; treatments, admissions, discharges, pre and post op care, and meal delivery. (SN in a hospital setting)

Health care expert/provider in building.

Parent education for pregnant/parenting teens

Department of Social Services referrals.

Dental exams with dentist.

A high percentage of my time is doing social work and working with DSS

Director of nurses for 25 nurses

Performing G/J feedings, changing G tubes, changing trach's, Catherizations

Responses- 2 Visited 3-5 schools daily with a health assistant in each office; case management. The health assistant gave meds.

Medication delegation when needed.

Responses-2 Did throat cultures.

Responses-2 Training staff about blood borne pathogens, update staff on CPR, Epipen and restraint training.

Responses-2 I made home visits for students.

Order supplies annually.

Responses-2 I teach classes monthly (health related subjects.), as an example, CPR and baby-sitting training for students.

School nurse is a member of the crises team.

Responses-3 I do the following treatments: catherizations, nebulizer treatment, CPT 02 saturation monitoring, G tube feedings, tracheostomy care, ventilator care, suctioning, and monitor diabetic pumps.

Originally, I covered an elementary school with 320 students as well as oversee the school system.

Responses-2 Behavioral management and negotiations.

I had three schools and one afternoon in the Health Department doing Mantoux tests.

I assisted the school doctor with physicals, keeping tallies on all students who needed immunizations; the secretaries took care of meds and band aids (nurse with 4 schools).

I worked to make the school safe and promote the well being of the students and staff.

I called "911" eight times.

Question 7.**What was your daily routine?**

Total Responses 99 out of 144, 69% return.

These are the responses. Some replies have been numbered because the idea or commentary was repeated by several respondents.

Responses-3 Call overs for “emergencies” from other schools almost daily.

Responses-3 Started day following up with events from previous day, first aid, sick child visits, lunch, sometimes meetings, finish up with record keeping, (ongoing).

Hearing and vision screening; postural screening, heights and weights; work from 7 to 3:00 pm.

One half day 2 days per week at 2 schools ; and half day one day a week at another school primarily paperwork; one half day 5 days a week at high school.

Worked 8-3; meetings with teachers and guidance.

Responses-2 Assess students, daily meds, and paperwork when able. Constant assessment and every day is different. Medication is the (only) routine. Monitor children at lunch.

Monitor students with chronic diseases; 2 nurses at all times in the office.

In at 8, pour meds for day, kids start coming in for first aid and sickness visits by 8:15, meds at 12 and 2; inhalers scheduled for before gym class. Collect and input attendance, make absence calls.

See 30 to 50 children and staff daily in office.

I visit schools every morning for one hour, home visits later in the morning; well child clinics in the afternoon (Public health nurse).

Meds took up a good 2 hours per day - now fewer meds but diabetes and insulin administration take time and concentration.

I worked closely with nurses, medical director, psychiatrist and senior management (DON)

Responses-2 Visited at least 3 health offices daily; involved child study meetings in each of the schools weekly; and home visits.

Visited each school every day.

When I started I had a one to one student on TPN on a central line. I was with him until 10:00 am and then returned to the office until the end of the day with hourly checks on the student.

I went to each elementary school (had 4) and tried to “catch up” on any problems regarding health status of the students.

Responses-3 In recent years there are more G tube feedings and meds, daily catherizations, wound care, trachs and students on vents.

I teach preventative health topics in classrooms.

From 8:45-3:15 I do health assessment and paperwork for 500 Kg students.

Responses -2 Rushing back and forth between school, staying late, arriving early to complete paperwork, surveys, etc. We enter data into SNAP program as of May, 2002.

Responses -2 Sell breakfast; check e-mails, telephone messages, start seeing students -50-80 students a day and 4 insulin pumps daily.

Prepare for an immunization clinic.

Organizing Christmas and Thanksgiving drives.

Complete HCP's, make calls to parents, (check) attendance, delegate meds.

As a substitute, I followed what the regular nurse did.

Question 9

Did a doctor visit the school?

Total Responses -136 out of 144, 91% response

Responses YES -78

Responses NO -61

If yes, how often?

Generally the doctor comes for physical exams, screenings, scoliosis checks, and immunizations.

1x a year- 33

2 x a year - 10

3 x a year - 6

4 x a year- 4

1 x a month -5

2 x a month -2

1 x a week -3

2 x a week -1

3 x a week -1 (for school based clinic)

whenever needed -7

on call by phone -1

Weekly psychiatrist -1

dentist 1 x a year - 2

Question 11

Do you recall what your first salary was?

Appendix IV

1965 \$86/wk

1969 \$115 /wk

1970 \$5.25/hr

1976 \$4.80/hr

1978 \$7,500

1980 \$6/hr

1982-\$16,000

1983 \$22,000

1984 -\$125/wk, \$4/hr \$8.15/hr

1985 15,000

1986; -\$8/hr \$13,520 \$12,000(2)

1987- \$30,000's; 21,000

1988- \$8,000 (2); 16,500; 20,000; 22,222;

\$25,000

1989 \$20,000

1990 - \$90/day

1991 \$20,000; 45,000

1992 - \$20,000

1993 -18,000; \$19,000; 36,000, \$23,000

1994 - 14,000; 27,000, \$16/hr

1995 - \$24,000; 25,000

1996 - \$18/hr

1997-\$26,000

1998 \$21,000

1999-\$20,000 (part time); 26,000 - \$30,000;-

2000-\$29,000; 30,000(2); 32,000

2001

2002 - \$27,000; 28,000; 38,000

2003-\$21,000; 33,000; 38,000; \$40,000;

58,000,

2004 \$41,500

2006 \$24,000 (part time)

Question 13.

How would you compare your early experiences to school nursing today?

In what direction do you see school nursing as going?

Total Responses -98 out of 144, 68% return

These are the responses. Some replies have been numbered because the idea or commentary was reported by several respondents.

I don't know that things have changed that much in 6 years, but I do see (like all of us) an alarming trend in obesity and the need for education/prevention efforts.

Response -2 I see a greater need for mental health services in the future; there are more psych issues and anxiety attacks.

Response -3 I see an increase in behavioral issues; now have students that occasionally need restraint.

Large amount of ADHD meds before extended release meds became available.

Responses- 3 We do a lot more paper work, reports, computer data entry, computer training; IEP's (Individual Education Plans) and Teams, 504 Plans, SST (Student Support Team) meetings, 51A's.

It is becoming more difficult and the DOE is not our professional advisor. Unfortunate the pendulum has swung too far. School nurses are now the end all in most schools. We not only deal with more complicated health issues but DPH continues to add more and more duties, paperwork surveys, etc. making the job extremely difficult at times. DPH does not seem to take into consideration that these added duties are not contractual.

There should be less technology and computer work; school health clinics, nurse practitioners should be in place.

Responses- 3 More responsibilities and not enough manpower! Funding is an issue. School nursing is going in a positive direction and there is so much to do.

I am the first person to see children. I was called "Doctor Bettie" by most of the school population. I wish I had the "quick strep" kit because my students are not seeing the MD. The first 6 years I subbed Grade 1-12, often had "nothing to do", I felt as though I was baby-sitting and doing first aid, saw 6-15 students every day.

Responses-4 1993 - too much time lost going between 3 schools, trying to cover everyone.

School nurses should be part of the administration. My school had used volunteers and random record maintenance, no full time nurse. Now we have complete health and immunization records consistent health maintenance and acute care referrals where necessary. First had total population of students 395, now 700. Seeing weekend illnesses and injuries.

Responses-4 There is a lack of professional recognition, professional salary and respect from the educational system (school committee).

Responses-12 More responsibility now than before - additional non medical duties as recess and lunch duty. Medical needs are more complex; more allergies especially to peanuts; hemophilia infusions now done at school; substance abuse, violence dating and domestic abuse. I think students see us as a "safe place".

Triage more reactive, on call for 4 locations; now more proactive, increased mandates; increased emergency preparedness; avian flu preparedness

Responses -2 We deal with more students with special adaptive needs, less individual time for needy students.

Responses -3 School nursing is expanding covering a wide variety of complex medical issues.

School nurses are more involved in keeping kids connected to school ; maintaining attendance; reaching out to community and identifying mental health concerns.

I see nurses as being more vocal and proactive in school and in community.

I feel I get more respect by staff and administration. I think we are moving forward.

There is more support, more continuity having a nurse leader in our district. Computer use has allowed better follow up of students as they complete their school years.

Years ago there were no epipens or food allergy issues, no AED's and no section 504.

Responses-2 Policies and procedures district wide have been positive for school nursing. Parents are relying on school taking care of all health teaching. Parents are shirking much of their parental responsibilities.

Responses -7 There are more students with ventilators, trachs, GI tubes; insulin pumps, children with IV's, catherizations, peak flow meters; monitoring and checking for drug and alcohol use.

A definite specialty and more recognized, not the Band-Aid Lady.

Responses-2 Everything has changed - the communicable disease rate in school has decreased; most physicals and immunizations are done by the primary provider. Trying to contact parents years ago was more difficult, since there were few answering machines and no cell phones.

Response -4 Now on teachers salary schedule, in teachers' retirement plan, more recognized not just for band aids. Salary scale needs to be increased. We need to attract more school nurses.

A lot of support from administrators.

Responses-5 Now we are getting recognized more as a professional.

Today I am more a patient advocate. I need to encourage parents to follow up on health issues. I need to follow up on students and more 51A's are filed. There is an increase with social problems and lack of stability (in the home).

We are surrogate parents/home to most children.

Responses-2 We are doing more counseling and referrals to agencies than ever before for families and staff.

Responses -2 I expect to be billing insurance companies for services.

Schools are using nurses to teach more and more health classes.
School nursing is more preventative care, act more like the clinics.

School nursing has changed dramatically from band aids and first aid to planning, implementing health changes in coordination with parents and school officials. Sick children with multiple health needs attend school more. School nurses are truly independent practitioners who need to be skilled practitioners, be independent thinkers and be able to collaborate with multiple individuals, all for the health and safety of children.

Question 14:

If you are new to school nursing, what has it been like for you? Do you receive a lot of support?

Total Responses - 45 out of 144, 31% return.

These are the responses. Some replies have been numbered because the idea or commentary was repeated by several respondents.

Responses-2 I find support but majority of staff do not **really** know what I do, or just how busy I am.

Responses-2 Mentoring has been very helpful.
I try to mentor the subs so that they stay. I mentor nursing students in a BS program.

I could use some extra help, especially with paperwork.
I am not new to school nursing, but feel that there is support only when needed or if it comes from DPH to DOE or Administration (school).

Responses-10 I receive wonderful support from the nurse leader and all the school nurses in my district. They are a valuable resource.

I am very fortunate to be well supported, well integrated into the faculty. I am well compensated and find day school environment stimulating intellectually. (private school nurse)

I have a health tech providing invaluable service. A lot of support from administration.
This was my first year as a school nurse(part-time). it was a great experience. I worked with another very experienced nurse and she was extremely supportive, and knowledgeable.

Responses-7 The administrators support the school nurses. The teachers are great.

Some teachers call before they send down a student.

I am very new to school nursing. I have had 2 days of orientation and will start up in the fall. It is probably to early to tell how much support I will receive. However all the staff so far have been wonderful.

Special Ed nursing was not as involved as today due to medical technology. DNR/Care comfort, major seizure disorders requiring diastat as an every day medication.

Responses- 2 I was pretty much on my own to start. My coworkers were helpful. I really didn't know exactly what I had to do. It was a learning experience.

I have really enjoyed school nursing.

Responses-4 I find it rewarding. It gives me satisfaction.

Overall it has been a positive experience due to the students and their needs. Support has fluctuated due to changes in leadership-nurse leader as well as school principal.

Responses-10 We have not received a lot of support.

The (school) setting can be isolating.
The most challenging position I have ever had.

I am impressed that the School Health Institute provides so much education and support to school nurses. My first year was very hard. I wasn't informed about licensure or trained on the computer. I got support from the other school nurses in my district, but not from my nurse leader. Every day was a learning experience.

COMMENTS

Total Responses 17 out of 144, 12% return.

These are the responses. Some replies have been numbered because the idea or commentary was reported by several respondents.

Just retired, after 22 years of school nursing, it is time to do other things.

I remember the "766" issue of the mid "70's", the educators and the medical folks sat on separate sides of the room. Each thought they should have "jurisdiction".

I feel a great deal of respect from the parents, and the kids are wonderful. There is an increasing need for teaching self care. Parents are more concerned with the basics of job, food and shelter. Parents are not interested in education, dental or health care consistently. They miss days of school, have tooth decay at a young age and there is no follow up with MD/HMO care.

With 35 years experience as an R.N. with an A.D. I do not think I need to become certified by the D.O.E.. to keep my position.

I love my job.

Response-2 Parents nowadays lack responsibility, lack parenting skills and communication (skills). I have had all ages and different schools, manager, written grants, loved it all.

Able to work with Health Ed Department in establishing AED's in every building.

You need to educate school administrators on the value of school nurses.

The budget does not allow for the myriad of "Public Health pilot programs" that could be done.

I feel grateful there are organizations such as School Health Institute that support school nurses and are trying to bring about change and recognition for the field. However, in this day and age with cities and towns, state and federal governments cutting funding to schools, education administration look to nursing as where to cut before other ancillary services. I wonder if this will ever change.

I feel the responsibility of school nurses has increased without an increase in staffing. We have higher numbers of huge medical issues in the school without a nurse added; assess about 80 students every day.

I feel there should be an orientation for new school nurses where they are taught the policy and procedures, how to do the screenings, monthly reports and even shadow another school nurse for a couple of days.

The best nursing is done by nurses who share their expertise with each other.

A nurse who works for Home for Little Wanderers say that they are very much like the role of school nurses, except that many of their programs have children living there 24/7.

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