

# Educators' and Parents' Perception of What School Nurses Do: The Influence of School Nurse/Student Ratios

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## Abstract

The purpose of this qualitative study was to determine how ratios influenced relationships between school nurses and the educators and parents with whom they work; and how the relationships influenced the understanding and value of the school nurse. A purposeful sampling of 33 participants from four states (New Hampshire, Vermont, Michigan, and Utah) was included in the study. The results indicate both educators and parents perceived the primary role of the school nurse to be medication administration and first aid. The value and understanding of the role of the nurse was not based on the school nurse-to-student ratio. It was influenced by the quality of interactions with school nurses; and the extent to which the nurse was a member of the school team. School nurses must understand the culture of education in order to build professional relationships with administrators and be seen as valuable members of the school team.

## Keywords

school nurse knowledge/perceptions/self-efficacy, school nurse, ratios, school nurse characteristics, qualitative research

According to Paterson and Zderad's Humanistic Nursing Theory (2007), the defining event in nursing is the relationship between nurse and patient (Kleiman & Kleiman, 2005). Paterson and Zderad define the interaction between nurse and patient as a dialogue, with one important principle of the relationship being the interactions with the client for a designed purpose. Interactions, however, can be influenced by emotion, workload, and physical constraints (Kleiman & Kleiman, 2005). Building caring relationships is a key part of nursing, especially school nursing.

Unlike hospital nurses, school nurses often interact with the same population, over time encouraging a long-term relationship to be developed. It is these relationships that are central in providing high-quality nursing care. For example, a school nurse who has developed a relationship with the school principal will be consulted on a variety of issues and more likely to be retained, when school budgets are tight. On the other hand, if an administrator does not know the nurse because he or she is only in the school periodically or the nurse's office is hidden away from the main office and he or she does not make a point of being visible, the principal may not feel confident or think to approach the nurse for assistance and may be unsure of what the nurse could contribute. This could lead to the nurse's exclusion in pertinent health events and decreased funding when budgets are tight.

A recent study by the first author identified social and political factors that influenced school nurses staffing ratios (Maughan, 2009). An important determinant of adequate school nurse staffing was the level of others' understanding

of the unique responsibilities of the school nurse. When school personnel and parents did not understand the role of a school nurse, they were more likely to express lukewarm support for school nursing programs (Maughan, 2009). Understanding was linked to personal interactions and relationships with the school nurse.

These findings, however, were not the primary focus of the original study and little research on this subject could be found in the literature. Therefore, the purpose of this study was to determine how ratios influenced relationships between school nurses and the educators and parents with whom they work; and how the relationships influenced the understanding and value of the school nurse. The researchers specifically looked for differences related to high and low school nurse-to-student ratios. High school nurse-to-student ratios mean a large number of students overseen by one school nurse; low school nurse-to-student ratios mean fewer students overseen by one school nurse. This information may be helpful in planning campaigns and programs to promote adequate school nurse staffing, and orientations to assist school nurses in articulating and interacting with educators and parents.

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## Background

Historically, a perpetual lack of communication by school nurses with school personnel, including principals, teachers, secretaries, and other workers in the school, has led to inadequate interpersonal relationships, and a misunderstanding of the role of school nurses (Ruef, 1934; Woodfill, 1986).

Recently, Green and Reffel (2009) identified several areas where administrators did not understand the role of the school nurse. These areas included school nurses' direct care to students, school nurses' supervision of chronically ill students, school nurses' development of individual care plans, and school nurses' connection of children and their families to community health care providers. All four of these are important functions of a school nurse that need to be communicated and effectively demonstrated to school administrators. Although some educators in this 2009 study identified these responsibilities, many did not or made comments supporting the fact there is a misunderstanding of the role of the school nurse by school administrators. This misunderstanding may influence the value placed on the school nurse position and the likelihood for budgets to not include school nursing.

A similar knowledge deficit has also existed among parents. Researchers who have looked at parental support of school health services indicate a basic support for school nurses (Barnett, 1999; Cramer & Iverson, 1999; Loranger & Fox, 2003). Yet, parents may not understand the full range of what school nurses do (Barnett, 1999; Kirchofer, Telljohann, Price, Dake, & Ritchie, 2007). Kirchofer and colleagues found that most parents (71%) felt providing first aid was an "extremely important" role of the school nurse and it was therefore listed first in the list of "extremely important" school nurse activities developed by study subjects. Prevention of disease was fourth, with 41% of parents agreeing it was important and medication administration coming 12th (28%; Kirchofer et al., 2007). No analysis compared various groups based on the school nurse-to-student ratio.

School nurse-to-student ratios vary dramatically across the nation. In 2009, Vermont had the lowest school-nurse-to-student ratio (meaning more school nurses) of 1 school nurse for 311 students; Michigan had the highest ratio (1 nurse for 4,836 students; National Association of School Nurses [NASN], 2011). Only 13 states have ratios that fall within the national recommendation of 1 nurse for 750 students. When school nurses have higher ratios, they often cover multiple schools. Not being present in one school, and therefore less visible, is a workload issue that has been identified as a barrier to building fiduciary relationships (Kleiman & Kleiman, 2005). It may also be a factor in why educators and parents do not understand the role of the school nurse. The purpose of this study was to determine how ratios influenced relationships between school nurses and the educators and parents with whom they work; and how the relationships influenced the understanding and value of the school nurse. The research questions of the study were:

What do educators and parents believe is the role and value of school nurses? How do they obtain their information regarding the role of the school nurse?

Does the understanding of the roles of school nurses vary in areas with high ratio versus areas with low ratio of school nurses?

## Method

Participants for this descriptive, qualitative study were drawn from three different groups, school nurses, school educators, and parents of school children. After obtaining institutional review board's (IRB) approval, potential participants were identified through professional colleagues. Snowball sampling was then used to identify other potential participants. School nurses were defined as nurses who work in the school setting in the capacity of a school nurse by title. School educators were defined as principals, teachers, and other school personnel who work in the school setting. School nurses and school educators had to be currently employed for at least 6 months at the time of the interview, or been retired less than a year. This ensured participants were able to address current nursing and school concerns. Parents were defined as adults who have children presently attending a public school (grade K–12). Parents who would more likely have interaction with school nurses (due to their children having a chronic condition) were purposefully sampled, as were parents who may or may not have had interaction with the school nurse.

Participants (school nurses, educators, and parents) were selected from areas in the United States according to school nurse to pupil ratio. Vermont and New Hampshire were chosen because they have the lowest school nurse-to-pupil ratios (NASN, 2006, 2011) and were on the east coast. Michigan and Utah were selected because they have the highest school nurse-to-pupil ratios and represented two different geographic areas. The goal was to recruit three participants in each of the three categories (nine in total from each state). All participants approached by the research team agreed to participate and completed informed consent documentation. However, several parent participants in Vermont, when first approached by a colleague (before consent was obtained), declined participating, indicating they disagreed with how education was overseen in the state.

All interviews were conducted in English by telephone and recorded using a telerecording device. Field notes were taken during the interviews. Guides for the interviews were constructed using well-tested questions from past research study guides and following proven methods (Maughan & Taylor, 2007a; 2007b). The guides contain semistructured, open-ended questions. Examples of questions to parents and educators included soliciting descriptions of what school nurses did and the types of interactions the participants had with the school nurse. Questions to school nurses included requests to describe their main responsibilities, their perceptions

**Table 1.** Characteristics of States Identified in the Study (2008)

States	Number of Students Enrolled in Public School <sup>a</sup>	Ratio of School Nurses to Pupils <sup>b</sup>	Per Pupil Spending (2007–2008) <sup>a</sup>	Percentage of Students With Individualized Education Plans (IEP) <sup>a</sup>	Pupil to Teacher Ratio <sup>a</sup>	Percentage of Limited English Proficiency (LEP)/English Language Learner (ELL) Students <sup>a</sup>	Percentage of Students Eligible for Free/School Lunch <sup>a,c</sup>
Vermont	93,625	1:311	\$14300	13.99%	10.7	1.57%	21.8%
New Hampshire	197,934	1:500	\$11,619	15.23%	12.6	1.77%	14.6%
Utah	559,778	1:5882	\$5645	11.58%	21.33	7.9%	22.98%
Michigan	1,659,921	1:4204	\$10069	14.03%	17.5	3.67%	34.5%

<sup>a</sup> National Center for Educational Statistics, n.d.

<sup>b</sup> NASN, 2011.

<sup>c</sup> U.S. Census Bureau, 2010.

regarding support of school nursing, and interactions they had with educators and parents. Participants were given the option of having a hard copy of the interview guide before the actual interview occurred. Email or other contact information was solicited from each participant so that the researcher could contact participants regarding questions arising from the interview, and to ensure correct representation and clarity of the data. Participants were offered the opportunity to review the transcripts to ensure accuracy and to clarify concepts.

Demographic data were analyzed for frequencies. Qualitative data were transcribed from recordings and content analysis was conducted to analyze the data. First, data from the transcripts were divided into small units, or codes, beginning with themes that were identified in the literature, and directly supported the aims of this study (such as role of school nurse, relationships, perceptions, and value of the school nurse). Using the method outlined by Miles and Huberman (1994), themes were not counted numerically, but rather gathered by commonalities. Data matrixes were utilized to compare themes between the three groups (school nurses, educators, and parents) and between areas of high and low school nurse-to-student ratios. Independent reviews of the data by the research team were then compared to ensure validity and accuracy of the results. These results were subsequently shared with experts in the field for an outside review. Field notes of the interviews, narratives, and logs were kept so that a chain of evidence was maintained.

## Results

Thirty-three educators, school nurses, and parents from Vermont, New Hampshire, Utah, and Michigan participated in this study: 12 school nurses, 11 parents, and 10 educators. (See Table 1 for more information regarding states used in the study.) Participants who were educators included teachers, principals, and district-level employees. Educators from elementary, middle, and high schools were represented. School nurses who participated had a variety of experience ranging from 1 year to over 30 years. Parent participants had various numbers of children of varying ages. Most had only

one or two children. Four educators and one parent were male; all other participants were female.

Several themes were identified from each participant group. These themes included: (a) the role of the school nurse as viewed by school nurses themselves (including job satisfaction) and compared to the views of educators and parents; and (b) the importance of interpersonal relationships in the understanding and valuing of the role of the school nurse. Direct quotes from participants included in the results were chosen because they are representative of the themes identified by the participants (See Table 2 for a summary).

## Role of the School Nurse

### School Nurses

School nurses, no matter the number of students they oversaw, described their general role as keeping children in school by keeping them healthy. They also included maintaining the safety and health of children and staff, and helping children overcome health barriers, as important responsibilities of school nurses. When asked how their general role differed or was the same from their everyday duties, all school nurses described more task-oriented activities such as screenings, immunizations, medication administration, writing care plans, and health teaching. School nurses in states with lower ratios (meaning more school nurses for students) described more actual hands-on activities such as medication administration, whereas school nurses from areas with higher ratios (meaning fewer school nurses for students) spoke more of administrative duties and training staff to do certain tasks. All nurses felt there were so many concerns that more school nurses were needed to address the issues. As one nurse noted, "*Pushing Band-Aids is such a waste of time*" when there are just so many other responsibilities of a school nurse. (See Table 3 for comparisons between lower ratio areas and higher ratio areas.)

Nurses described how their roles had changed over time. Nearly every school nurse described how children had more complex issues today. They felt the increased complexity was partially due to laws to include students, which put

**Table 2.** Representative Quotes: Comparing School Nurse, Educators' and Parents' Perspectives

	School Nurses' Perspective	Educators' Perspective	Parents' Perspective
Role of School Nurse	"Helping students to be . . . healthy so . . . they can be in school and be successful academically" [Also mentioned: administrative duties, immunizations, chronic disease management, safety, delegation, emergencies]	"First Aid and meds" [Also mentioned: injuries, CPR training, children with diabetes, vision screening, staff trainings]	"Band-Aids and Medications" [Also mentioned: immunizations, Help poorer children get clothes, Screenings]
Value of School Nurse	Varied: "If the building administrator is all for it, then you get a lot more support"	"I think it varies based on the quality of the professional that the educator has encountered."	"Most parents don't interact with the school nurse, but I am sure for the most part, the parents like the nurse and appreciate what she does for the school."
School Nurse compared to Hospital Nurse (school nurses not asked)		"I imagine most people view the school nurse is not as high paid or valuable as a nurse in a hospital."	"I have the layman's impression that you are not as skilled as a hospital nurse."

**Table 3.** Comparison of Responses by Ratio

	Lower Ratio Areas (More School Nurses)	Higher Ratio Areas (Fewer School Nurses)
Role of school nurse	<p>Nurse Responses:</p> <ul style="list-style-type: none"> <li>• More hands-on activities: medication administration</li> <li>• Working close with individuals &amp; families</li> <li>• More on tracking chronic disease outcomes</li> <li>• Tied more to schools</li> </ul> <p>Educator/Parents Responses:</p> <ul style="list-style-type: none"> <li>• First aid, Band-Aids</li> <li>• Medication administration</li> </ul> <p>Educators Responses:</p> <ul style="list-style-type: none"> <li>• Child advocacy</li> <li>• Staff issues</li> <li>• Chronic disease management</li> <li>• IEPs, 504s</li> </ul> <p>Parents Responses:</p> <ul style="list-style-type: none"> <li>• Crisis management</li> <li>• Vision screening</li> <li>• Immunizations</li> <li>• Health teaching</li> </ul>	<p>Nurse responses:</p> <ul style="list-style-type: none"> <li>• Training staff</li> <li>• Less on individual interactions, outcomes</li> <li>• Less job satisfaction—not making the difference they would like to</li> <li>• Camaraderie of other school nurses from other schools. Can leave school.</li> </ul> <p>Educator/Parents Responses:</p> <ul style="list-style-type: none"> <li>• First aid, Band-Aids</li> <li>• Medication administration</li> </ul> <p>Educators Responses:</p> <ul style="list-style-type: none"> <li>• CPR trainings</li> <li>• Child advocacy</li> <li>• Epi-pen training</li> </ul> <p>Parents Responses:</p> <ul style="list-style-type: none"> <li>• Crisis management</li> <li>• Vision screening</li> <li>• Immunizations</li> <li>• Health teaching</li> </ul>
Value and relationship with school nurse	<p>Parents/Educator Responses:</p> <ul style="list-style-type: none"> <li>• More interactions</li> <li>• Quality more important than quantity</li> <li>• Professionalism</li> </ul>	<p>Parents/Educator Responses:</p> <ul style="list-style-type: none"> <li>• Fewer interactions</li> <li>• Quality more important than quantity</li> <li>• Professionalism</li> </ul>

children who needed more medical and nursing procedures in the mainstream classroom. In addition, participants from both high and low ratio areas described how societal changes have increased the number of behavioral issues they observe. One nurse noted as more mothers were in the workforce, families relied on school nurses to have more of a role in their child's health. In addition, they mentioned how the significant changes in demographics of the population impact what school nurses do and the current health needs. "[One must] look at the complexity of ethnicity, refugees, socioeconomic, and transitory issues. There are **huge** needs."

As mentioned earlier, school nurses with lower ratios described more hands-on experiences and personal stories. This difference in depth of school nurse responsibilities not only differed with school nurses with higher ratios but also impacted job satisfaction. The contact they had with individual children and their families, they felt was very rewarding. School nurses with higher ratios reported having less job satisfaction, noting they did not feel they were making the difference they desired. These nurses did feel they were impacting students' lives: They would just like to be able to do more. School nurses with lower ratios described more

personal examples and experiences of impacting individual children and families. For example, nurses described working one-on-one with particular children to manage asthma or diabetes and help them gain medical access.

School nurses with higher ratios spoke more about camaraderie among fellow school nurses and others than school nurses with lower ratios who often were “tied” to one school or one campus. School nurses with higher ratios described the ability to leave their schools more often because schools knew the school nurse covered so many other schools. (Although many school nurses with lower ratios were part-time and so they were not necessarily in the school during all school hours either.) All school nurses felt a successful school nurse had to be self-driven and independent.

### Educators' Perceptions

The majority of educators, no matter what geographic region they were from, overwhelmingly cited the major role of school nurses was providing first aid and overseeing medication. Educators also recognized school nurses' role in achieving academic outcomes. These assertions were, healthy children learn better, school nurses can reduce absenteeism, and school nurses decrease time children spend out of the classroom. As the interviews progressed, educators often mentioned other responsibilities of the nurse including CPR training, proactive assistance to children, staff issues, chronic disease management, and epi-pen training. Some saw a broader role of the school nurse. One educator explained,

*[The school nurse is] really a health care professional who offers services to students and faculty. [The school nurse] disseminates information . . . provides direct services . . . manages 504 plans for students who have health related illnesses . . . [the school nurse] definitely is the go to person in the building for anything related to health and wellness.*

However, there were others who had different views:

*Unless you've got a large enough district where you have enough issues . . . whether it be emergency or, you know, I don't even know what type of preventative things [school nurses] would do other than participate in some of our health classes.*

An unexpected finding of the study was the responses regarding the school nurse's role were similar, no matter where the educator lived, worked, or the school nurse-to-student ratio. No major differences were found when comparing administrations' (principals, district employees) versus teachers' responses. The major factor that impacted educators' perceptions of school nurses was the quality of interaction with the school nurse. Educators from states with lower ratios tended to have more interactions with the school nurse. However, it was not the number of interactions, but the quality of those interactions that seemed to make the

difference. Those educators who saw the school nurse as an integral part of a team recognized the general role of school nurses to be ensuring the health and well-being of all school community members. For example, one principal commented, “*Honestly, [the school nurse] really is the person who, holy cow! She's really a health care professional who offers services to faculty . . . she just emailed me about air quality today.*”

Many educators, who had worked with several different school nurses over the years, identified professional behavior of the school nurses as a key influence of the view educators had of school nurses. “*I think it really is directly related to the quality of the school nurses.*” School nurses who were professional in their interactions, proactive and found ways to be valuable members of the team (instead of just perceived as automatically saying “no” or sitting in their offices) were well respected and valued by educators. Again, this was true no matter the ratio, geographic location, or educational setting (elementary or secondary schools) of the educators.

### Parents' Perceptions

Similar to what educators described, parents described the role of the school nurse as administering Band-Aids and medication. This did not seem to differ on the basis of geographic location or particular school nurse-to-student ratio. Parents also described the school nurse as someone who responded to a crisis, conducted vision screenings, oversaw immunizations, and did some health teaching.

Just as with educators, perceptions seemed to vary among parents depending upon the quality of interaction the parent had with the school nurse. This interaction did not always occur because of the needs of their own children, even if the child had a chronic condition. Many parents indicated they learned and saw what the school nurse “really could do” when they were volunteering in the school or in another capacity (like substitute teaching, parent volunteer, parent teachers' association [PTA] activities). Parents' comments regarding the school nurses were all positive. One parent did indicate when the school nurse had to be gone to a training, she (meaning the parent) stepped in and provided information needed regarding children with chronic conditions like her own child's.

### Value of School Nurses

Although the understanding of the role of the school nurse varied, all educators and parents felt school nurses were valued to some degree. Those who understood the role of school nurses indicated, “*[Children's] wellness and their well-being directly correspond with having a school nurse there, present.*” A parent supported this by saying, “*Whatever the case may be, I think it's vital . . . for all schools to have a school nurse.*”

Even if the role was not really understood, school nurses were still seen as valuable. A parent reflected, *"Most parents don't interact with the school nurse, but I am sure for the most part, the parents like the nurse and appreciate what she does for the school."* An educator commented, *"[school nurses] just do Band-Aids, and you know, maybe a soft-shoulder or something. But I just think that's where children [are] . . . if there's just another person to touch their life I don't think you can put a price on that."* Another educator stated having more nurses would be of value because it would take pressure off the secretarial and office staff who were currently overseeing any health-related issue.

Both parents and educators indicated budget constraints made it difficult and if the choice was a teacher or books and a school nurse, academics came first. Educators indicated this was just the reality of tight times. One parent saw this priority difference not just in hiring school nurses, but related to employment surroundings,

*I think we would have to make the school nurse job more appealing sounding. You know, it's kind of like being the lunch lady. You know, who wants to be the lunch lady? So, sometimes who wants to be the school nurse? Like today it's a hundred degrees out, and the school's nurse's office doesn't have air conditioning. And . . . she has medical supplies there and stuff. That's just . . . yuck. You have to make it more appealing, I think.*

School nurses were often compared to nurses who worked in the hospital. As one parent explained,

*I think that value is definitely placed more heavily on those within a hospital setting because . . . usually if you are in a hospital it's because of an urgent need . . . Whereas in a school setting it's more maybe routine type things, you know, a splinter, or health forms, vaccination forms, more administrative nursing, if you will.*

Some contradiction existed in some participants' statements. For example, another parent further commented,

*As far as a value placed on a school nurse, I don't really think of a hospital nurse and a school nurse as doing the same job. A school nurse is as valuable to a school as a hospital nurse is valuable to a hospital. Although if I were to think about that again, and you had only one nurse and she or he had to be made the most useful, I would put the nurse in the hospital, not the school.*

Another parent participant seemed to agree with this observation, *"I don't think that they are as respected as the ones that are in . . . the hospital,"* but then added, *"I don't think [school nurses] get the credit they deserve."*

School nurses were also asked from their perspectives if they thought educators and parents valued their role. Many felt some educators and parents did, others did not. One school nurse participant said, *"Every school is different, but*

*I think generally speaking, people really value school nurses."* They acknowledged, however, many did not understand what they did and so this decreased school nursing's value. School nurses also observe they had more interaction with some parents and educators than others and this made a difference. As one school nurse observed: *"If we want to be seen as an important part of the school community and a key piece of the students' success in school, we need to show how we do that."*

## School Nurse Training

Another theme that emerged from the majority of interviews was educators' and parents' lack of understanding regarding the training of a school nurse. Their comments regarding training were often interwoven with comments about the value of a school nurse. Some educators and parents felt that school nurses had more training in pediatrics and/or child development issues. The majority admitted, *" . . . I have no idea what kind of training they have."* Still others indicated school nurses did not need as much training as nurses who work in the hospital because hospital nurses deal with more urgent/acute issues. As one educator vocalized, *"I would think the really competent nurses, they wouldn't want to just be sitting around waiting for something to happen. They would want to be engaged [in the hospital]."*

## Discussion

The results of this study of the perceptions of school nurses, educators, and parents, identified several areas worthy of consideration. The first research question looked at the role of the school nurse. While all participants could articulate key responsibilities of school nurses, a lack of understanding by many, regarding the role, training, and value of school nurses, seems to exist. Part of the confusion seemed to be related to social, cultural, legislative, and economic factors, which have shifted the responsibilities of school nurses. Legislation such as *Individuals with Disabilities Education Improvement Act (IDEA, 2004)* has impacted the number of children with complex medical concerns attending school. In addition, a more culturally diverse population, along with parents working multiple jobs impacts the school nurses' ability to communicate with parents (Whitman, Davis, & Terry, 2010). Yet with the recent economic recession, children and their families may have lost employment and their health insurance. School nurses may be the only health provider a child sees (American Nurses Association [ANA] and NASN, 2005).

The second research question investigated if school nurse-to-student ratios impacted educators' and parents' understanding of the school nurse. The ratio of school nurse to students was not the greatest factor in understanding or valuing the role of a school nurse. An unexpected finding from this study was the importance of how relationships were

formed between educators and nurses. These relationships seemed to be based on two critical components: Professional interpersonal interactions and fitting into the school's team. Although there are obviously other courses of action which could be suggested to educate parents, students, and administrators, the purpose of this discussion is to see what nurses can proactively do to help improve the way they are perceived by educators to allow them to be more effective in a school setting.

## Professionalism

The quality of the relationship between school nurses and others, no matter the school nurse-to-student ratio was a key finding in the study, and differed from what was originally hypothesized by the researchers. It was not the number or frequency of interactions, but the quality of the interactions. For example, a positive interaction was described as the school nurse being professional in presenting ideas and being proactive to issues there were arising. A negative interaction was described as the nurse being unwilling to assist in needs identified by the principal without having a useful discussion explaining her reasons, or was unpleasant or unprofessional when interacting with others.

Professional interactions were the key factor in valuing and understanding the role of the school nurse for many of the parents and educators in the study. Grover (2005) indicated interpersonal skills are critical for improved relationships in the workplace. These skills are influenced by such factors as time, context, collegiality, cooperation, and reciprocity. For school educators in this study, professional behavior and interpersonal skills made a significant impact on how school nurses were perceived. Professionalism is critical in building relationships and giving credibility to the school nursing profession. How one responds to others also influences how they are perceived by others. School nurses who are too busy and say "no" to everything were not seen as professional or team players.

### *Being a Team Player*

A second key finding was that educators and parents valued and understood school nurses when they were seen as part of the school's team and were proactive in providing useful information (such as air quality control and recess). Part of developing an interpersonal relationship with school personnel includes understanding the organizational culture (team) of each school. Organizational culture refers to the climate and environment of an organization; the underlying assumptions, and unwritten rules of how things operate and what is valued (Shein, 2010). Researchers and educational leaders have focused on school culture for years and examined how it influences academic success, teacher productivity, and how schools navigate through education reform (Lindahl, 2006). Each school has its own culture, which influences everything that happens; how problems are solved, how

decisions are made, and the priorities and values of the school (Peterson & Deal, 2009).

An additional component of culture exists between the educational philosophy of teachers and nurses. Kaufman (1988) indicates that teachers see their profession as a craft, something that is learned from their own experience. This is why teachers often prefer working in their own classrooms, helping their students learn. Their reward comes from what they learn is effective. Nursing, on the other hand, is a clinical profession, whose reward comes from showing others their skills (Kaufman, 1988). The translation between these different philosophies can be misinterpreted by parties, creating tension or misunderstanding. Nurses who are working hard may think saying "no" is needed to help educators understand their role. On the other hand, educators see the response as an unwillingness to work with the critical issues at hand.

As many school nurses have limited training specific to the school setting and educational setting, they may be unaware of the cultural differences in community settings where the main focus is not health. They may speak with educators and parents, using common terminology but with the various sides interpreting the conversation completely differently. For example, a colleague was concerned about a student cutting her wrists and went to speak to the principal about it. However, only the term "cutting" was used and the principal assumed the concern was about cutting class. A communication gap existed. Many of the comments made by educators showed a disparity between the culture of education and nursing, which lead to misunderstandings regarding the role and value of school nurses. For example, comparing a school nurse with the lunch lady, where the link between health and education seemed to be missing.

## School Nurse Implications

Bernice Buresh and Suzanne Gordan (2006) have said, "An accurate picture of nursing will emerge only when nurses and their organizations tell . . . what they do and why it is so important" (p. 17). School nurses do this by being aware and understanding the culture of education.

Providing culturally competent care is not new to nursing and is a critical component to nursing care (American Association of Colleges of Nursing [AACN], 2008). School nurses may not realize the unique culture that exists in education and in their particular schools. It is critical they learn to assess and understand both levels of organizational culture. Textbooks from University education programs may provide a basic understanding of the goals and culture of the general educational system. School nurses could speak with educators and read material related to educational culture and its impact on achievement (Lindahl, 2006). Some states require additional school nurse certification that provides background regarding the educational system. State or regional trainings or conferences could also include information regarding the beliefs, values, and language of education. These trainings could provide

instruction on effective communication and other leadership skills that help new school nurses understand the culture of education. Orientation programs for new nurses have been found to be invaluable in the socialization process and job performance of the newly graduated nurses (Walsh, 2009). For many new school nurses, a similar socialization process and understanding occurs as they transition from a hospital setting. Communication and leadership skills also increase school nurse job satisfaction (Volkman & Hillemeier, 2008).

Once school nurses understand the basic culture of education, they must use the same cultural assessment skills used to understand other ethnicity groups to understand the organizational "culture(s)" of their particular school(s) (AACN, 2008). Lindahl (2006) identified several components of educational culture that could be assessed. These include communication and interaction between teachers' and principals, parent/community involvement, student behavioral values, academic priorities, behavioral norms student activities, and fundamental assumptions. Observations, as well as interviewing and interacting with the school community may assist a school nurse in understanding the school culture. Once school nurses learn the culture, priorities, and needs of the schools, they can better communicate how their nursing goals will reinforce the educational setting's priorities and concerns. They can also articulate their message using terms which educators understand: They can become part of the school team.

The H1N1 flu brought a practical opportunity for school nurses to be proactive and provide valuable resources to schools. The H1N1 flu worried many educators as they were unsure what they should do, how to prevent spread, and how to keep children in school and healthy, ready to learn. Additionally, educational administrators wanted to minimize their risk as well as their liability should an outbreak occur and they had not followed legally appropriate procedures. NASN provided many of the resources school nurses needed to be leaders and H1N1 experts in their school communities. For many nurses, this meant becoming the experts in school emergency planning providing key information on the flu, and providing the vaccination. Nurses often had to reprioritize other events that happen in autumn, such as vision screening, but the benefits were forthcoming. For example, one nurse took the initiative and provided the school with information and a plan. The principal was able to become better acquainted with her and her expertise; she was then asked to be on the school's administrative council (S. Steven, personal communication, June 2009). Here she will be able to continue to show her knowledge and demonstrate her value to the school. It all began because she understood the school's concern and addressed it professionally.

Another component of professional, culturally sensitive nursing care is being aware of how one's own actions and words are interpreted by others. School nurses must realize how they are perceived by parents and educators. They must

be cognizant of the words they use, how they are understood, and their nonverbal cues. Educators had a negative perception of school nurses when the nurse indicated they would not do something. Yet, school nurses may not have realized this. McConnell (2004) suggested utilizing feedback loops or even including comments regarding interpersonal communication as part of a yearly job review, not to punish an individual, but only to assist the improvement process.

## Limitations

Several limitations existed for this study. Few representatives participated from each group and only four states were sampled. Several potential participants initially refused to be interviewed due to their disenchantment with the education system. Their insights would have been informative. Although saturation was reached, the observations of these participants may not reflect the perceptions and opinions of all parents and educators. In addition, although the majority of school nurses are women, male nurse perspectives as well, as more male parent perspectives would have been beneficial. A more diverse population (race/ethnicity) may have brought further themes and ideas. Unsuccessful attempts were made to include more diversity; although the states represented do not have the same level of diversity as other states in the United States. (The national average of White/Caucasian was 79.6%. Michigan has an 81% White population, New Hampshire 95.3%, Utah 92.7%, and Vermont 96.2% (U.S. Census Bureau, 2009). Further studies using national sampling from more communities would help to test the observations from this study.

## Conclusion

Just as Paterson and Zderad (2007) indicated in their Humanistic Nursing Theory, the dialogue between school nurses and educators is critical. Educators valued and understood the role of the school nurse when they had professional interactions with the nurse. School nurses must understand the organizational culture of education and the culture of their particular schools so that they can better articulate their role and how it fits into the goals of the school. Building fiduciary relationships with educators and parents, so that trust and understanding can occur, is essential to school nurses' successful integration to the school team.

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