How do School Nurses Define and Document the Health Counseling Component of the School Nurse Role?

by

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CHAPTER I

INTRODUCTION

Introduction to the Problem

School districts are facing an economic crisis due to recent budget cuts. This crisis is forcing the districts to re-evaluate the cost-effectiveness of ancillary services provided by the school. Many of these services are being cut drastically, and the need to prioritize them has become a matter of survival for the school districts.

Health services provided by school nurses are not always considered a high priority, as the benefits of health services may not be as visible as other services. Boards of education often have difficulty supporting the appropriation of funds for health services if they do not see a direct relationship to the education of students. Many educators argue that the school is not the appropriate place for delivery of health care service to children. There is a common belief that most children are essentially healthy and that the responsiblity of health care should lie with the parents. Many of the state mandated screening services can be contracted from outside of the school which many feel eliminates the need for school nurses. Due to these factors, the future of school nursing tends to look bleak.

There are two reasons why the school nurse's position is being challenged. The role of the school nurse has not been clearly defined. School nurses cannot agree among themselves what their role is. Therefore, consumers of their services are often uncertain of what the school nurse does offer. Also, school nurses lack documentation of the services they provide. Without documentation of the service and its outcome, school nurses lack objective evidence of the value of their

services. There is a critical need for school nurses to define and document those services they provide.

The school nurse role is difficult to define because the role varies with each nurse and school assignment. Yet, there are some commonalities in the services they provide. Schools are required by law to conduct vision, hearing, and scoliosis screening as well as to ensure that students' immunizations are up to date. The school nurse assumes the responsibility of screening when working in the school. Child Health Disability Prevention (CHDP) developmental screening is required of all first graders and is sometimes a service provided by the school nurse, if qualified. The nurse is responsible not only for meeting state requirements but meeting the health care needs of the population which includes emergency care, health assessment, and problem identification. The additional services of health education and health counseling are usually integrated into the health services program but to varying degrees to meet the needs of the population and within the time limitations of the school nurse.

To date, there is no uniform definition of the role of the school nurse. Some studies have enumerated various tasks performed by school nurses but have not succeeded in adequately defining the role (Fricke, 1967; Marriner, 1971; SNPIC, 1973; Jenne, 1970; Nader, Emmel, and Carney, 1972). The role may be too complex and variable to define. The key to defining the role may be in defining its various components.

Since the role of the of school nurse is very flexible and versatile, documentation of services is essential. It is difficult to substantiate cost-effectiveness without objective evidence as proof. The health counseling component of the school nurse role is considered

by many to be the most important; yet, it is the least understood. Health counseling has not been clearly defined nor well documented. The focus of this study is to define descriptively the health counseling component of the school nurse role by examining the school nurses' documentation of the service.

It is hoped that this study will help clarify the school nurse's role by more clearly defining the health counseling component. Schools can justify school health services if there is objective evidence that learning is enhanced by prevention, early detection, control or reduction of health problems. Documentation of the health counseling encounters and the outcome of the counseling may be the evidence needed to justify school nursing services. The results of the study may be used as substantive evidence for legislators and school administrators that what school nurses do is valuable. This research may provide a basis for other research to devise possible methods for analyzing school nursing services' cost-effectiveness. The future of school nursing depends on valid research results.

Overview of Chapters

Chapter II begins with a literature review followed by the conceptual framework. The literature review examines school nursing from a historical perspective. Primary care in the schools and the relationship of school nursing services to student health needs is also reviewed. Problems in defining the role of the school nurse are then addressed concluding with the health counseling component of the role. The conceptual framework includes discussion of the school environment, the client, and school nursing services. Health counseling within the helping relationship is the focus of the framework and this study.

The methodology used for this study is discussed in Chapter III. The research design, sample size, access and selection, protection of subjects rights, and techniques for data collection are presented. The instrument and its development is described including the validity, reliability, and utility of the instrument.

The results of the survey are reported in Chapter IV which include the response rate, and both Parts I and II of the questionnaire. Discussion of the findings follows in Chapter V with a focus on the significance and relevance to school nursing practice. The chapter concludes with a summary and conclusions. It is hoped that these data will prove useful to school nurses not only as proof of their value but as the basis for future research.

CHAPTER II

REVIEW OF LITERATURE AND CONCEPTUAL FRAMEWORK

A. Review of the Literature

Historical Perspectives

School nursing can be traced back to 1902 with the experimental placement of a public health nurse in a New York City school. Lillian Wald of the Henry Street Settlement is credited with the investigation of the one-month program to reduce absenteeism through health education and follow-up of communicable disease cases (Freeman & Heinrich, 1981). The impact of school nursing was evidenced by a dramatic decrease in the numbers of children excluded from school for communicable disease. This successful demonstration of nursing intervention led to the employment of other nurses in New York City schools and elsewhere (Wold, 1981).

The developing role of the school nurse continued to expand in the 1920's and 1930's with incorporation of health education into the school curriculum. Primary preventive aspects of health were being ignored at the time and medical inspections and examinations offered little long-range prevention. The goal of health education was for students to learn and practice health behaviors. This resulted in many school nurses believing that they were more closely allied with educators and no longer considered themselves strictly public health nurses. The expanding role of these early school nurses included an emphasis on wellness and disease prevention (Wold, 1981).

School health programs between 1930 and 1960 continued to be prevention-oriented. Igoe (1980a) points to economics and assumptions about child health, health care delivery systems and schools as the reasons for the health programs' orientation. The major reason for the

prevention focus was the belief that school health services were not to interfere with the private practice of medicine. This belief was fostered by an agreement made in the late 1920's between the American Medical Association and the National Education Association which was mistaken as a legally binding prescription until the 1970's. Since no income was generated by preventive health measures, the schools could safely offer those services without interfering with other medical services outside the school (Igoe, 1980a).

Most schools in the 1930's to the 1960's did not have full-time nursing services, and the school nurse was forced to delegate responsibilities that did not actually require nursing skills. Increased value was placed on the teacher's observations of students to detect changes in appearance, behavior, and health (Wold, 1981). School secretaries frequently evaluated the sick children. This confused and frustrated school administrators about the role of the school nurse since they expected these health professionals to care for the sick and injured (Igoe, 1980a).

School nurses could not agree among themselves about the appropriate role and goals for nurses in schools. Although many nurses in schools were providing health services surreptitiously these activities were often downplayed and therefore protected from public scrutiny (Igoe, 1980a). The school nurses defended their role by downgrading the importance of minor first aid and proclaiming an "expanded role" in the areas of health counseling and education, guidance, and consultation. These problems were partly attributable to the school nurse's inadequacy in clarifying and communicating her role

(Wold, 1981). Although the role of the school nurse seemed to be expanding there was also an increasing problem in defining that role.

By the late 1960's school districts were faced with fiscal problems and a need to trim the school budget. The school health programs were reduced and sometimes eliminated since benefits were less obvious than other school programs. The health needs of the students had changed but not decreased. Yet, the school nurses faced loss of job security, role confusion, and role reduction (Wold, 1981).

Efficacy of the health program in schools was in question. Factors affecting follow-up of referrals were examined by Cauffman (1967) and by Gabrielson, Levin, and Ellison (1967). Researchers were seeking objective evidence of the value of professional health services in the school. Cauffman's findings (1967) pointed to the contact technique as the most important indicator of the child receiving professional care following referral from a school health program. For example, a child's family would be more likely to seek care if contacted more than once using different techniques, i.e., contact by telephone and in person. Findings by Gabrielson, Levin, and Ellison (1967) suggested that familial attitudes were the most important factors influencing referral follow-up. Although the methodologies and presentation of findings in both studies appeared to be credible, the findings provided little support for the need of school nursing services.

Other means of evaluating nursing services and the health program in schools were sought. Absenteeism was studied and found to be a possible measure of evaluating the effects of nursing and other health programs on students' functional state (Roberts, Basco, Slome, Glasser, & Handy, 1969). This study was the first phase of a longitudinal study

of selected characteristics in a school population. Selected attributes of subjects were studied in relation to absence patterns. The methodology and preliminary findings presented seemed tenable and provided evidence of a high degree of consistency in attendance patterns of the study population over a two-year period. A statistical model was developed from these data that was to be later used as a basis for predicting an individual's absence liability. The findings were encouraging yet inconclusive and the future of nursing services in the school remained uncertain.

School nurses began to examine the impact of the school budget cutbacks on their role by comparing the amount of time spent on various functions (Lowis, 1969). Much variation was found and suggestions made to improve allocation of time to priority functions. Time was considered very valuable since it was being used as an objective basis for evaluation and discussion of the school nursing program. Wagner (1966) found that use of minimal professional time was adequate to meet the health needs of a school population. These were only rudimentary attempts to justify the need for nursing services in schools and inconclusive. Thus, justification of school nursing services was an issue.

Relationship of School Nursing Services to Student Health Needs

In an attempt to justify school nursing services, research has focused on documenting the relationship of those services to student health needs. Basco, Eyres, Glasser, and Roberts (1972) found that a high absence record could be used as an indicator of pupils with health problems. These students were then used as a focus for nursing intervention (Tuthill, Williams, Long, & Whitman, 1972). Long, Whitman,

Johansson, Williams, and Tuthill (1975) attempted to document the effects of nursing services on the absenteeism of these students. Although a statistically significant decrease in absenteeism was found in the intervention group of 302 students it could only be suggested that the difference was due to nursing service. One of the reasons cited for this is a lack of standardized documentation of assessment and problem-solving strategies used in the nursing service. The study points to a need for an improved data base to be used for evaluation and also to meet the demand for accountability (Long, et al., 1975).

Chinn (1973) attempted to study the relationship between health problems assessed by a nurse and classroom problems reported by the teacher as well as the relationship of these problems to other variables. Reliability of findings is in question due to lack of clarity in evaluating criteria and the subjective judgments of two nurses. But, the author suggests that health problems are related to classroom problems based on study findings and may be more significant in terms of school performance than has been believed. Eighty-one percent of the children examined by the nurses were found to have signs of possible health problems. It was suggested that the teachers may not be the appropriate referral source for health problems, thus supporting the need for a school nurse. Based on current developments in the health care delivery system, Chinn (1973) believes the school may be the appropriate site for delivery of health care to children.

Primary Care in Schools

School-based health care delivery is seen as a viable alternative to existing health care delivery methods (Warren, 1980). This results from the present deficient methods of meeting the health needs of

children, particularly the minorities and poor. Child health services in the United States are described as inadequate with the major obstacle being a lack of structured form for delivery of services to children (Silver, 1981). The same author recognizes a school-based health care system as the only realistic way to improve the health of the nation's children. School nurse practitioners (SNP) are seen by some as the prototype for the delivery of comprehensive health care, or "primary care," services to children.

The practitioner "movement" began in 1965 with the first pediatric nurse practitioner (PNP) program at the University of Colorado (Silver, Ford, & Day, 1968). The program prepared the PNP "to assume an expanded role in providing total health care to children" (Silver et al., 1968, p. 298). The role was conceived to "expand" the nurse's ability to assess health status, teach health promotion and maintenance, and deliver well-child care by development of physical assessment skills. The government supported these programs and saw these practitioners as a means of increasing availability and accessibility of comprehensive health care in the face of a physician shortage (Kotthoff, 1981). Similar programs proliferated despite the absence of valid data to substantiate the functions and effectiveness of the PNP role (Weston, 1975).

The practitioner "movement" grew in the 1970's to include delivery of expanded services to various population groups in a variety of settings. The school was one of those settings. The school nurse practitioners were registered nurses who had acquired advanced knowledge and clinical skills in providing health care services through successful completion of a four-month or longer organized course of study (Silver,

Igoe, & McAtee, 1977). Utilization of nurse practitioners is said to add appreciably to the quality, availability, and continuity in the care of children in schools (McAtee, 1974; Hilmar & McAtee, 1973; Nader, Conrad, Williamson, McKevitt, & Berry, 1978). Although studies support the premise that practitioners provide high quality care, there remains a failure to define the boundaries and scope of nursing practice within the expanded role (Billingsley & Harper, 1982). The question remains whether the SNP role clarifies and strengthens the concept of the professional nurse in the school.

Studies which examine the differences between school nurse practitioners and school nurses found little difference in functions. Brink, Dale, Williamson, and Nader (1981) analyzed the differences in time spent by seven nurse practitioners and three school nurses in 42 listed tasks. Findings suggested that one could not assume adding a nurse practitioner to a school health service would increase or improve services. Lewis, Lorimer, Lindeman, Palmer, and Lewis (1974) surveyed the opinions of 15 principals, 39 teachers, and an unspecified number of first, third and sixth grade students regarding the role of the school nurse versus the role of the nurse practitioner. Data were collected from seven school nurses and four SNPs by analyzing critical incident reports and encounter forms. Tools for data collection and methods of analysis were not specified and therefore in question. Findings from the interviews with the principals, teachers, and students implied that the more available a nurse was the broader the scope of functions regardless of whether she was a nurse practitioner or not. Thus, functioning as a SNP does not necessarily clarify the school nurse role.

Increased time or availability in the school may be a determining factor of the nurse's role in schools.

Defining the Role

Defining the role of the school nurse has been a difficult task. Attempts were made to define the role of the school nurse by assessing the attitudes of various people with whom the nurse interacts. "The Illinois Study of School Nurse Practice" (Fricke, 1967) surveyed 1,668 superintendents, 1,562 principals, 3,600 teachers, and 614 school nurses regarding the importance of the 23 school nurse functions listed in the questionnaire. Findings were inconclusive but indicated that administrators and teachers lacked understanding of how to best utilize school nursing services. The study also identified the need for better academically prepared nurses and made recommendations to meet this inadequacy. The need to clarify the school nurse role and improve communication of that role with those who utilize nursing services persisted.

Attempts were made in the 1970's to clarify and expand the school nurse's role. Research at the time focused increased attention on certification and improved educational preparation as methods to upgrade the quality of school nursing. Marriner (1971) and the School Nurses' Professional Improvement Committee (SNPIC, 1973) surveyed working school nurses in an attempt to get a profile of activities. Up to this point, school nurses had allowed others to define their role and thus direct their practice. The nurses perceived a lack of unity and structure in their work (SNPIC, 1973). Many of the nurses' tasks were shared with others (Marriner, 1971). Thus, the concept of the school nurse functioning as a team member evolved. It was suggested that the nurse

define objectives in behavioral terms and thus clarify her role (SNPIC, 1973). The methodologies used in both studies were not specified and therefore questionable. Yet, the findings offered valuable suggestions regarding future school nursing education.

Hawkins (1971) agreed that a functional definition of the role concept was the most fundamental procedural issue for school nursing. He felt that studies which enumerated frequencies of specific functions were missing the point. Hawkins (1971) asked 20 school nurses in rural, industrial, and suburban area schools in western Pennsylvania to keep a combination of log sheets, diaries, and commentary observations. The method of analysis was not specified and therefore in question.

Hawkins (1971) refers to his approach as a qualitative one from which he could not offer definitive conclusions. The web of professional and personal relationships was identified as the significant factor in defining the role of the school nurse. Although school nurses often expressed the desire to be included as a team member they also felt that lack of time interfered with that occurring. Hawkins (1971) concluded from the study that school nurses did not occupy a typical nursing role. He also identified a general dissatisfaction among school nurses because of the inconsistency and confusion among those who utilize their services. Although findings from this study were inconclusive, thought provoking questions did arise and provided evidence to support the need for further research in school nursing.

Other findings supported the school nurses' claim that a lack of time interfered with being included as a team member in the school. Jenne (1970) surveyed 2,233 elementary school teachers and 47 school

nurses and found that the more time a nurse spends in the school the more likely teachers are to observe health problems among their pupils. This suggests that an increase in time at school improves nurse-teacher relationships resulting in improved problem detection and health promotion for school children. This, in turn, may have broader implications to possibly improved feelings of team membership and satisfaction for the nurse and those who utilize her services if she spends more time at the school. The other important benefit would be improved health care for school children maximizing the learning potential. Increased time at the school may be necessary for the school nurse to clarify and communicate her role but further investigation is necessary to confirm this.

Elimination of school nursing positions continued, resulting in a fragmentation of services. Modification of the school nurse role was examined by Nader, Emmel, and Charney (1972). Findings suggested the health assistant creditably performed the duties of the school nurse. The comparison used in this investigation was questionable since the role of the part-time public health nurse in the school was compared to the role of a full-time health assistant in close collaboration with a clinic physician. As aforementioned, the time spent in the school may be a determining factor of the role but not discussed in these findings. With the role of the school nurse increasingly being threatened, the need to clarify and communicate the role became paramount.

Clarifying the School Nurse Role

A paucity of research exists regarding the role of the school nurse and even less involving the opinions of school nurses about their role. One of the most recent attempts to clarify the status of school nursing

is the study by Oda (1979b). Sixteen nurses in administrative, supervisory, consultant, and educational positions from the Mid-Atlantic, Southern, Heartland, and Western areas of the United States. This was an attempt to get an overview of the nation's current state of school nursing and solicit ideas about the future. The survey is described as a series of questions sent to the nurses. Tool and methods for analysis are not specified.

Findings showed variations in the staffing levels, requirements for school nurse certification and the use of school nurse practitioners. The nurses identified the need to prove the cost-effectiveness of school nursing services. Development of documentation and presentation strategies were suggested as steps towards proving their worth. Research was identified as the basic requirement for the advancement of school nursing and the promotion of improved services. The general outlook for the future was described as "promising" and necessitating nurses being ready for change (Oda, 1979b). This study provides some interesting information, although its generalizability to the total population of U.S. school nurses is questionable.

Current School Nurse Role Perception

Factors influencing the school nurse's role confusion have been identified with little substantiation from valid research. A gap between educational preparation and practice settings was identified by Oda (1979a) since the environment differs from traditional health care delivery within a hospital or community health agency. Differences in work settings among school nurses was identified by Freeman and Heinrich (1981). Some school nurses work as part of a general community nursing service whereas others provide a separate, school-based service. School

nurses are often the only health care provider in an educational environment with limited contact and support from other nurses or health care professionals. These factors may have a great impact on the role of the nurse in the schools but have not been addressed in research studies.

The client population has a wide age range. Each specific school setting is unique in its health care needs and its perception of those needs (Oda, 1979a). The study by Gilman, Williamson, Nader, Dale, and McKevitt (1979) supports the idea that nurses' functions differ depending on the school level served. A task analysis of the role of school nurses in two high schools, six elementary schools, and three middle schools was conducted. Findings suggested that the school level affected the nurse activities in response to different developmental needs. Although the sample size was small (N=11), there was supportive evidence of data collection reliability and instrument validity. The instrument was pretested on graduate nursing students with an 85% agreement between observational and self-report of nurse activities. The findings provide insight into the adaptive response of nursing services to each unique school environment.

The school nurse is allowed great flexibility in the creation of a health service program to meet the needs of her client population. Yet, this flexibility is sometimes viewed as contributing to the role confusion because of a lack of uniformity in the school nurse role description (Wold, 1980). The school nurse often faces impossible pupil-nurse ratios and insufficient time with students to carry out high quality and personally satisfying school nursing services (Wold, 1980).

The same author describes the major problem confronting today's school nurse as "survival."

Health Counseling

Igoe (1980b) points to a need to identify, standardize and evaluate the various components of the school nurse role in order to clarify the role. Health counseling is one of the most important components of the school nurse role (Litwack & Litwack, 1976). All descriptions of the school nurse role in research to date includes the health counseling component as an important part of the role. The health counseling component is increasingly emphasized in the expanded role of the school (SNPIC, 1973; Oda, 1979b). Yet, the health counseling component has not been clearly defined nor well documented (Litwack & Litwack, 1976; Oda, 1979b) since no research has attempted to specifically define the health counseling component of the school nurse role.

The only research found that involves the health counseling component of the school nurse role is that of Oda, Fine, and Heilbron (1980). This study examines the impact of school nurse follow-up on 69 students seeking needed dental care. The study was tightly controlled and found a significant difference in the experimental group seeking dental care. Although Oda (1979b) points out that positive effects of health counseling are not easily quantifiable, this research provides evidence that it can be done.

Summary and Conclusions

The present economic climate is forcing school districts to re-evaluate the cost-effectiveness of the school nurse (Wold, 1980; Igoe, 1980a; Chinn, 1973; Oda, et al., 1980). There are an estimated 22,000 school nurses in 91,000 schools throughout the country (Igoe, 1980a).

The value and role of these nurses are being questioned with little valid data to support their claim of importance to the health and welfare of school children.

There are two reasons why the nurse's position in the school is being challenged. One is the fact that the school nurse's role is not well understood (Switzer & Kelly, 1981; Wold, 1980, 1981; Igoe, 1980a,b). The other is a lack of documentation to justify that what the school nurse does is valuable and has impact on the health and learning of school children (Oda, 1979b). The future of school nursing depends on the school nurse's ability to clarify her role through identification of those services that are within her domain (Switzer & Kelly, 1981; Oda, 1979b). This study is an attempt to define and document an important component of the school nurse role--health counseling.

Conceptual Framework

Philosophy of School Nursing Practice

A strong philosophy of school nursing practice is the basis for a conceptual framework. Oda (1975) defines a philosophy of practice as "a guiding system of principles which provides a rationale for nursing conduct" (p. 213). This study is guided by the premise that nursing practice embodies a holistic approach and collaborative effort to provide health promotion, health maintenance, and health education to clients in order that clients attain, maintain, or regain optimal health (Mastal & Hammond, 1980). The school nurse utilizes a systematic method, the nursing process, to assess all aspects of the situation or problem, plan and implement intervention, and evaluate the outcome in cooperation with the client within the educational system. The goal is optimum health for the client which enhances learning and the

educational process. Although this philosophy of practice focuses on health rather than disease, the school nurse must recognize problem detection and alleviation as an integral part of the process of health maintenance. The strength of the school nurse role may well be determined by the strength of her philosophy of practice (Oda, 1975). The following discussion of the school environment, the client, and nursing services comprises the conceptual framework for this study based on the above philosophy of school nursing practice.

The School Environment

The school is described by Wold (1981) as a community institution with an age-specific population which is mandated by state law. Its members share a sense of belonging or identification with the school. Students share similar goals and needs, as does the staff, regardless of whether these are perceived by them. Based on these assumptions, the school can be defined as a special community within the community at large. The school is more than an institution, it is a community unto itself.

The holistic approach is described by Archer and Fleshman (1979) as looking at the whole client. The school nurse must consider the influence of the school environment on the client in her assessment. Children are required by law to attend school and therefore a great majority of the client's time is spent in this environment. The school's orientation to health promotion and maintenance affects the health program and ultimately the health of its students.

The school's primary concern is the education of students. Nursing services are only as important as to the degree of their relevance to enhancing the learning process. Yet, the services may not provide

visible proof since much of the school nurse's work is unseen and therefore unknown (Oda, 1975). A school facing budget cuts may be forced to reduce or even eliminate school nursing services without objective evidence that these services enhance the education process.

Conflict may arise if expectations imposed by the educational staff differ from the nurse's expectations. The nurse must realize that the staff have an educational background not a medical one. Wold (1981) refers to this as the school nurse's "duality of allegiance." The goal is to minimize the possible conflict and maximize collaboration within the school environment through the school nurse's clarification of her role and communication with those who utilize nursing services (Oda, 1977). Through a collaborative effort with the school the nurse can eventuate the integration of nursing services within the educational program.

The Client

The client may be a student, staff member, family member, or any combination thereof. The school nurse is concerned with the health of the client which is defined by some in terms of the health-illness continuum along which the client can be located at any given time (Wold, 1981; Mastal & Hammond, 1980). One end of the scale being optimum health and the other being illness. Murray and Zentner (1979) define health as "a purposeful, adaptive, total body response to internal and external stimuli to maintain stability and comfort" (p. 19). The role of the school nurse is to facilitate the client's adaptation to attain, maintain, or regain optimum health. The client has the ultimate responsibility for his/her health and brings with him/her beliefs,

attitudes, expectations, and needs regarding health and nursing services.

The primary focus of the nurse in the school is the student as client. The goal is to maximize the student's potential for learning. This potential is affected by the student's physical, mental, and social health (Oda, 1975). The student must feel well enough to learn before optimum learning can take place (Robert Wood Johnson Foundation, 1979). Although the health needs of students have changed since Lillian Wold first went into the school they have not decreased (Wold, 1981). Many health needs may go undetected without a holistic assessment by the school nurse since they may not be obvious to educators who have no medical expertise.

Adaptation provides a means of viewing clients holistically in assessing their needs, planning and delivering nursing services (Wold, 1981). Adaptation can be defined as a coping or adjustment process of the individual to stimuli, stressors, changes, situations, or pathologic process (Wold, 1981; Byrne & Thompson, 1978). The client's process of adaptation is influenced by psycho-social, emotional, cultural, environmental, and developmental factors as well as physical factors. The nurse as a facilitator of the process must be aware of and acknowledge all these factors.

Nursing Services

Nursing services are the school nurse's actions and behaviors that help that client to make maximum use of his/her adaptive processes. Oda (1979a) identified three components of nursing services: health supervision, health education, and health counseling. These components

are not mutually exclusive but described by Oda (1979a) as "intertwining and overlapping."

Health supervision includes general health maintenance activities such as emergency care; vision, hearing, and scoliosis screening; health assessment; and early problem identification. Health education are activities related to health instruction including planning, implementing, and evaluation. "Health counseling involves providing interpretation of health information, guidance and counseling regarding individual and group health conditions" (Oda, 1979a, p. 500). Health counseling includes the school nurse providing consultation services in health-related matters. Health counseling is increasingly emphasized in the role of the school nurse and the focus of this study. Health counseling occurs within the helping relationship.

The Helping Relationship

Nurses utilize the helping relationship within the school environment to facilitate the client's adaptive and rational response to stress through problem solving (Wold, 1981). Okun (1982) describes the helping relationship as a "warm, personally involving empathic relationship." The helping relationship is based on a humanistic view of man which focuses on his uniqueness and capabilities (Osipow & Walsh, 1970). This is a positive view of health and the client's adaptation process. The relationship is a dynamic one and is seen as the primary means of meshing client problems and school nurse expertise (Brammer, 1973). Within the helping relationship the school nurse enables the client to assume responsibility for himself/herself and to make his/her own decisions.

The purpose of the helping relationship is to meet the needs of the client. It is important for the nurse to be flexible in her approach to the client's situation or problem since each one is different. Therefore, the school nurse most often uses an eclectic approach in the helping relationship. In other words, principles, concepts, and techniques from a variety of theoretical viewpoints are applied to the situation (Okun, 1982). This enables the school nurse to be a flexible and versatile helper to better meet the needs of the client.

Health Counseling

Defining health counseling within the helping relationship is the focus of this study. There are the main theoretical viewpoints regarding the strategies used in health counseling (Okun, 1982; Osipow & Walsh, 1970; Brammer, 1973). For the purposes of this study the investigator selected two differing viewpoints regarding the process used in health counseling as categories for coding subject definitions. The intervention oriented approach and the facilitative approach were derived from the humanistic framework of counseling in a helping relationship discussed by Wold (1981), Okun (1982), Osipow and Walsh (1970), and Brammer (1973). Two differing viewpoints were also selected regarding the focus of the health counseling. The health oriented and problem oriented foci were derived from the theoretical framework of health promotion and the scientific method of problem solving discussed by Wold (1981), Mitchell (1973), and Murray and Zentner (1975). The categories provide a more structured means of examining a large number of subjective definitions of health counseling.

The intervention oriented process of health counseling is one in which the school nurse is actively involved by providing information,

contacting resources, doing follow-up on a situation, etc. Osipow and Walsh (1970) describe the interventionistic view as stimulating behavior change through cognitive processes. This view emphasizes human rationality and learning theory. Okun (1982) would include behavioral as well as cognitive approaches within the interventionistic view. The behavioral approach emphasizes the environmental consequences of behavior as a determinant of behavior. Thus, the intervention oriented process is based on cognitive and behavioral approaches.

The facilitative approach is described as focusing on the client's affective state and emotional response to the problem (Osipow & Walsh, 1970). Okun (1982) views this as the phenomenological approach where the helping relationship provides a climate in which clients can explore their own feelings, thoughts, and behaviors to achieve insight and behavioral change. The school nurse is the facilitator rather than a doer or provider. Although this process has a different focus than the intervention oriented approach, both share a common goal of behavior change. These categories are not mutually exclusive but overlapping and complementary when the school nurse uses an eclectic approach.

The health oriented focus is based on health promotion strategies. Wold (1981) defines these strategies as directed toward the general population and situations of normal growth and development rather than diseases, disorders or accidents. The problem oriented approach focuses on the illness or problem where health promotion focuses on well people.

The problem oriented focus is based on the scientific method of problem solving or, in other words, the nursing process (Wold, 1981; Mitchell, 1973; Murray & Zentner, 1975). This approach emphasizes the client and his problem. Problem solving involves systematic assessment,

statement of the problem, plan for solution, implementation of plan, and evaluation of outcomes (Wold, 1981; Mitchell, 1973). That is not to say that the school nurse who utilizes the health focus does not use the scientific process. The nursing process is incorporated in virtually every client-nurse interaction, but the focus of the process may differ. Both foci may be used by the school nurse in different situations in order to meet the client's need. It is the versatility of the school nurse that allows her to adapt to each unique health counseling encounter.

The Role of the School Nurse

Nursing services are dependent on the role of the nurse in the school. Byrne and Thompson (1978) define role as "the collection of behaviors thought to constitute a meaningful unit and deemed appropriate to a person occupying a particular position" (p. 104). Yet, the rights and obligations of a position must be clearly defined and accepted by all those concerned for the role to be productively enacted. Hawkins (1971) and Oda (1975) stress the importance of interrelations as the most determining factor of the school nurse's role in the school. Role clarification and communication with those who utilize nursing services is essential to acceptance and productive enactment of the school nurse role (Oda, 1977). The clearer the role is, the greater the potential for flexibility in enactment of the role (Byrne & Thompson, 1978). Therefore, the school nurse role is dependent on her clarifying and communicating to others the services she provides.

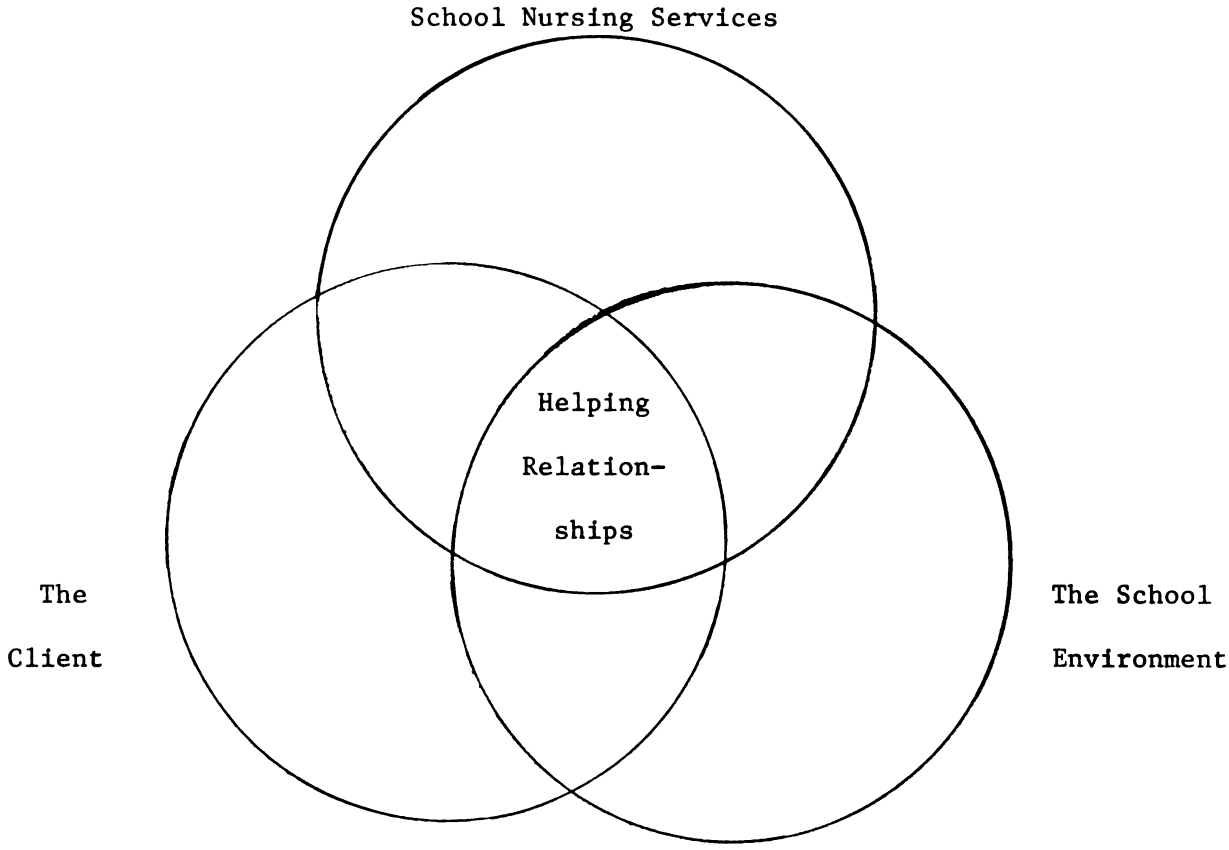
Summary

This conceptual framework presents a holistic approach to school nursing practice. The school environment, the client, and nursing

services have been discussed in relationship to adaptation of the client, health counseling within the helping relationship, and the role of the school nurse. School nursing services can play a vital role in the future of preventative health care within the educational system. In order to do so, school nurses must first gain control of their destiny by clarifying and communicating the importance of what they do to consumers of their services. Research is essential to this occurring. Communicating significant findings to consumers of school nursing services may be fundamental to the future of school nursing. This study is an initial attempt to clarify health counseling as an important component of school nursing services.

School Nursing

A Conceptual Framework



CHAPTER III

METHODOLOGY

Research Design

An exploratory descriptive survey design was used to define and document the health counseling component of the school nurse role (Polit & Hungler, 1978).

Sample

Actively employed California school nurses who were members of the California School Nurses Organization (CSNO) were asked to participate in the study. Prospective participants were selected from the 1982 CSNO member list through a process of systematic sampling (Sudman, 1976). The CSNO was divided into five geographical sections in California and members were alphabetically listed by section. Membership in each section varied in number according to population density and the number of school districts employing school nurses. From the list of 1600 CSNO members every fourth school nurse was asked to participate in the study, a total of 400 prospective participants.

Human Subjects Assurance

The consent form assured the subjects of their anonymity and that of their employer. No names were required on the questionnaire. The subjects were also assured that they could refuse to answer any of the questions or withdraw from the study without jeopardy to their CSNO membership or employment. The consent form guaranteed that the information received would be held confidential. The survey was approved by the Committee on Human Research at the University of California, San Francisco (Number: 930308).

The Instrument

The instrument was developed by the investigator in collaboration with the CSNO Research Committee Chairperson and UCSF faculty. The instrument was also pilot tested in the Spring of 1982. Eleven school nurses, at least two from each of the five CSNO sections, were asked to evaluate the clarity and accuracy of the questionnaire. Nine of the eleven responded to the survey. The respondents offered useful comments and suggestions that were utilized in revising the instrument.

The questionnaire is in two parts. The first part is one page that requested demographic information about the nurse's background, school assignment, and her perception of the health counseling component of her role. The second part is a two-page questionnaire that asked the school nurse to document health counseling encounters. The school nurse was asked to choose three health counseling encounters and use a two-page questionnaire to document each of the three encounters. The encounters were defined as substantial health related or psycho-social problems or more than minor first aid. The questionnaire asked for information about the client, the presenting problem, the nurse's perception of the problem, the plan to solve the problem, and the outcome of the health counseling. (See Appendix for copy of questionnaire.)

The Data Collection

The 400 prospective participants were mailed the introductory letter and consent form with a preaddressed stamped envelope. Those school nurses who returned the signed consent form were mailed the instructions and the two-part questionnaire with a stamped envelope. The subjects were asked to return the questionnaire in the provided

envelope within four weeks of receiving the survey materials. Two extra weeks were allowed for return of the survey since the Christmas holiday interrupted the return process.

Validity

To establish content validity of the questionnaire the investigator utilized a panel of acknowledged experts in the field of school nursing. These experts were asked to examine and carefully compare the instrument items to the concept of the health counseling component of the school nurse. The experts offered advice and suggestions which were incorporated into the instrument development process.

The general consensus was that the instrument items were appropriate to the concept of health counseling. Comments such as "the questionnaire looks very good" and "it seems to include all the important aspects involved in health counseling" substantiated the representativeness of the questions asked. The experts seemed to feel that the content area was covered adequately in the questionnaire.

The pilot study respondents made few comments regarding the content area of the questionnaire. One school nurse commented on the importance of viewing health counseling as a "process" rather than a "one shot deal" and felt that the questionnaire accomplished this. The pilot study responses offered support for the face validity of the questionnaire (Allen & Yen, 1979).

Comments regarding the content of the questionnaire were positive in the larger survey. One school nurse felt that the survey was "very interesting and worthwhile." Another respondent thanked the investigator for giving her "the chance to share what nurses do at school besides 'band aids' because we are still 'real nurses' despite

not working in hospitals." One school nurse pointed out that the survey "took a lot of thinking time but made me realize how much counseling I do." These comments also support the face validity of the questionnaire.

The investigator's literature review and utilization of experts were an attempt to establish logical or sampling validity (Allen & Yen, 1979). The investigator relied on related theories of counseling and the helping relationship to support a health counseling conceptual framework since no health counseling theories exist. The experts agreed to a large extent that the instrument reflected these related theories. This increased the confidence in the instrument's content validity (National League for Nursing, 1981).

The generalizability of the survey was also examined. The sampling process used provided the investigator with a population very similar to the general population of CSNO members. All five sections of the CSNO were represented encompassing a variety of schools, school districts, school nurses, and clients. The findings can be generalized to the CSNO member population which results in greater confidence in the findings.

Reliability

The reliability of the data gathered is only as consistent, dependable, or stable as the instrument used (Polit & Hungler, 1979). The questionnaire had a number of open-ended questions that needed to be coded. Prior to coding, categories were developed by the investigator to increase intrarater reliability of the coding because the investigator was the only coder.

The pilot study provided some measure of reliability of the instrument since the responses were very similar to those of the survey

respondents. In the pilot study, the instrument was administered to school nurses in all five CSNO sections. The pilot study sample was representative of the survey sample which increases the estimation of data reliability.

Utility

The pilot study was also conducted to examine the utility of the instrument. Some constructive criticisms about wording and lack of clarity in a few of the questions were offered. A number of the pilot study respondents referred to five Part II's as "overwhelming." One school nurse felt that the phrase "more than a band aid" was patronizing. The comments and recommendations were used as the basis for changes in the instrument and data collection. For example, only three Part II's were distributed in the survey and the phrase "more than minor first aid" was substituted for the aforementioned. The general consensus was that the instrument was easy to use and seemed to reflect what school nurses feel health counseling is.

Comments from survey respondents varied. A few of the prospective participants withdrew from the study because it involved "too much time." Others withdrew because they were not interacting with clients per se but were supervisors or consultants. One school nurse found the forms "too long." Another nurse stated that "it was a nice format to follow." Although the comments varied, a 57% return rate supports the utility of the instrument.

Summary

The investigator has examined the reliability, validity and utility of the instrument. The reliability of the instrument is in question since no specific means of establishing reliability were used. Possible

bias in the investigator's categories and coding may be a source of error in measurement. This in turn jeopardizes the validity of the instrument since a tool that is not reliable cannot be valid (Polit & Hungler, 1978). It is also important to point out that content validity is subject to error since it is based on subjective judgments (Allen & Yen, 1979). The need for a two week extension to complete the questionnaire may be indicative of a problem with instrument utility. Further testing of the instrument's validity, reliability, and utility is recommended prior to its future use, although adequate for the purposes of this survey.

CHAPTER IV

RESULTS

Response Rate

The response rate of questionnaire packets was 57% (227 out of a possible 400). The majority of respondents completed the entire questionnaire packet. A few school nurses were unable to do so due to lack of time.

Part I

The investigator collected demographic data about the school districts, schools, and school nurses. School district classifications are presented in Table 1. Seventy-six percent of the school districts were classified as urban or suburban. Categories included rural, suburban, urban, and other. The "other" was described as rural and suburban, "small town on edge of city limits," "city school in small town," military, or county wide program.

Table 1

Frequency Distribution of School District Classification

District	f	%
Suburban	99	44
Urban	71	32
Rural	40	18
Other	14	6
Total N =	224	100%

The frequency distribution of the school districts' socioeconomic level is presented in Table 2. The majority of school nurses described the socioeconomic status of their districts as middle, lower, or a combination of the two categories. The "other" included descriptions of status such as county wide, military, or many transient farm workers and students.

Table 2

Frequency Distribution of School District Socioeconomic Status

Status Category	f	%
Middle	97	43
Lower	54	24
Mixed *	32	14
Middle & Lower	27	12
Upper	8	4
Middle & Upper	4	2
Total N =	223	100%

* includes categories upper, middle, & lower

The nurses were employed by all levels and types of school (see Table 3). Fifty percent of the schools employing school nurses in this survey were elementary schools. The "other" category included continuation schools, preschools, Child Health Disability Prevention Program, clinics, and various programs and centers. Some of the programs identified were the Migrant Follow-up Program, Young Mothers

Program, Newcomer Program, and Parenting and Infant Development Program. The centers were diagnostic, children's or day care centers. A few of the nurses who worked with the exceptional or handicapped defined their areas of employment as sites or classes but were included in the school category. The college category was not included since the frequency was three and less than one percent.

Table 3

Frequency Distribution of the Type of Schools

Type of School	f	%
Elementary	522	49
Exceptional/Handicapped	210	20
Junior High	135	13
High School	110	10
Other	90	8
Total N =	1067 schools	100%

School nurses were most often assigned to more than one school (see Table 4). The mean number of schools assigned per subject in this school nurse population was 4.7 schools.

It was reported that 48% of the school districts in the survey population employed health assistants as presented in Table 5. Where nurses had health assistants or aides to assist them, the nurse to assistant ratio averaged 1 to 3. Many school nurses offered unsolicited explanations about the amount of time the health assistants spent in the

schools. One school nurse, for example, reported that the health aide was at her school only two days a month for recording purposes.

Table 4

Frequency Distribution of the Total Number of Schools

Number of Schools	f	%
1	47	22
2	43	20
3	29	13
4	30	14
5	12	6
6	18	8
7 or more	37	17
Total N =	216	100%

Table 5

Frequency Distribution of Health Aide Employment

Employment Category	f	%
Yes	104	48
No	112	52
Total N =	227	100%

Other data were collected regarding the nurse's school assignment and percentage of time spent on health counseling. The average daily

attendance (ADA) of the school nurse's assignment ranged from 35 to 100,000 with a mean of 3,329 students (N=213). The average number of students the nurses interacted with daily for substantial health related or psycho-social problems was 13 (N=201) and ranged from 1 to 75 students. School nurses were asked to estimate the time they spent health counseling in a five day week. The average percentage of time spent health counseling was 30% per five day week (N=183) and ranged from 1% to 90%.

The school nurses were also asked to report the number of years they had been employed as a school nurse. The average was 13 years in school nursing for this population (N=226) with a range of 2 to 32 years.

The Pearson r and Spearman's rho were the correlation indices used to determine the magnitude of any relationships between the data collected about the nurse's school assignment, the percent of time spent health counseling, and the number of years in school nursing. A statistically significant relationship was found between the average number of students seen for substantial health related or psycho-social problems and the percent of time spent health counseling. The Spearman's rho correlation coefficient was .39 at the p=.001 significance level. This means that, as the number of students seen for substantial problems increased, the percentage of time spent health counseling logically increased. This is considered a weak to moderate correlation by statistical standards.

One important question requested the respondent's definition of health counseling. A majority of school nurses referred to health counseling as a personal and professional interaction with the client to

effect the goal of behavior change regarding a health-related or psychosocial matter. The goal of health counseling was described by many as attaining, regaining or maintaining the client's optimum state of well-being. A holistic approach was used by most of the respondents whereby all aspects of the client were considered in the nurse's assessment. Therefore, although the definitions varied, some similarities were noted.

The investigator categorized the health counseling definitions by process and focus based on the conceptual framework discussed in Chapter II. The categories of interaction and facilitation were included in the process component of the definition whereas the health and problem orientation were included in the focus component. The categorization of school nurse responses is described in the following paragraphs.

The school nurses' responses included the intervention category most often referred to giving the clients information or interpreting information relating to health. A few of the respondents differentiated health education from health counseling by defining health counseling as interaction on a personal level. The goal of health counseling was often described as helping the client become an "independent health agent" or helping the client to make responsible decisions. Consultation and follow-up were also included in the definitions. Many of the nurses included providing resources as an important part of the process.

The school nurses who defined health counseling with the facilitative approach most often included the verbs of listening to and exploring the client's perceptions and/or emotions related to his/her health issue or need. Support for the client was also often stressed as

an important part of the health counseling process. The emotional aspect of health was included in definitions of both categories but was the focus of the interaction in the facilitative approach.

The presence of the words health or problem as a focus of the definition determined which category it was placed in. For example, if the definition included "health problem" it was considered problem oriented. Some of the respondents referred directly to the scientific process of problem identification, assessment, and eventual solution while others referred to health counseling as a process to help the client to attain or maintain an optimum state of well-being.

Table 6 presents the crosstabulation of the health counseling process and focus as defined by the school nurses. The chi-square test of independence was used to determine the significance of association between the two health counseling variables, process and focus. The obtained value was 6.145. This test statistic was compared to the chi-square distribution with 1 degree of freedom at the 0.05 significance level found to be 3.86. The obtained value is larger than would be expected by chance. Therefore, there is a statistically significant relationship between the two variables of health counseling process and focus. The strength of the relationship was measured by the phi coefficient and found to be 0.17. The amount of explained variance equalled .03 ($(.17)^2 = .03$). This means that, although there was a statistically significant correlation found between these two dichotomous variables, the relationship is very weak.

Table 6

Crosstabulation of Health Counseling Process by Focus

	Process		
Focus	Intervention	Facilitation	
Health	91	18	109
Problem	74	33	107
	165	51	216

Part II

Part II of the questionnaire was an attempt to document the health counseling encounter. Data was gathered regarding characteristics of the clients, the presenting problem, the health counseling enounter, the plan following the encounter, and the outcome. The results are presented here.

The Client

Demographic data were collected regarding the type of client, client's age, sex, and grade level. Classification of the types of clients is presented in Table 7. The majority of clients were students with 63% of the clients described as students or student and parent. The student was included in the counseling in 82% of the cases. The "other" category included individuals such as neighbor, principal, a variety of therapists, psychiatrist, counselor, and psychologist. Groups of individuals were also included in this category including classmates, protective services, special education services, and combinations of the aforementioned individuals. The mean age of the students was 11 years (N=206) and ranged from 3 to 21 years. Nearly 60% of the clients were female (see Table 8). The frequency distribution of the student's grade level is presented in Table 9. A total of 60% of the students were from kindergarten through 8th grade, 29% from grades 9 through 12, and 11% from handicapped, ungraded, preschool, and other categories. The "other" category includes college and continuation grades, although the two are not related. Continuation is most often at the high school or junior high school level. The findings present the characteristics of the clients involved in the health counseling encounters in this study.

Table 7

Frequency Distribution of Types of School Nurses' Clients

Type	f	%
Student	318	47
Student, Parent	102	16
Student, Parent, Staff	79	12
Parent	54	8
Staff	44	7
Student, Parent, Staff, Other	31	5
Other	16	2
Student, Staff	15	2
Parent, Staff	9	1
Total N =	671	100%

Table 8

Frequency Distribution of Client Sex

Sex	f	%
Female	382	58
Male	279	42
Total N =	661	100%

Table 9

Frequency Distribution of Student's Grade Level/Category in School

Grade	f	%
Preschool	21	3
Kindergarten	28	5
1	40	7
2	30	5
3	36	6
4	31	5
5	42	7
6	40	7
7	51	9
8	53	9
9	28	5
10	68	12
11	35	6
12	33	6
Other	3	0
Handicapped	28	5
Ungraded	20	3
Total N =	587	100%

Presenting Problem

The client's presenting problem which initiated the counseling encounters varied widely. The frequency distribution of the

categorization of the presenting problem is presented in Table 10. Unfortunately, a large number of the responses (N=163) were multiple answers and presented as such in the data analysis. The "other" category ranged in responses from poor attendance, poor hygiene, and failures in vision or hearing screening, to sexual problems, acute anxiety reaction, severe depression, and speech problem.

Table 10

Frequency Distribution of the Presenting Problem Categorization

Category	f	%
Multiple problems	168	24
Other	145	21
Chronic illness	92	14
Follow-up of previous problem	61	9
Acute illness	53	8
General health evaluation	52	8
Pregnancy	29	4
Behavior problem	26	4
Injury or accident	20	3
Learning problem	17	2
Abuse-sexual, physical, drug	11	2
Psycho-social/family	7	1
Total N =	681	100%

Generally the nurse's perception of the problem agreed with the client's complaint. The nurse's perception was most often a more

detailed assessment of the problem. In many cases the nurse saw "beyond" the immediate problem and explained in the response the circumstances affecting the client and his/her problem. Thus, it was very difficult to categorize such descriptions. The nurses seemed to utilize an holistic approach in the assessment of their client's complaints.

The source of referral was most often either the teacher or the client (see Table 11). The "other" category included physicians, counselors, resource specialist, and teacher's aide. The principal was often included in the category of "multiple source."

Table 11

Frequency Distribution of Referral Source

Person	f	%
Teacher	213	32
Self	172	26
Multiple source	83	12
Nurse	66	10
Other	63	9
Parent	49	7
Counselor-psychologist	10	2
Principal/secretary	10	2
Total N =	666	100%

The school nurses perceived the presenting problems as usually affecting many people (see Table 12). The classroom was affected 65% of

the time in this survey. To what extent and what activities were affected was rarely specified in the responses. The "other" category included the responses family, classroom, individual and community, or family and classroom as being affected.

Table 12

Frequency Distribution of Those Affected by the Client's Presenting Problem

Categorization	f	%
Individual, family, classroom	273	41
Individual, family	129	19
All	129	19
Individual	65	10
Individual, classroom	34	5
Individual, family, community	27	4
Other	14	2
Total N =	671	100%

Health Counseling Encounter

The health counseling encounters were most frequently described as individuals and in person (see Table 13). Whereas the classification of scheduled or unscheduled encounters was more evenly divided. The mean length of time of the encounters was 38 minutes with a range of 5 minutes to 6 hours.

Table 13

Frequency Distribution of

the Health Counseling Encounter Classification

Classificaation		f	%
Scheduled		265	43
Unscheduled		352	57
	Total N =	617	100%
Individual		536	92
Group		46	8
	Total N =	582	100%
Telephone		76	14
In person		485	86
	Total N =	561	100%

The subsequent plan after the present health counseling encounter most frequently included more than one action being taken (see Table 14). The referral category related to who the school nurse referred the client to. Continued counseling referred to continuing the counseling done by the school nurse. Consultation involved the school nurse seeking advice from other professionals. Follow-up included those activities done by the school nurse to ensure the plans were carried out. The "other" category included actions such as the nurse "being available," contacting other members in the family or checking with

other students, enrolling the client in appropriate classes, or providing resources for financial assistance, to name a few.

The school nurse most often referred to physicians (see Table 15). In 67% of the cases referred, the client was instructed to see a physician. The "other" category included child protective services, counseling agencies, therapists, guidance counselors or centers, Planned Parenthood, nutritionist, health department, and resources for financial assistance such as the Lion's Club. The "all" category includes referral to physicians, dentists, psychologists, and other. The "other combination" category includes referral to all the aforementioned excluding the physician.

Table 14

Frequency Distribution of Plan

Categories	f*	%
Referral, continued counseling, consultation, follow-up	188	37
Referral, consultation, follow-up	91	18
Continued counseling, consultation, follow-up	69	14
Referral, continued counseling, follow-up	47	9
Referral, continued counseling, follow-up, other	45	9
Referral, follow-up	42	8
Consultation, follow-up	23	5
Total N =	505	100%

* categories with greater than 20 responses were utilized

Table 15

Frequency Distribution of School Nurses' Referral

Referred to	f	%
Physician	236	44
Other	101	19
Physician & other	63	12
Psychologist	51	10
Physician & psychologist	38	7
All	20	4
Dentist	10	2
Other combination	13	2
Total N =	532	100%

Outcome

The outcome of the health counseling encounter is very important in demonstrating that what the school nurse does has impact on the health of the clients. The average total number of health counseling encounters needed to resolve the presenting problem was 5 encounters with a range of 1 to 50 encounters. In over 80% of the cases, resolution of the problem was either complete or in progress (see Table 16). Two-thirds of the time absenteeism was not related to the problem (see Table 17). In those cases where it was, absenteeism was most frequently decreased (see Table 17). The reason most frequently given for resolution of being unknown was that the client had moved or gone to another school.

Table 16

Frequency Distribution of Resolution Status

Status	f	%
Resolution in progress	431	66
Problem resolved	114	17
Unknown	113	17
Total N =	658	100%

Table 17

Frequency Distribution of Absenteeism Related to the Problem

Absenteeism	f	%
Related to problem?		
No	404	61
Yes	257	39
Total N =	661	100%

Absenteeism Status	f	%
Decreased	160	66
Unchanged	68	28
Increased	15	6
Total N =	243	100%

CHAPTER V

DISCUSSION

ResponseRate

Two hundred and twenty-seven school nurses, or 57%, participated in this survey. This may be indicative of school nurses' interest in an opportunity to define the scope of their practice and finding a means of communicating this to consumers of their services. This lends support to the premise that research is essential to the future of school nursing. School nurses are taking an active part in controlling their destiny.

Part I

Part I of the questionnaire was an attempt to elicit the school nurses' definition of health counseling. The investigator examined the characteristics of the school districts, nurses' school assignments, and length of time in school nursing in order to provide background information about the survey participants. The percentage of time spent health counseling and possible relationships to other variables were also examined. The definitions of health counseling were categorized and compared for possible relationships. But more important, an overall definition of health counseling was derived from the participants' definitions. The discussion of these findings is presented here.

School Districts

The most frequent description of the area was suburban of middle socioeconomic status with the next being urban of lower economic status. These areas would have the largest population of children and therefore the largest number of schools. What would be interesting to investigate is the relationship of school nursing services to the availability

and/or utilization of other health services in these areas. Determining the impact of school nursing services is beyond the scope of this descriptive survey. The investigator seeks only to present a composite picture of the survey participants' work environment.

School Assignments

Although school assignments varied among the school nurses surveyed some generalizations can be made. The school nurses were most often assigned more than one school with the responsibility for the health care of over 3,000 students on the average, usually in the elementary or handicapped/exceptional schools. Over half of the school nurses had no assistance from health aides or clerks.

It seems that the school nurses in this study have enormous job responsibilities. If a school nurse is required to perform many clerical and minor first aid duties due to the lack of a health assistant this may be a source of stress and frustration or role conflict (Oda, 1977). A number of respondents expressed frustration in not having enough time to do health counseling because of the clerical duties involved in mandated services. One nurse explained that the psycho-social problems in her school were referred to the counselors because of lack of time. The health and developmental needs of this survey population's schools is great. School nurses may suffer from role strain if their obligations are overdemanding (Goode, 1960). These conditions could have detrimental effects on the nurses' job performance and job satisfaction.

This data raises questions about school nurse functioning within the school environment. Lack of time may result in school nurse role strain. A nurse assigned to a number of schools may have limited time

to establish rapport with the staff and/or administrators. The importance of these interrelations has been stressed as the most determining factor of the school nurse's role in the school (Hawkins, 1971; Oda, 1975; Jenne, 1970). Findings suggest that flexibility within the role may be limited due to time constraints. Yet, this flexibility is considered an important part of the role (Bryan, 1973; Oda, 1979a). Limited time may limit effectiveness in the role. School nurses may have limited opportunity to expand the scope of their practice. These findings also suggest that the school nurse may not meet the health care needs of the client population and maintain good public relations with very limited time to do so.

School nurses may not be utilized to their fullest potential if they are forced to perform tasks that do not require the nurse's expertise. This situation raises questions as to the cost-effectiveness of the school nurse assuming the duties of a health assistant and possibly limiting the role potential. Due to the descriptive nature of this survey specific answers to questions are beyond the scope of the study. Such questions may provide the basis for future research in this area.

Percent of Time Spent Health Counseling

School nurses estimated they spent an average of 30% of their time health counseling. Nearly one-third of their time was spent in an activity which is not concrete and therefore less visible than other services they provide (Oda, 1981). This could contribute to role ambiguity as perceived by the staff and/or administration. A number of school nurse respondents commented on how participating in the study made them realize how much counseling they do. This finding may serve

the purpose of increasing the school nurses' awareness of the amount of time they spend health counseling. This in turn may help the school nurses to clarify their role and facilitate communication regarding the health counseling component of their role to consumers of school nursing services.

There was a statistically significant relationship between the number of students seen for substantial health related or psycho-social problems and the percentage of time spent health counseling. The data suggest that the more substantial health problems encountered the more counseling would occur related to the problems. Yet, if these services are not concrete and less visible one might question the value of the service. School nurses could argue that substantial problems do, in fact, affect the learning potential of students. This would lend support to the importance of health counseling if evidence of positive outcome could be provided. The school nurse needs to identify the relationship of the health problem to the learning potential as well as to document the outcome of the health counseling. This would provide a more objective means of communicating the importance of health counseling to others so the value of the service can be fully appreciated. The implications of the findings are limited if they are not utilized as a basis for clarification and communication of school nursing services.

Definitions of Health Counseling

Definitions of health counseling were varied yet there were some commonalities. The school nurses utilized a holistic approach in defining health counseling. This approach involves looking at the "whole client". For example, one school nurse's definition typifies the

approach by describing health counseling as "a physio-psycho-socio-educational approach". Many other school nurses included the mental, emotional, and social aspects of the client, as well as the physical, in assessing the situation. A number of respondents also referred to health counseling as an ongoing professional relationship and therefore not within the domain of the health assistant. One school nurse defined health counseling as a "helping relationship". This lends support to the investigator's conceptual basis for the survey. The overall goal of the health counseling was to help clients take responsiblity for their own health related decision making, fostering independence. Some school nurses reflected a global approach in describing the goal of ultimately "improving the quality of the client's life". To summarize, health counseling was defined by this sample of nurses as a professional helping relationship with a holistic approach and preventative focus to stimulate behavior change and independent client decision making to alleviate a problem and/or improve or maintain optimum health of the client. Health counseling was considered by many survey participants as the most important component of their job and the most rewarding.

The health counseling definitions were categorized by process and focus. The categories offer a means of examining a large number of subjective definitions. The differences between the intervention and facilitative approaches would be integrated into the health counseling process in practice. The focus of the health counseling may be either health or problem oriented but share a common goal of behavior change in the client. The relationship between focus and process was examined and found to be statistically significant. In application, one could not predict the focus of the health counseling with knowledge of the process

utilized. Although health counseling may be defined by process and focus the outcome or goal is the element of interest to school administrators and consumers of school nursing services.

Part II

Part II of the questionnaire was an attempt to document the health counseling component of the school nurse role. The investigator examined the characteristics of the clients, the presenting problems, the health counseling encounter, and the outcome of the health counseling. The characteristics of importance presented in the findings and their relevance to school nursing practice will be discussed.

The Client

The purpose of obtaining data about the type of client was to present the characteristics of who usually participates in health counseling. The student was most often involved in health counseling encounters. This is congruent with the focus of the school, education of the students. The optimum health and welfare of the student as the priority is substantiated by the data presented here.

The school nurses were not limited to students as clients. Parents were involved in 42% of the health counseling encounters and staff involved in 20% of the encounters. Parent and staff involvement in the welfare of the students may be promoted in the health counseling encounters of this survey population of school nurses. Staff health counseling was often regarding their own health issues. Improved staff health can only improve the education they provide. These findings support the school nurses' orientation to promoting a healthful school environment for all. The benefits of school nurse health counseling may have greater impact on school health than was first thought.

It is interesting to note that females were more often the clients than males. This may be reflective of the sex ratio in the school population. In addition, females may be permitted to admit the need for help and to seek assistance more easily than males due to sex role identification. One must be cautious to interpret that females are in greater need of health counseling than males. This investigator attributes this finding to a combination of population ratio and societal influence but realizes that further research is necessary to confirm this idea.

Some discrepancies exist in the student grade level data. The frequency distribution of the clients in grades kindergarten through eight (60%) is similar to that of the elementary and junior high schools. In contrast, 20% of the schools were reported to be handicapped/exceptional and only 5% of the clients were included in the handicapped category. The reason for this may be the school nurses may have tended to report the grade level of the student rather than focusing on the handicapped status. This type of attitude is consistent with the normalizing focus of mainstreaming individuals. Another interesting comparison is that although only 10% of the schools in this study were reported to be high schools, 29% of the clients were high school students. This may be an indication that there are more health needs than first believed in the high school population and therefore a greater need for school nursing services. The data provides no conclusions but points to areas for further research.

Presenting Problem

The categorization of the presenting problem may be of limited value due to the large number of multiple answers and many that could

not be categorized. Yet, this finding may also be encouraging. It may be inferred from these responses that most health counseling needs are multiple and complex rather than single. A single approach may not be effective, which supports the need for the school nurses' expertise. Also, only 6% of the presenting problems were considered to be behavior or learning problems. This small percentage may be indicative of appropriate use of nursing services since these areas are most often considered the domain of education. The nurse may be seen as the interpretive expert of possible underlying health needs if the problem cannot be alleviated by the teacher. The nurses in this survey were not considered the counselor in situations unrelated to health. Such a cooperative situation between teachers and school nurses may be suggestive that these nurses are successfully clarifying and communicating their role. Further investigation is warranted to substantiate this idea.

The school nurse's perception of the problem was described by two methods. Some of the respondents utilized a medical diagnosis to describe the problem, i.e., asthma, acute anxiety reaction, anorexia nervosa. Other school nurses utilized a nursing diagnosis such as hyperactive behavior due to allergy medication, persistent seizures due to poor medication control, and chronic substance abuse due to problems with mother. Many of the school nurses listed multiple problems and/or underlying reasons for the problems. The descriptions seemed scientifically based on a professional nursing assessment. Herein lies the domain of the school nurse because school staff and administrators lack the expertise to adequately assess health needs.

The teacher was most often the person referring the client to the school nurse. This finding is important because it may be indicative of a rapport established between the school nurse and the teacher. Such a rapport may encourage teacher observation of student health problems and facilitate subsequent referral to the nurse. This in turn leads to improved health of the client and ultimately enchanced learning potential. If the school nurse is not present in the school, or only on a limited basis, the teacher-nurse relationship may be limited resulting in unmet health needs of the students. The learning and education of the students may be sacrificed.

The client was also a frequent referral source. An interesting facet to this finding is that it directly relates to the goal of the health counseling, to stimulate decision making. The clients in this survey population are beginning to assume responsibility of their own health care. Therefore, school nurses are exerting impact on the future of these health care consumers. The findings support this premise.

The presenting problem affected the classroom in 65% of the health counseling encounters. Although it is not clear to what extent the classroom is affected, learning is also affected to some degree. If this is so, the health counseling done to resolve the problem is valuable not only to the education of the clients but also their classmates. Further investigation as to the extent of the affect of the problems on the classroom may prove invaluable to the future of school nursing services.

The Health Counseling Encounter

The data gathered regarding the health counseling encounter provided interesting information. A difference was found between the

category of group encounters (N=46) and those reported as more than one person as the type of client (N=236). This may be attributed, in part, to different concepts of group and individual among the school nurses. Also, there are differences in the total responses for each which may also contribute to the differences. The classification of group or individual is not as important as who the school nurse considered the client. The investigator sought only to point out the discrepancy.

Plan

The plan after the health counseling encounter, including referral, is important in that it reflects the resource coordinating expertise of the school nurse. The school nurse most often included many services as part of the plan for the client. In 69% of the plans presented the school nurse was included as providing continued counseling service. Although the physician was the most frequent referral, the school nurse also utilized a wide variety of community resources as referrals for the client. The school nurses in this survey were knowledgeable about the community resources for obtaining health and related services not available in the school setting. Without the school nurse's knowledge and expertise many of the clients' health needs might go unmet.

Outcome

The outcome of the health counseling may be the most important aspect of this survey. It is the outcome or result of the health counseling that school administrators and legislators are interested in. The significant finding was that 83% of the health counseling resulted in problem resolution or resolution in progress. One third of the time, or in 40% of the health counseling encounters, absenteeism was related to the problem. The health counseling reduced the absenteeism in 66% of

those cases. To what extent it was reduced is not specified in the responses. The implication here is that a large percentage of health counseling encounters have a positive outcome. If the problems most often affect the classroom then remediation of the problems would have an impact on the learning environment and enhance the education process.

Limitations

This survey relied on the self-report of school nurses. Positive reports may have been presented in order to portray themselves as valuable and their services as necessary. This is described as a possible response set bias (Polit & Hungler, 1978). The subjects were informed that the information was to be used as evidence for school administrators and legislators to support continuation of school nursing services. The school nurses in this survey may have considered their jobs at stake. Although a bias may be inherent in self-report measures, it is hoped that it was minimized in this questionnaire format.

The survey was developed and coded by the investigator. This could also be a source of bias since the investigator might not be as objective in analysis of subjective data as someone not so closely involved in the survey process. The integrity of the investigator was the means utilized to minimize possible bias.

Instrument clarity may also have been a limitation in this survey. The school nurse did not consistantly categorize the presenting problems. The problem may have been inappropriate categories for the type of information requested. Also there may have been a lack of clarity in the directions. The school nurses were able to complete the rest of the questionnaire with minimal difficulty which lends support to its overall clarity.

Summary and Conclusions

This study has presented an overall view of the health counseling done by school nurses in California. These school nurses often have enormous responsibilities for the health care of students at a number of schools with little or no clerical assistance. School districts may be limited the scope of school nursing practice with unrealistic expectations of the role. Health counseling is considered a very important part of the school nurse role since nearly a third of their time is spent in that activity and yet many respondents felt frustrated because of limited time to do so. The need for school nurses to clarify what they do and communicate the value of the outcome is evidenced in the findings of this study.

The definition and documentation of the health counseling component of their role in this survey provided some valuable information school nurses can use as evidence that what school nurses do has impact on student learning. Although the health counseling may be less concrete and less visible than other services, school nurses can present the positive outcomes as support of the value of their professional expertise within the educational system. What can be more important than the health and welfare of our future adults? School nurses are striving for the optimum state of well being for their clients and may need more time in the schools to achieve this goal.

The key to the future of school nursing services is continued research in this and related areas to ensure a healthy future for all. This survey was a beginning attempt to define and document the health component of the school nurse role. It has opened the door to further

investigation of the relevance and importance of health counseling to school nursing practice.

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APPENDIX

Introductory Letter

Consent Form

Instructions

Questionnaire Part I

Questionnaire Part II

CALIFORNIA SCHOOL NURSES ORGANIZATION

November, 1982

Dear School Nurse

The present economic climate is forcing school districts to re-evaluate the cost-effectiveness of school nursing services. Health counseling is one of the most important components of the school nurse role but has not been clearly defined nor well documented. This survey is being conducted under the auspices of the California School Nurses Organization and is part of the graduate study program at the School of Nursing, University of California San Francisco. The survey is an attempt to define and document the health counseling component of the school nurse role. It is hoped that the data collected will be substantiation for legislators and administrators of the value of school nurses and the health counseling services.

Your name was randomly selected from the California School Nurses Organization membership list. You will remain anonymous and the responses held confidential since your name will be coded. If you are willing to participate in the study, please sign the attached consent form and return it in the enclosed stamped self-addressed envelope within a week with your name and address on the return section of the envelope. The survey questionnaire and specific instructions will then be forwarded to you. In the pilot study the questionnaires took between five and fifteen minutes to complete. If you wish to receive a copy of the results, please check the appropriate box on the consent form. Thank you for your time and consideration.

Sincerely,

Helen Silacci

Helen Silacci, School Nurse
C.S.N.O. Research Chairperson
1300 Almond Orchard Dr.
Morgan Hill, Calif. 95037

Brenda Belanger

Brenda Belanger, Graduate Student
1951 - 31st Ave.
San Francisco, Calif. 94116
Tel. (415) 664-4046

CALIFORNIA SCHOOL NURSES ORGANIZATION

November, 1982

Consent to be a Research Subject

The Health Counseling Component of the School Nurse Role

The purpose of the study is to define and document the health counseling component of the school nurse role.

The survey questionnaire is distributed by Brenda Belanger under the auspices of the California School Nurses Organization.

The survey will ask questions about the health counseling done in the school(s) and the results of the counseling.

1. I agree to complete the survey questionnaire and return it to the investigator in the stamped, preaddressed envelope.

2. I and the school(s) I am employed in will remain anonymous.

3. I can refuse to answer any questions and can withdraw from the study without jeopardy to my C.S.N.O. membership or employment.

If I have any questions I can reach Brenda Belanger at (415)664-4046

I wish to receive a copy of the study results. _____Yes _____No

Date_____ Signature_____

Approved by the Committee on Human Research at U.C.S.F. #930308-01

CALIFORNIA SCHOOL NURSES ORGANIZATION

November, 1982

Health Counseling Study

Instructions

Dear School Nurse

Thank you for agreeing to participate in the study of the health counseling component of the school nurse role. The purpose is to define and document the health counseling component. You are asked to complete the enclosed questionnaires. The questionnaire is in two parts. First, a one page questionnaire will ask for demographic information and the school nurse's perception of the health counseling component. The second part is an attempt to document health counseling encounters. You are asked to choose three health counseling encounters and use one two page questionnaire to document each. The encounters must involve substantial health related or psycho-social problems, more than minor first aid encounters. The questionnaire will ask for information about the client(s), the problem(s), the plan to solve the problem(s), and the outcome of the health counseling. Please return the questionnaires to the investigator within one month of receiving them. If there are any questions you may reach Brenda Belanger by telephone at (415) 664-4046.

Sincerely,

Helen Silacci

Brenda Belanger

Helen Silacci, School Nurse
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Health Counseling Study
Part I

Please circle the letter corresponding to your choice (fill in where appropriate):

1. Your school district can be classified as (select one):
   a. rural
   b. suburban
   c. urban
   d. other (specify)_____

2. Your school district's socioeconomic status can be classified as predominantly (select one):
   a. upper
   b. middle
   c. Lower
   d. other (specify)_____

3. Next to each type of school, record the number of schools where you are employed:

	# of schools
a. elementary	_____
b. jr. high	_____
c. high school	_____
d. college	_____
e. exceptional/ handicapped	_____
f. other	_____(specify)_____

4. Are health aides/clerks employed by your school district to assist you?
   a. yes, in _____ (number) schools
   b. no

5. What is the total average daily attendance of all your schools?_____

6. How many years have you been in school nursing?_____

7. What is the average number of students you interact with daily for substantial health related or psycho-social problems? (more than minor first aid) _____

8. What is your definition of health counseling?

_____

_____

_____

_____

9. What percentage of time do you spend on health counseling per five day week?____

CALIFORNIA SCHOOL NURSES ORGANIZATION

Health Counseling Study - Part II

Please circle the letter(s) corresponding to your choice (fill in where appropriate):

1. Client(s):
   a. student(s)
   b. parent(s)
   c. staff
   d. other (specify)_____

   A. Student's age at last birthday _____

   B. Sex: a. female
      b. male

   C. Student's grade level in school_____

2. Presenting problem(s):
   A. Main reason for client(s) visit to the school nurse (circle one):
      a. general health evaluation
      b. injury or accident
      c. acute illness
      d. chronic illness
      e. learning problem
      f. behavior problem
      g. follow-up on previous health problem
      h. other (specify)_____

   B. School Nurse's perception or diagnosis of problem:_____
      _____

   C. Referred to school nurse by:
      a. self
      b. teacher
      c. parent
      d. school nurse
      e. other (specify)_____

   D. Which of the following are affected by the problem:
      a. individual
      b. family
      c. classroom
      d. community

Health Counseling Study - Part II (cont.)

3. Present health counseling encounter:

   A. Type (circle one choice from each pair):
      a. scheduled or a. unscheduled
      b. individual or b. group
      c. telephone or c. in person

   B. Length of time to the nearest 5 minutes_____

   C. How satisfied were you with the counseling encounter? (circle one number)
      very unsatisfied 1 2 3 4 very satisfied

      Comments_____

      _____

4. Plan:

   A. Circle as many of the following that are part of the plan for the client(s):
      a. _____referral
      b. _____continued counseling (by school nurse)
      c. _____consultation (with teacher, parent, etc.)
      d. _____follow-up (by school nurse)
      e. _____other (specify)_____

   B. Of those circle above, rank order (1=most important, 2=2nd most important, etc.)

   C. If referred, to:
      a. physician
      b. dentist
      c. psychologist
      d. other (specify)_____

5. Outcome:

   A. Number of counseling encounters for this problem to date_____

   B. Problem (circle one):
      a. resolved
      b. resolution in progress
      c. unknown (explain)_____

   C. Has absenteeism been associated with client's problem?
      a. yes
      b. no

      (1) If yes, absenteeism (circle one):
      a. decreased
      b. unchanged
      c. increased

Comments_____

_____

_____

_____