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A survey to determine teachers' opinions about the usefulness of the school nurse's activities

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A SURVEY TO DETERMINE TEACHERS' OPINIONS
ABOUT THE USEFULNESS OF THE
SCHOOL NURSE'S ACTIVITIES

BY

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Bachelor of Science in Nursing

Boston University, 1954

A field study submitted in partial fulfillment of the
requirements for the Degree of Master of Science
in the School of Nursing

Boston University

June, 1960

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This study was supported (in part) by a training grant,
United States Public Health Service, NT-53 from the Division
of Nursing Resources, Bureau of Medical Services, U. S. Public
Health Service.

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CHAPTER I

INTRODUCTION

Along with the increase in our school population during the past decade, and the increasing emphasis on the importance of health education as a responsibility of the schools, there has also been an increase in the number of nurses doing school health work. At the same time, changing patterns and emphasis in public health have broadened the scope of the role of the nurse in the school health program.

The nurse and the teacher have a common goal in the education of the school child today,--to help him to develop physically, socially and emotionally, as fully as possible. The nurse in the school has a responsibility to develop a close working relationship with the teacher and to share as well as to differentiate activities:

The teacher's acceptance of some of the functions of the nurse which have rich potentialities for classroom instruction is an important factor in working through good policies and programs. The school administrator's and teacher's acceptance of the nurse as a professional member of the staff is another.¹

¹National League for Nursing, School Nursing Services, A Report of a National Conference on School Nursing Services. (New York: National League for Nursing, 1956), p. 19.

A survey of teachers to find out which of the activities of the school nurse seem most useful to them might assist the nurse in working with the teacher.

STATEMENT OF PROBLEM

How do the teachers in one small community view the activities of the school nurse?

JUSTIFICATION OF PROBLEM

The writer's experience as a school nurse indicated that often the role of the nurse in the school was not clearly understood by the teacher. The writer also began to question how effective public health nurses were in interpreting their role to teachers. Case finding, conferences and follow-up activities are considered the most important work of the nurse at the present time.² Demands of the situation rather than personal factors should be the focus of nurse-teacher relationships.³ A study of how the teachers in one community looked at the activities of the school nurse might be of value by indicating areas where the nurse and teacher need more knowledge before they can work together cooperatively, and also might indicate how effective public health nurses have been in

²Grace M. McFadden, and others, "How do Nurses Spend Their Time in Schools?" American Journal of Public Health, 47:939, August, 1957.

³Ruth Freeman, Public Health Nursing Practice (Philadelphia: W. B. Saunders Company, 1957), p. 40.

interpreting school nursing to the teachers. The study also might be of value in assisting the nurse to make more efficient use of the time spent in school; might serve as a guide in improving interprofessional relationships; and thus, increase the work potential of both teacher and nurse in the area of school health.

SCOPE AND LIMITATIONS

The study was limited to a small community in southern Rhode Island.

Ten teachers, selected at random from all the teachers in the two public schools of the community, were the participants.

The findings cannot be generalized and are only applicable to the teachers in the two schools in this one community.

DEFINITION OF TERMS

For the purpose of this study:

School nurse--refers to the public health nurse employed by the department of health and doing part-time school nursing in a generalized public health nursing program.

PREVIEW OF METHODOLOGY

An interview schedule was developed. The writer procured the data for this study by interviewing ten of the thirty-five teachers who work in the two schools in a small community. The average length of each interview was twenty-five minutes.

SEQUENCE OF PRESENTATION

Chapter II includes a review of the literature and a statement of the hypothesis used for this study.

Chapter III presents the description, the selection of the sample and the methodology used to procure the data for the study.

Chapter IV includes the presentation of the data collected and an analysis and discussion of it.

Chapter V includes the summary, the conclusions drawn from the study and recommendations.

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

A review of existing literature concerning the activities of school nurses revealed that there have been some studies done to determine what priorities school nurses put on their activities in the school health program. But the writer could find no evidence of any attempt to get the opinions of teachers as to which of the school nurse's activities the teachers felt were most useful to them. The literature, however, stressed the importance of the nurse and the teacher working cooperatively for improved school health.

In an address presented at the annual meeting of the American School Health Association, Koopman stated, "The cart has been placed before the horse in our school health efforts . . . the folly of ignoring the real operators--teachers and parents--may account for some of our failures in the field of mental health in the schools."¹

A report of a national conference on school nursing services listed two important factors in working out good

¹G. Robert Koopman, "A Vigorous School Health Program as an Educational and Cultural Necessity," Address presented to the American School Health Association at the Annual Banquet (New York: American Public Health Association, November, 1953), p. 7. (Mimeographed.)

policies and programs: (1) the teacher's acceptance of some of the functions of the nurse which have a rich potential for classroom instruction, and (2) the acceptance of the nurse as a professional member of the school staff by the school administrator and teachers.²

Marie Swanson stated that no other factor affected what the school nurse accomplished as directly as the closeness and harmony of her relationship to the teacher. The nurse should be a consultant to the teacher on general health matters and policies, as well as a source of authentic health information about pupils and their families. The nurse should also serve as a resource for immediate and practical help when a health problem becomes too involved for a classroom teacher, or requires too much time spent on an individual pupil, at the sacrifice of the other pupils' interests.³

Freeman listed the nurse's responsibilities in the school as:

1. Nursing care: emergency care or other nursing service during the day; health counselling to individual students and their parents; participation in health appraisal procedures offered by the school.
2. Providing consultant services to teachers, student or parent groups as necessary.

²National League for Nursing, School Nursing Services Report of a National Conference, (New York: National League for Nursing, April, 1956), p. 19.

³Marie Swanson, School Nursing in the Community Health Program, (New York: Macmillan Company, 1953), p. 63.

3. Contributing to instruction programs as consistent to the overall education plan and to the nurse's preparation.⁴

She also stated that the school nurse's program has to be adjusted to teacher expectations. The responsibility that teachers assume depends upon how they feel about health promotion as a function of the school.⁵

Ruth Klein sent a questionnaire to six hundred and thirty-nine school nurses in New Jersey. There were one hundred and fifty-two items upon which the nurses were questioned. This study purposed to analyze critically the functions and professional preparation of the school nurse serving in the New Jersey public schools. She found that the nursing profession was uncertain as to the functional role of the school nurse, and that the technical competency obtained through a nursing diploma program did not adequately prepare the nurse for school nursing.⁶ She listed six nursing functions in the area of health guidance:

1. Instructing teachers in methods of handling specific health problems relating to the individual child's condition.
2. Counselling pupils on personal health problems, and group conferences with faculty concerning current health problems.

⁴Ruth Freeman, Public Health Nursing Practice, (Philadelphia: W. B. Saunders Company, 1957), p. 63.

⁵Ibid., p. 364.

⁶Ruth Klein, "The Function of the School Nurse and the Professional Preparation of Nursing," Journal of School Health, 29:270, September, 1959.

3. Assisting teachers in motivating pupils to acquire healthful habits and to secure health guidance.
4. Counselling teachers about needed adjustments in physical environment of classroom for pupils, including the handicapped.
5. Counselling faculty members on the home situations of pupils which affect their adjustment.
6. Giving personal health guidance to faculty and staff when requested.⁷

Rappaport believed that, "both nurse and teacher need to have a clear-cut picture of the responsibilities which each can carry out, if they are to work toward an understanding of their common goal--to assist the child to be increasingly self-directive in matters of personal and community health."⁸ Tipple, also felt that there was a need to promote better understanding of the potential contribution of the entire school staff to develop an effective health service program. The nurse should take into account the basic preparation of teachers in health education.⁹

Grossman interviewed sixty-five public school nurses selected randomly from all the public school nurses in three California counties. These sixty-five nurses represented a

⁷Ruth Klein, "The School Nurse as a Guidance Functionary," Personnel and Guidance, 38:321, December, 1959.

⁸Mary B. Rappaport, "Cooperation of Nurse and Teacher in the Health Program in Small Communities," Journal of School Health, 27:48, February, 1957.

⁹Dorothy T. Tipple, "The Changing Role of the School Nurse," Teacher's College Record, 59:191-195, January, 1958.

variety of different types of schools and grades. The basic theme of this study was that the teacher was not performing effectively in the school health program because she lacked a working concept of the school nurse's job. Eleven broad areas of problems were perceived by these school nurses. First on their list was their relationship with the school staff; another was lack of acceptance by the school staff. He concluded, ". . . few public health workers have been trained to deal as competently with individuals in the field as they have in the technical phases of their work."¹⁰

Poe sent detailed questionnaires to six hundred school nurses randomly selected from the public school nurses in Illinois, Michigan, Ohio and Wisconsin. Her purpose in doing this study was to determine the importance that school nurses placed upon each school nurse function. She found that eighty per cent of the nurses questioned, rated the development of cooperative relationships between school nurses and other school personnel as first in importance; the remaining twenty per cent gave this function second rating.¹¹ One conclusion of this survey was that nurses needed to develop experience in

¹⁰Jerome Grossman, "The School Nurse's Perception of Problems and Responsibilities," Journal of School Health, 25:154, June, 1955.

¹¹Nancy M. Poe, "Functions of a School Nurse," (Unpublished Doctoral dissertation, Boston University, Boston, 1957), p. 207.

public relations and to coordinate their planning with other school staff.¹²

From a review of the literature it seemed that there was a need for the school nurse to increase her skills in interpreting to teachers her role in the school health program. In addition, a critical look needs to be taken of her present activities in the school and to evaluate the activities in terms of the total school health program.

HYPOTHESIS

Teachers have divergent opinions about the usefulness of the school nurses' activities.

¹²Ibid., p. 212.

CHAPTER III

METHODOLOGY

SELECTION AND DESCRIPTION OF THE SAMPLE

This study was conducted in a southern Rhode Island community with a total population of 4,155. Due to the expansion of industry in a neighboring area, this town was gradually shifting from a rural to an urban economy. The health department had a generalized public health nursing program which included school nursing. The only resident doctor in the community also served as part-time health officer and as school physician. The 1958 birth rate was 27.4 per 1000 population. This exceeded the state average birth rate by 31.1 per cent.¹ From kindergarten to ninth grade there were 700 students and 35 teachers in the two schools of this community.

The names of the teachers were arranged alphabetically, and every third teacher was selected. A total of ten teachers was selected in this way. Five taught in the primary grades, three in the intermediate grades and two in the junior high grades. Seven were women and three were men. Five of the teachers had less than three years experience in this school system. Three of these five had had additional

¹State of Rhode Island, Department of Health, Vital Statistics, 1958, Report of Department of Vital Statistics, (Providence: State of Rhode Island Department of Health) p. 11.

experience in other urban school areas. Two had also taught in rural schools. One teacher with over four, but less than ten years service, also had other urban teaching experience. The four remaining teachers had had over ten years of service in this town. The teachers when asked what health courses they had taken before graduation from college and after graduation gave the responses listed in Table I.

TABLE I
COURSES TAKEN BY THE TEN TEACHERS
BEFORE AND AFTER GRADUATION FROM COLLEGE

Course*	Number of Teachers Taking Course	
	Before graduation	After graduation
Physiology	6	0
Community health	5	1
Personal hygiene	3	0
Mental health	3	4
Physical education	2	2
Psychology	2	2
Biology	2	0
First aid	1	4
Adolescent psychology	1	1
Zoology	1	0
School health	1	0
Child behavior	1	0
Deficiency diseases	1	0

*Considered to be health courses by the teachers.

TOOLS USED TO COLLECT DATA

First, an interview schedule with nine open-ended questions was constructed to collect the data. The open-ended question

was used to permit free response to questions raised rather than limiting responses to stated alternatives, because the purpose of the study was to secure the opinions of the teachers about the different activities of the school nurse. This interview schedule was tried on one teacher and was not adequate. It was revised, and a check list of minimum school nurse activities was developed from Swanson's comprehensive inventory of school nursing activities.² The combined interview schedule and check list were then tried on two teachers. As a result of this testing two questions which seemed confusing were omitted, and one question was added.³

PROCUREMENT OF DATA

The writer made an appointment with the superintendent of schools and discussed the study with him. He agreed to ask the teachers if they wished to participate in the study. Each teacher received a letter from him giving his support of the study and asking for her participation.⁴ Thirty-two of the thirty-five teachers stated that they would be willing to be interviewed. The principal in each school arranged for the teachers to have relief from class for the interview. The

²Marie Swanson, School Nursing in the Community Health Program, (New York: Macmillan Company, 1953), pp. 121-141.

³See copy of combined interview schedule and check list in Appendix A.

⁴See copy of letter in Appendix B.

investigator made one visit to each school to collect the data from the ten teachers selected as a random sample. An attempt was made to conduct the interviews in such a way as to provide the respondents with a maximum opportunity to express freely their thoughts and feelings. The school nurse's office was used in one school; in the other school different rooms served as conference sites for the interviews. The settings were quiet and relaxed; the teachers were interested and friendly. The average length of each interview was twenty-five minutes.

CHAPTER IV

PRESENTATION AND DISCUSSION OF DATA

DATA OBTAINED FROM OPEN-ENDED QUESTIONS

The teachers were first asked, "Ideally, what do you think the nurse's activities in the school health program should be?" Table II lists the responses to this question.

TABLE II

OPINIONS OF THE TEN TEACHERS CONCERNING ACTIVITIES
OF THE SCHOOL NURSE UNDER IDEAL CONDITIONS

<u>Activity</u>	<u>Frequency</u>
Conference on physical defects	10
Conference on behavior problems	6
Help teacher with referral of nervous and emotional problems	6
Home visits for health supervision	4
Inspection of children	3
Instruction to teachers re: communicable disease symptoms	2
physical inspection	2
Health talks to junior high students	2
Keep health records	2
Retest of vision and hearing	1
Health supervision of pupils	1
Total	39

Sixteen responses mentioned the conference activity of the nurse concerning physical defects and behavior problems. Six responses mentioned the nurse helping the teacher with

referral of nervous and emotional problems. Four respondents mentioned the home visits of the nurse for health supervision.

The question about the value of the individual teacher-nurse conference was considered next. Table III lists the responses given when this question was asked.

TABLE III

OPINIONS OF THE TEN TEACHERS CONCERNING THE VALUE OF
INDIVIDUAL TEACHER-NURSE CONFERENCES

<u>Opinions</u>	<u>Frequency</u>
Very helpful for interchange of information	8
Of most value in the primary grades	3
Of value when using teacher observation sheet	3
Of limited value	2
Of value on social-emotional problems	1
Gives insight into pupils' home conditions	1
Total	<u>18</u>

Of the eighteen responses to this question, eight respondents mentioned that the individual teacher-nurse conference was helpful in providing an interchange of information. Three of these eight added that the initial conference should be held early in the year. Three teachers mentioned that these conferences were of most value in the primary grades, and three stated that they were of value when using the teacher observation sheet. This sheet was an innovation in these schools during the year. Of the two respondents who felt that the individual teacher-nurse conference had limited value,

one explained, "In junior high a child should begin assuming some responsibility for his own health." Another, also a junior high teacher, stated that the individual conference was of value only if the teacher desired it. He also added, "Opportunity to discuss with the nurse should be offered, other than a chat outside the classroom door." One response indicated that lack of sufficient time for conferences limited their value.

The teachers were also asked if they thought that there were occasions when it would be preferable for the nurse to have group conferences rather than individual conferences with teachers. Five respondents were of the opinion that group conferences might be used to orient new teachers to the school health program and to give information to all teachers on common health problems. Four respondents felt these group conferences could be used to tell all teachers about the health plans for the year. Occasional nurse-student group conferences to discuss health and hygiene were also considered to be useful activities by three teachers. Three of the respondents did not think the group conference for teachers was useful.

When asked about which activities the nurse might spend additional time if she were able to devote more time to school health, seven of the teachers indicated that more individual and group conferences with teachers and children would be useful. There were also six suggestions that the nurse might attend all faculty meetings. Some reasons given for this were:

"To give her an understanding of problems other than health problems that teachers face." "She could keep us informed about common health problems at these meetings, rather than calling a special meeting."

The teachers were asked what kinds of things they usually referred to the school nurse. The thirty-two responses to this question are listed in Table IV.

TABLE IV

CONDITIONS USUALLY REFERRED TO THE NURSE BY
THE TEN TEACHERS FOR FOLLOW-UP

<u>Condition</u>	<u>Frequency</u>
Questionable physical conditions	8
Personal hygiene problems	6
Nervous or emotional problems	5
Retesting of vision, hearing	5
Poor health habits	3
Discipline problems for advice on home . . .	2
Excessive absenteeism	1
Return to school after illness	1
Accidents	1
Total	<u>32</u>

The teachers referred children to the nurse mainly for follow-up of questionable physical conditions, personal hygiene problems, nervous and emotional problems and for retesting of vision or hearing.

The reasons given by the teachers as to why home visiting by the nurse was useful to them are listed in Table V. Seven teachers mentioned that the nurses' home visits helped teachers to understand the child better. Five responses indicated the

need for teachers to understand the home environment. Three teachers felt that home visits by the nurse helped the parents to understand the child and to see reasons for correction of defects, and two felt that these visits assisted in better home-school relations.

TABLE V

REASONS GIVEN BY THE TEN TEACHERS FOR SCHOOL
NURSE'S HOME VISITING ACTIVITY

<u>Reason</u>	<u>Frequency</u>
Helps teacher to understand child better . . .	7
Gives teacher picture of home environment . .	5
Nurse is liaison between home and school . . .	2
Helps parent to see reason for correction of physical defects	2
Helps parent to get to understand child's problem	1
Total	<u>17</u>

Thus, questions on the follow-up and home visiting activities indicated that the teachers recognized that referral to the school nurse for follow-up of physical and emotional problems was their function.

The majority of respondents indicated that the home visiting activity of the nurse was useful in two broad areas, (1) it served as a source of information to the teacher by promoting a better understanding of the child through knowledge of his home environment, and (2) it helped to improve home-school relations.

When asked how the nurse might be used as a resource person by the new teacher, thirty-two responses were given. The same question when asked concerning the experienced teacher elicited nineteen responses. Six responses concerning the nurse as a resource person to the new teacher indicated that the nurse could assist her in the recognition of physical and emotional problems, and in what to look for in her daily inspection of pupils. She was seen as a source for visual aids for health teaching by three of the respondents. Four others felt she could be a consultant on science, health, sanitation, community resources and the teaching of personal hygiene. The nurse could also assist the new teacher in first aid, vision testing and with special problems--each item was mentioned once.

Seven responses to the query concerning the nurse as a resource person to the experienced teacher indicated that she was most useful in assistance with special problems. Five respondents felt that she should do occasional health teaching in the classroom. In the words of one teacher, "The nurse can help re-emphasize the teacher's health teaching." Two responses stated that she was a source for visual aids for health teaching. One teacher stated, "The nurse and the experienced teacher can work more hand in hand; she needs less guidance and can be of help to the nurse also." Some other ways in which the nurse might increase her usefulness as a resource person were also suggested by the respondents. These

were group conferences with all teachers to tell of plans for the health program, and group conferences for the orientation of new teachers.

Teachers were asked for suggestions that might assist the nurse in improving her productiveness in the school health program. Two teachers had no suggestions for improvement, while two others felt that the present program was adequate. Six teachers presented nine recommendations for improvement. The highest frequency for any recommendation was three. Comments were as follows: "The nurse should be considered part of the faculty"; "Teachers need to know the nurse better"; "She should attend our meetings"; "Nurses know the families in this town well because they visit the new babies and the sick as well as work in the school. I taught in another area where the nurses knew very little about the families"; "Have had contact with several nurses in this area. They seem to do a good job"; "Nurses should know how to talk to people, should not dictate to them"; "Should improve their public relations"; "Some of the teachers do not know how much the nurse has to offer."

The question concerning how much time teachers thought that the nurse should give to the specific health programs in their schools elicited the following responses: "should spend full time," "needs more time," "present arrangement is good; we can contact her if a special problem arises," "one hour daily," "as much time as is necessary to perform her

duties." These answers seemed forced, and respondents seemed hesitant about replies. The highest frequency for any response was two.

The teachers were asked whether they thought the school nurse needed more or different preparation than the nurse who worked in the hospital. Nine of the respondents said that she did. One stated that as far as she knew, the preparation of the hospital nurse was excellent. Eleven responses indicated that the teachers thought the school nurses needed more study in psychology. Four mentioned that she needed more study in mental health and mental and emotional problems than the hospital nurse needed. Sociology and public relations were also deemed necessary by four teachers, and community resources by two. One teacher mentioned the need for a course in administration. When asked for reasons why they felt that the school nurse needed more preparation than the hospital nurse, the respondents stated the following reasons: "She /school nurse/has to deal with people rather than cases, with families rather than individuals, and over a long period of time"; "needs to have more affection and understanding of children than the hospital nurse does"; "if the school nurse doesn't understand children, it is difficult for her to give them advice"; "needs to know how to approach families who do not accept easily"; "because most problem areas in school are with the disturbed child." These responses seemed to indicate that in the opinions of the respondents, the school

nurse, because she works with the children in school, and the children and their parents in their homes, needed additional preparation. This was consistent with one of the findings of Klein's study--that the nursing diploma program did not prepare the nurse adequately for school nursing.¹

DATA OBTAINED FROM CHECK LIST

The thirty-two items included in the check list were divided into six major areas of activity: (1) Accident and emergency, (2) follow-up school health activities, (3) community relations, (4) day to day school health, (5) children with handicaps, and (6) resource to teacher.

In the area of accident and emergency activities of the nurse, nine of the respondents rated the explaining of first aid instructions as a very important or important activity. Eight respondents indicated that follow-up on accidents, demonstrating first aid procedures and reviewing first aid reports were very important or important; and seven teachers gave very important or important ratings to making recommendations about accident prevention and supervision of first aid stations. Thus, all the nurse's activities in the area of accidents and emergencies were considered useful by the teachers. The fact that the respondents rated the follow-up

¹Ruth Klein, "Functions of the School Nurse and the Professional Preparation of Nursing," Journal of School Health, 29:270, September, 1959.

²See Table VI, Appendix C.

activity as very important or important is consistent with the interview schedule findings about this activity.

In area (2), the follow-up school health services, all the respondents indicated that the nurse's activities concerned with recording of physical defects on health records, follow-up on children referred to special clinics, referring the child with a defect to the proper authority and discussion of pupil's health with teachers as very important or important. Nine respondents gave very important or important ratings to discussing the treatment of defects with parents. These findings coincided with those from the interview schedule.

In area (3), community relations, nine respondents indicated that the nurse's liaison activity with the welfare department was very important or important; eight indicated her liaison and planning of new programs with the health department very important or important. Seven teachers indicated that health talks to community groups were very important or important. This activity of the nurse had not been mentioned in the interview schedule responses. These findings seemed to indicate that the majority of teachers in this community felt that the school nurse was a link between the school and the community.

In area (4), the nurse's day to day school health activities, the ten respondents rated the interview and inspection of pupils referred by teachers, conferences with parents about their children's health problems and vision and hearing retests

as very important or important activities. Nine respondents also gave very important or important ratings to inspection of new entrants to school and reinspection because of suspicion of communicable disease. Eight respondents considered individual conferences with teachers about problems of daily health inspection very important or important. Seven respondents gave very important or important ratings to investigation of child absent from school because of illness. Six respondents felt that group conferences with teachers to discuss the daily inspection of pupils and problems encountered were very important or important. These findings were consistent with the interview schedule findings in the area of the follow-up and home visiting activities and the conference activities of the school nurse.

In area (5), the children with handicaps, all of the respondents felt that reinspection of contacts to patients with tuberculosis was a very important or important nurse activity. Nine respondents gave very important or important ratings to reinspection of pupils returning to school after rheumatic fever or heart disease, and eight teachers considered the reinspection of pupils on return after accidents as very important or important. Thus, the majority saw the nurse as a resource when children had special problems. This was consistent with the findings of the interview schedule in this area. The nurse also was seen as a resource person to the teachers in supplying materials for teaching health units

by eight teachers.

As stated before, the hypothesis of this study was that teachers had divergent opinions about the usefulness of the school nurse's activities. The findings of this study indicate that the hypothesis was not confirmed.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

SUMMARY

This study was conducted in one small community in southern Rhode Island. The problem was to find out how school teachers viewed the activities of the school nurse. A review of the literature showed that the importance of the nurse and teacher working cooperatively had been stressed as a necessity in the improvement of school health programs. The opinions of nurses about what they felt were necessary activities had been studied, but there was no evidence in the literature that there had been any attempt to get the opinions of teachers about the activities of the school nurse.

This study was conducted in the two public schools in this small community, which had a total estimated population of 4,155, and a school population of 700 in 1960. Of the thirty-two teachers who volunteered to be interviewed, ten were selected by random. The sample included teachers from primary, intermediate and junior high grades. The number of interviews was evenly divided between the two schools. An interview schedule with nine open-ended questions and a check list of some minimum school nurse activities were developed to collect the data. One visit was made to each school, and each

teacher was personally interviewed by the investigator.

An analysis of the data gathered from the open-ended questions showed that all teachers felt that conferences which were concerned with the child's physical and emotional health and deviations from the normal, and conferences to give health instruction to teachers were useful to them.

The teachers also felt that group conferences might be used for the orientation of new teachers to the health program, to give information to all teachers about common health problems, to inform all teachers of the health plan for the year. Three of the respondents always preferred individual conferences with the nurse.

The review of teachers' opinions concerning the referral and home visiting activities of the school nurse showed that teachers considered these to be very important activities. The teachers recognized that referral of problems to the nurse and her subsequent follow up was useful to them as a source of information about the home environment and a help to the parents in a better understanding of the problems of their children in school.

The nurse was rated as a resource person in accidents, community relations and supplementary teaching activities, but the plurality was much less than that given in the preceding two activities.

Teachers felt that the school nurse needed more preparation than the hospital nurse in psychology, sociology and

community resources. The reasons that this additional educational experience was necessary were that the nurse worked with the children in school and with the children and parents in their homes, and this required different kinds of competencies than that of the nurse in the hospital.

The teachers felt that the time spent in school health programs by the nurse was adequate. They also felt that if the nurse attended all faculty meetings, she would have a better understanding of the relation of the school health program to the total educational program of the school.

The hypothesis of this study, that teachers have divergent opinions about the school nurse's activities, was not substantiated.

CONCLUSIONS

The nurses in this community, doing school nursing as a part of a generalized public health nursing program, have been able to interpret their role in school health to the teachers.

The teachers in this community were in agreement about the role of the nurse in the school.

The teachers recognized that the nurse is the liaison between the school and the home.

The teachers recognized that the nurse is the liaison between the school and other community agencies.

The teachers recognized that they have a responsibility for physical inspection of the students.

The teachers have accepted the nurse as a member of the school staff.

The teachers realized that the health needs of children cannot be considered independently of family and community needs.

Preparation of the school nurse in order to be of most value to the teachers must include broader education in family and community relations.

In the opinions of the teachers the nurse was spending sufficient time in the school health program.

By attendance at all faculty meetings the school nurse could increase the effectiveness of her role in relation to the total educational program of the school.

RECOMMENDATIONS

A similar study be done in another community where school nursing is part of a generalized public health nursing service, and the findings be compared with those of this study.

A similar study be done in a community where school nurses are employed by the Board of Education, and the findings be compared with those of this study.

A similar study be done to get the opinions of school superintendents and principals about school nursing activities.

A study be done to determine what knowledges and skills public health nurses need to function most effectively in the school health program.

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APPENDIX

APPENDIX A

INTERVIEW SCHEDULE

Surveys show that nurses have different opinions concerning which of their activities in school health are most useful to the teacher. The nurse and the teacher have a common goal in education today....to assist the school child to develop physically, emotionally and socially, as fully as possible. This survey is an attempt to find out what opinions teachers have of the school nurse's activities.

I. Ideally, what do you think the nurse's activities in the school health program should be?

II. In what areas do you think that the nurse who works in the school needs more or different preparation than the nurse who works in the hospital?

Why?

III. In your opinion, what are some of the areas in which the new teacher might use the nurse as a resource person?

The experienced teacher?

-2-

IV. What is your opinion about the value of the individual teacher-nurse conference?

V. Do you think there are instances when it would be better for the nurse to arrange for a group conference, rather than have an individual conference with each teacher?

VI. What kinds of things do you usually refer to the school nurse?

VII. How do you think that visits to pupils' homes by the school nurse are useful to teachers?

VIII. How much time do you think the nurse should give to school health activities in this school?

In what areas do you think she should spend this time?

IX. Do you have any other suggestions that might help the nurse to increase her productiveness in working with teachers?

-3-

Below is a partial list of some school nurses' activities. Will you please indicate the importance of each activity of the nurse as you see it. Importance refers to how essential you consider the activity. Place a check (v) opposite your selected choice:

1. Explaining emergency first aid instructions to teachers.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance
2. Demonstrating proper procedures for use in first aid.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance
3. Supervising first aid stations to see that proper procedures are used.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance
4. Reviewing and summarizing accident reports.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance
5. Making recommendations about accident prevention in school.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance
6. "Follow-up" on accidents.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance
7. Entering data concerning physical defects on pupil's health records.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance

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8. Discussing pupil's health with teachers.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance
9. Discussing the treatment of physical defects with parents at home.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance
10. Referring children with physical defects to proper authorities.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance
11. "Follow-up" of children referred to child guidance, orthopedic, tuberculosis clinics to see that recommendations are carried out properly.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance
12. Health talks to community groups such as P.T.A.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance
13. Acting as liaison person between school and public welfare officials.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance
14. Acting as liaison person between children's court judge and worker and school personnel.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance

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15. Acting as liaison person between school and health department officials.
___ Very important
___ Important
___ Of some importance
___ Of little importance
16. Inspection of pupils referred by teacher because of variation from normal.
___ Very important
___ Important
___ Of some importance
___ Of little importance
17. Interview of pupils referred by teacher because of variation from normal.
___ Very important
___ Important
___ Of some importance
___ Of little importance
18. Conference with parents in school or at home about pupils' health problems.
___ Very important
___ Important
___ Of some importance
___ Of little importance
19. Investigation of pupils absent from school because of illness.
___ Very important
___ Important
___ Of some importance
___ Of little importance
20. Individual conferences with teachers concerning problems of daily health supervision of individual pupils.
___ Very important
___ Important
___ Of some importance
___ Of little importance
21. Group conferences with teachers as needed to discuss their daily inspection of pupils and handling of problems found.
___ Very important
___ Important
___ Of some importance
___ Of little importance

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22. Vision retests as needed.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance
23. Hearing retests as indicated.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance
24. Inspection of new entrants when no health records are transferred.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance
25. Reinspection of pupils because of suspicion of communicable disease.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance
26. Reinspection of pupils upon return to school after absence due to rheumatic fever.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance
27. Reinspection of pupils who have heart disease on return to school after illness.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance
28. Reinspection of pupils who are contacts to tuberculosis cases.
☐ Very important
☐ Important
☐ Of some importance
☐ Of little importance

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29. Reinspection of pupils who have had an accident upon their return to school.
___ Very important
___ Important
___ Of some importance
___ Of little importance
30. Planning with the health department to develop new programs such as immunization clinics.
___ Very important
___ Important
___ Of some importance
___ Of little importance
31. Help teachers with materials and aids for health units.
___ Very important
___ Important
___ Of some importance
___ Of little importance
32. List and rate any additional activities which you feel should be a school nurse's activity.

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Background questions:

- A. How long have you taught in this school?
☐ Under three years.
☐ Three to ten years.
☐ Over ten years.
- B. Have you taught in any other school?
☐ Rural
☐ Urban
- C. Did you have a school nurse?
- D. What health courses did you take in preparing to become a teacher?
- E. Have you taken any health courses since you have been teaching?
- F. Use this space if you wish to comment about the questionnaire or have any additional suggestions about the school nurse's activities.

APPENDIX B

MEMO: TO ALL TEACHERS
FROM: School Superintendent
RE: Nurse-teacher interviews

We have received a number of compliments from our nurses both local and statewide relative to our health program, our cooperation and the nurse-teacher relationship. A survey is presently being conducted by Mrs. Tighe on the ideal relationship and health program. She would like permission to interview you to note any improvements that could be made in other communities. I have given her permission to interview the teachers in this system. However, I would like to have you volunteer for this project. Incidentally, I have a copy of the potential questions on my desk none of which is a loaded question. May I have your answer back by Monday afternoon.

Check one and send back to me.

I agree to be interviewed by the nurse. _____

I would prefer not to be interviewed. _____

It would be done during school hours.

Your name

APPENDIX C

TABLE VI

TEN TEACHERS' OPINIONS ABOUT THE IMPORTANCE
OF VARIOUS SCHOOL NURSE ACTIVITIES

	Very Important.	Important	Some Importance	Little Importance
<u>ACCIDENTS AND EMERGENCIES</u>				
Explaining first aid instructions	7	2	1	
Demonstrating first aid procedures	7	1	1	1
Reviewing accident reports	4	4	1	1
"Follow-up" on accidents	4	4	2	
Making Recommendations: Accident prevention	4	3	3	
Supervision of first aid stations	3	4	1	1
<u>FOLLOW-UP SCHOOL HEALTH SERVICES</u>				
Entering data re physical defects on health records	10			
Follow-up on children referred to special clinics to see recommendations carried out	9	1		
Referring child with defect to proper authority	8	2		
Discussing pupils' health with teachers	7	3		
Discussing treatment of defects with parents	6	3	1	

TABLE VI (continued)

	Very Important	Important	Some Importance	Little Importance
<u>COMMUNITY RELATIONS</u>				
Act as liaison between school and public welfare	6	3		
Act as liaison between school and health department	4	4	2	
Planning new programs with health department	4	4	2	
Health talks to community groups	4	3	3	
Act as liaison with children's court judge	2	3	4	1
<u>DAY TO DAY SCHOOL HEALTH</u>				
Interview and inspection of pupils referred by teacher with deviations from normal	9	1		
Conferences with parents about child's health problems	5	5		
Vision and hearing retests	8	2		
Reinspection of pupils with suspicion of communicable disease	9		1	
Reinspection of pupils new in school	9		1	
Individual conferences with teachers re problems of daily health supervision	5	3	1	1
Investigation of child absent from school because of illness	3	4	3	

TABLE VI (continued)

	Very Important	Important	Some Importance	Little Importance
<u>DAY TO DAY SCHOOL HEALTH</u> (continued)				
Investigation of child absent from school because of illness	3	4	3	
<u>CHILDREN WITH HANDICAPS</u>				
Reinspection of contacts to tuberculosis cases	9	1		
Reinspection on returning to school after rheumatic fever	8	1	1	
Reinspection of pupils with heart disease	8	1	1	
Reinspection of pupils after accident	5	3	1	1
Help teachers with materials for health units	2	6	2	