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**A QUALITATIVE CASE STUDY ON DELEGATION OF SCHOOL NURSING
PRACTICE: SCHOOL NURSES, TEACHERS, AND PARAPROFESSIONALS
PERSPECTIVES**

by
Sharon Baitinger-Schofield

A Dissertation

Submitted to the
Department of Educational Services and Leadership
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at
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Dissertation Chair: Carol C. Thompson, Ph.D.

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Sharon Schofield

Dedication

I would like to dedicate this dissertation to my mother, Sandra L. Baitinger. She has stood by me through all of my challenges that life has brought to me. She has shown me the act of caring through her life events as an emergency medical technician, caregiver, mother, friend, and wife. Often, our actions speak louder than words. The mind and soul are connected and our actions represent our beliefs, cultures, and emotional, social, and spiritual connections as seen in this dissertation with school nurses, teachers, and paraprofessionals, who care deeply about their students and who have shown a relentless force about providing a safe environment to them. Even Socrates and Plato believed that the soul comprises abilities to reason, the mental capacity to care, as well as a desire and a motivation to help others. Argyris even has indicated that our thoughts and verbal expressions elicit actions that can predict future actions. With this being said, my mother gave her life to help others who were in need. She has shown a courage, self-discipline, and admiration in the face of despair. She cared for a dying woman while ignoring and placing her own needs on hold. Her spirit has captured the essence of nursing and the heart of my dissertation. She has stood by me through all of my challenges that life has brought to me and has taught me valuable lessons; for this I dedicate this dissertation in honor of her memory.

Acknowledgments

I would like to thank Dr. Thompson, my chairperson and mentor, allowing a mind to flourish and providing the appropriate amount of guidance that was perfect for a young researcher to grow and explore new experiences. I am grateful for her guidance and respect her expertise in qualitative research as well as the art of writing. She has provided patience, support, and collaboration with fellow peers that has shown to be priceless throughout the dissertation process. As I have found with this study, the notions of qualitative inquiry are not always straight forward with clear demarcations with clear end results as individuals' perceptions shape our actions, policies, standards, leadership, and education. The lens through which one views may be interpreted by another to have several meanings, and this experience has been rewarding and priceless.

I would like to thank Dr. Nowak and Dr. Santucci for their patience, support, guidance, and experience. I have respect for their research and the challenges that they endured as well as the experiences and insights that were discussed about nursing and the dissertation process.

I would like to thank my husband of 28 years for standing by me through the trying times. My children, Steven and Thomas have endured many years with a mother in school, and they have stood by me and supported me even when mom could not make a baseball game. I hope that they have learned to love education and understand that everyone experiences challenges in life, and these challenges are what makes a person grow to become strong.

Lastly, I would like to thank my father for his support and guidance. We have endured many challenges that life brought us. We are different people today and have

grown to understand many views. We have even learned to look a little deeper inside ourselves to understand our own beliefs and views. Life is priceless, and every moment counts.

Finally, I owe a debt of gratitude to the school who so graciously allowed me into their professional practice and lives and from whom I learned so much.

Abstract

Sharon Schofield

A QUALITATIVE CASE STUDY ON DELEGATION OF SCHOOL NURSING PRACTICE: SCHOOL NURSES, TEACHERS, AND PARAPROFESSIONALS PERSPECTIVES

2016-2017

Carol C. Thompson, Ph.D.
Doctor of Education

For the past decade, there have been many changes to school nursing with the implementation of unlicensed assistant personnel now known as paraprofessionals. This process has brought about several concerns such as mode of delegation, education, training, ability to monitor health-care needs, and organizational effects that trended downward without direction. This qualitative inquiry gave an interpretative meaning to the process of delegation in school nursing, the factors that hinder the delegation process as well as components that are needed to effectively delegate and utilize support staff (paraprofessionals) without detrimental effects to students. This study interviewed 20 participants.

Results of this study showed how each theme affects the other through mode of delegation, communication, administration, education, training, monitoring health conditions, role confusion, and work overload. In this study, the mode of delegation can be seen through emails, documents, IEPs, and 504 Plans; this is a new concept used in delegation with school nursing duties. In the past, delegation was typically discussed through verbal direction to the employee; however, in this study, the documents, emails, IEPs, and 504 Plans elicit a direction for staff members to perform. Also, the results showed that the contingency theory in relation to organizational issues limited shared governance through the professional learning communities (PLCs). The professional

learning communities were implemented by governmental officials to increase learning outcomes in schools; however, shared governance about other issues such as health-care needs are not discussed within the PLC. A significant part of the study focuses on education of all staff members, which includes administrators, school nurses, teachers, and paraprofessionals, as a resource for resolution of current issues.

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Chapter I

Introduction

School nurses often delegate duties to unlicensed assistant personnel to assist with emergencies due to the increase in their workload and duties over the last several years (Gordon & Barry, 2009). I have seen paraprofessionals changing colostomies and inserting catheters for students who have complex health conditions firsthand within a school system, particularly when the nurse was not available. Often, students go to the nurse during unscheduled times, which creates stress when accomplishing other tasks (Green & Reffel, 2009; Smith & Firmin, 2009). These delegations of duties create a concern with liability and safety issues when individuals who are inadequately trained provide care (Gordon & Barry, 2009). The current standard of 1 nurse to 750 students has added to safety concerns because school nurses are expected to fulfill more duties (Green & Reffel, 2009). With the recent trends of new delegation practices for unlicensed personnel, nurses have verbalized a feeling of being untrained when implementing delegation practices because school nursing curricula did not contain information regarding clinical skills on effective delegation practices (Gordon & Barry, 2009). In 2011, a Governor closed developmental facilities and integrated special needs students into the public school system, which has increased the workload of school nurses. Special needs students could bring complex health care issues to schools with them, and could require one-to-one care due to technical nursing tasks. For example, a student who is ventilator-dependent requires special nursing care to manage airways, such as suctioning, tracheostomy care, and managing the ventilator machine. Leadership influences on

school nursing duties have created a discrepancy in practice by implementing the delegation of nursing tasks to unlicensed personnel.

Purpose Statement

The aim of this research was to use a qualitative study to understand school nursing by exploring delegation of nursing tasks among school nurses, teachers, and paraprofessionals in grades 4 to 5 in a northeastern U.S. school district. The method of inquiry was a qualitative approach because the investigation pertained to communication associated with the delegation practice of medical tasks in school nursing. School nursing practices and delegation of duties vary from district to district based on the needs of its children. Each special needs student brings to the district his or her own diversified medical care, such as tracheostomy or ostomy care, which requires specialized medical treatment specifically for that student (Dorsey & Diehl, 1992). This qualitative study provided a deeper view of school nursing practices and the delegation process than would a quantitative approach.

This study was best achieved by studying the natural setting where knowledge about nursing practice and delegation were formulated within the institution (Miles, Huberman, & Saldana, 2014). I investigated how paraprofessionals were being used with respect to school nursing practice, which school nursing duties were performed by teachers within a classroom, and how the act of delegation affect these duties. I wanted to enhance the knowledge base of nurses and educators on the practices of delegation within a school system in regard to nursing care. By identifying steps used in school nursing delegation practice, standards, and policies, we can implement effective practices to prevent harm to children. The shortage of nurses increases as more institutions devise

new strategies to meet the workloads of school nurses (Rudel, Moulton, & Arneson, 2009). Are we placing children at risk by delegating nursing duties to teachers and paraprofessionals?

Problems within certain contextual areas such as role conflict, workload, and job dissatisfaction are explained through historical perspectives on school nursing, current issues, school nursing duties, scope of practice, roles and responsibilities, school setting, state expectations for school personnel, and global perspective (Sathye, 2004). School nursing practices have changed, and now administrators enlist teachers and paraprofessionals to assist in school nursing duties. In the meantime, the idealized view of providing safe and effective school health care to children has taken a back seat to the actual task being performed by teachers and paraprofessionals who have no training with nursing tasks (American Nurses Association, 2011; Combe, Sharpe, Feeser, Ondeck, & Fekaris, 2015; Siegel, 1983).

The practice of nursing varies from state to state, as well as from county to county, due to the standards and policies that each facility implements for school nursing practice. The duties, roles, and responsibilities in each were important to analyze as unlicensed assistant personnel perform skills that consist of nursing duties. One example is when a school nurse calls out sick. There might be no one to replace the school nurse, so a paraprofessional, who is not a licensed nurse, provides care to students. Paraprofessionals who are highly qualified individuals are not certified. The job requirements for a paraprofessional include individual and group tutoring, assistance with classroom management, assistance with computer lab, involvement and engagement activities, support personnel, translator, educational support under the direction of a

teacher, personal care services, cafeteria aides, bus aides, and secretarial support. The risk of infection is a safety issue with delegating a nursing duty. Research has shown that there are areas associated with the increased risk of catheter infections, such as duration of catheter, insufficient health status, incontinence of stool, kidney failure, cancer, and dehydration (Nyman, Johansson, Persson, & Gustafsson, 2011). The scope of practice and state expectations dictate how a nurse is to perform ethically in a school system. The delegation of medication administration to a paraprofessional or teacher is not within the scope of practice of a registered nurse. A registered nurse can delegate to another licensed individual, not to an unlicensed individual.

In the northeastern U.S. school district of this study, there are a total of 70 paraprofessionals. The nursing shortage has created situations where one nurse can be responsible for multiple schools, meaning a nurse would not be available to specific schools on certain days. Grave situations have resulted from not having a nurse present within the building during a school day. In Pennsylvania, two deaths have resulted from not having an available school nurse within a school building (Superville, & Blad, 2014). The school nursing shortage was created in the state of Pennsylvania when 110 nurses left over a 2-year period and districts were unable to fill positions. The school system could learn from Pennsylvania's tragedies.

Because there is a large shortage in school nursing, the department of education has created another avenue to meet the health care needs of students. If paraprofessionals and unlicensed individuals can perform nursing tasks without a license, then why should registered nurses sit for state boards and take examinations? State boards of nursing were devised to protect the public from injury or harm to a patient, or student in this case. In

N.J.S.A. 45:11- 24(d) (20), the scope and practice of a certified nursing aide is identified by defining the activities of daily living, which include toileting, walking, assisting in transferring, and providing other self-care needs. This law does not suggest or include nursing tasks such as inserting a Foley catheter or straight catheterization of an individual. In Pennsylvania, Nurse Aide Resident Abuse Prevention Training Act 14 of 1997, this law allows the nursing aide to assist in basic emergency procedures, basic nursing care, identify and report conditions of the body, personal care, and restorative care, and behavioral care (Pennsylvania Department of Education, n.d.)

To address these questions surrounding delegation of school nurse duties, I first looked at the contextual factors associated with the history of school nursing, current issues, educational background of school nurses, duties, scope of practice, state expectations, role and responsibilities, and global perspective. These perspectives provided an understanding of the complexity of school nursing and how it has evolved with the use of paraprofessionals and teachers as resource personnel in the delegation process.

History of School Nursing

In 1901, public schools relied on medical inspectors (physicians) to identify illness, and physicians gave out the applicable exclusion cards by which as many as 10,567 students were excluded from school (Rogers, 2002). The cards identified illness but did not provide education on treatment or resources available for care in which the medical inspector was unable to produce any positive outcome. This process was seen as a failure because these cards were sent home with the students, and the majority of them were not educated about the information on the card, so little follow up care was initiated

(Vessey & McGowan, 2006). In 1903, a drastic improvement in student illness came about due to the nurses from the Henry Street Settlement in New York City, who helped with implementing effective school nursing practice. Wald, who developed a visiting nurse association for home care, supplied public health nurses to the school systems, and thus created public school nursing (Ruel, 2014). Wald analyzed community health practices and implemented safe practices to be used in school systems by formulating a theoretical perspective (Siegel, 1983). Wald's work assisted physicians in diagnosing students with diseases, which led to proper health practices such as immunizations and the exclusion of sick children from a school system. Through the help of Jane Addams's pioneering work at the Hull-House settlement, Wald's Visiting Nurse Association of New York, and the Department of Health, school nurses worked in both public and parochial schools, where exclusion of students were drastically reduced from 25,000 to approximately 400 students (Siegel, 1983; Rogers, 2002; Wilkinson, 2014). The public school system used 27 nurses for 87 schools with approximately 220,000 students. Students who were excluded were given a card that informed the nurse and doctor about the child, disease, medication ordered, type of exclusion, and estimate date of return to school. In 1903, school nursing duties consisted of the following:

- The school nurse reported to the principal to obtain an assignment depending on which school was in need of a school nurse (Rogers, 2002);
- the school nurse kept the cards, as did each classroom teacher;
- school nurses would inspect each classroom by examining each student with an identifiable, treatable illness, which was treated at the school; and

- after school hours, the school nurse was required to visit a minimum of five homes for the excluded children to assess their health. In most cases, the homes were in deplorable conditions with contagious illness surrounding the students. The school nurse would then provide a summary of these assessments to the school nursing supervisor.

The establishment of school nursing was well on its way by the 1920s (Hawkins & Watson, 2010). In the 1920s-30s, the role of school nursing was to decrease disease and control contagion, and the role evolved to include preventive education for health and wellness (Repetto & Hoeman, 1991). By the mid-1930s to the 1950s, school nursing used the public health framework for a theoretical lens to practice. During war times, disabilities became a focus and the integration of divisions of nursing practice united to assist with handicapped children through identification of issues and prevention (Repetto & Hoeman, 1991). By the 1940s, the school nurse was identified as the only liaison in the school system between the family, community, and the school. By the 1950s, the department of education identified a need for specialized educators for the disabled. In the 1960s, the development of certified school nurses began, and they were governed by the Board of Education. Also, the school nurse became a part of the child-study team, which provided a well-rounded approach to a children's health issue. By the 1970s, disabled children were starting to be integrated into the public school system. In the 1980s, Ronald Reagan implemented an amendment that provides health care services to infants and children and allows for other agencies to assist with services so that school systems are not the sole providers (Denehy, 2009). During the 1980s, school nursing concentrated on nutrition and childhood obesity. In the late 1980s-1990s, the school nurse

focused on AIDS and eating disorders. Also, a national certification was developed for school nurses. By the late 1990s, children with hyperactivity and attention deficit became the focus. In the 1990s-2000s, the school nurse focused on sleep disorders, injury prevention, and hearing awareness. Today, supervisors of nurses are principals, gym teachers, and business personnel of the school district. This clearly showed how a discrepancy in practice could occur due to leadership influences.

Current Issues

In the past, the school nurse's duty ensured contagious children stayed out of the building to prevent the spread of illness (Wolfe & Selekman, 2002). Today, school nurses have expanded their roles to include gastrostomy and jejunostomy feedings; care of trach patients; assistance with nebulizers, indwelling catheters, cardiac monitors; and medication administration (Brunetti, 2013; Wolf & Selekman, 2002). The National Association of School Nurses [NASN] (2015) requires a ratio of 1 school nurse to 750 students and 1 school to 125 disabled children diagnosed with severe health conditions. The workloads continue to increase, yet shortages still exist with an insufficient number of nurses to supply the schools (National Association of School Nurses [NASN], 2015; Wolfe & Selekman, 2002). Many schools have adapted school personnel into the school nurse's role; these individuals include unlicensed assistant personnel such as secretaries, teachers, and paraprofessionals. These individuals perform assessments for emergency needs of students as well as administer medications. Unlicensed assistant personnel often do not have the required education to meet the demands of a school nurse's duties. These unlicensed personnel include individuals with no medical knowledge or training. The roles of a school nurse have expanded to require more knowledge about health-related

topics, including psychological counseling, case management, emergency triage, complicated medical interventions, safety and wellness education, student growth objectives (SGOs), staff education, staff health services, and maintenance of health protocols for state and local governments, as well as individual educational plans such as 504 plans and individualized educational program (IEPs). School nurses are expected to perform more complicated duties, such as intricate interventions to provide health care to students with special needs.

School Nurse Educational Background

The current literature demonstrates that an insignificant number of resources are being applied to solutions for how delegation practices are being implemented in school nursing. The literature has revealed several issues with nursing practice and delegation. Newly licensed nurses have verbalized a deficiency with the ability to use proper delegation techniques (Henderson et al., 2006). The process of delegation needs to be integrated into a nursing program early in the stages of learning; students will be able to practice and fine-tune their skills with delegation. Only 41% of nurse educators taught delegation practices; this identifies the lack of practice with delegation skills in learning (Henderson et al., 2006). In 1995, National Council State Board of Nursing [NCSBN] formulated an approach to identify appropriate tasks, which are called the “five rights to a task.” Safe delegation practices have evolved to encompass how to effectively delegate according to type of task, circumstance, setting, patient, resources, communication (e.g., clear, precise), goal attainment, boundaries, expectations, and evaluation. Delegation can be hindered if the registered nurse provides too many tasks to fulfill, the unlicensed assistant meets resistance about performing a task, or there is inadequate staff to meet the

health care needs. The new implementation of school nursing delegation through the department of education has brought about questions of safety, such as who would perform the task, the complexity of the task or duty, who delegates the task, and whether the task could be evaluated by a nurse.

School Nursing Duties

School nursing is dynamic in its practice as a specialty and continues to evolve, but clear-cut guidelines need to be established across the nation to protect the safety of children. The current standards do not look at ratios of nurses to students, which places a burden on nurses with special needs students who require increased amounts of medical care. The U.S. government implemented amendments to public education laws to assist with providing free and appropriate education for the disabled. According to Spriggle (2009):

Federal laws such as the Individuals with Disabilities Act (IDEA), Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990 ensure that students receive education with peers in the least restrictive environment, which would include provision of health care services if needed.

(p. 98)

This means that if a child has a medical device, the health services within the school are required to provide care for that child. School nurses have indicated that an average number of students consist of 1,467 to 1 nurse and most nurses cover three schools (Spriggle, 2009). This means that “Often school nurses have to cut corners due to insufficient time, energy, and supplies, and funding” (Rice, Biordi, & Zeller, 2005, p. 297). More solutions need to be devised so that our students have the appropriate amount

of time, proper nurse to student ratios, and sufficient number of nursing staff to effectively care for them.

Nursing tasks include health screenings, health record maintenance, diabetic monitoring, administration of medication, straight catheter insertions, tube feedings, and injectable medications for emergencies (Smith & Firmin, 2009). The responsibility falls on the school nurse to properly identify the appropriate task to be delegated. The issue becomes predominantly one of safety surrounding tasks, especially when the nurse is overwhelmed by the workload. Gordon and Barry (1999) note, “In Florida, it is estimated that 450,000 public school children have chronic conditions that can adversely affect their ability to physically stay in school and that may influence their readiness to learn on a day-to-day basis” (p. 353). The advent of delegation has come about through insufficient funding and budgetary cuts to health service departments within schools. The school nurse is also responsible for acknowledging health care concerns of faculty as well as the community (Smith & Firmin, 2009). Another role of school nurses, by which they are legally authorized to abide, is to identify and report suspected abuse and neglect (Smith & Firmin, 2009). Role ambiguity and role strain have been linked with school nurses as their roles have become unclear and less defined by school boards (Smith & Firmin, 2009). The legal responsibilities of school nursing are often unclear to administrators, parents, and faculty members. The scope of nursing practice identifies safe practices that could be performed according to nurses’ professional licensure.

Scope and Standards of Practice for School Nurse

The school nursing practice specialty is defined by its setting: who perform the duties, what the duties are, when the duties take place, and how they are performed (American Nurses Association and National Association of School Nurses, 2011). The school nursing standards were originally developed by the American Nurses Association (ANA). The scope and standards of practice were developed in 1983. The current standards consist of 17 provisions such as: utilizes assessment skills; analyzes and provides a nursing diagnosis; identifies an outcome; plans a treatment regimen; implements the nursing care, coordinates care; provides health education and health promotion; consults with other professionals; evaluates nursing care, utilizes the code of ethics; adjusts to current practice through competencies; utilizes evidence-based practice; provides quality nursing care to students; effectively communicates; utilizes professional leadership skills; collaborates with parents, students, teachers; administrators; evaluates own practice standards; provides resources; provides nursing care in a safe environment; and manages school health issues. The scope of practice for delegation of nursing duties requires a decision-making strategy that aids in the determination of whether or not the unlicensed personnel will be able to handle the task (National Council of State Boards of Nursing [NCBSN], 2016). The National Association of School Nurses (2015) stated that “the nursing process cannot be delegated” (p.1).

State Expectations for School Personnel

The board of nursing is responsible for defining the terms and limits to the delegation practice; however, as shown in this paper, the practices could be unclearly defined with the generalizable terms of the law’s written version. Different governmental

agencies conflict with one another on implementing nursing tasks (Praeger & Zimmerman, 2009); this could be seen in the inconsistency between the board of nursing and the department of education on the use of unlicensed assistant personnel to provide medical care by administering EpiPen injections. EpiPens are given to individuals who experience an allergic reaction, and administration of an EpiPen is a lifesaving event. The Nursing Practice Act notes that nurses are not allowed to delegate medication administration to an unlicensed individual. In the northeastern U.S., registered nurses are allowed to delegate medication administration to licensed practical nurses with limited restrictions. Licensed practical nurses are not allowed to administer a bolus injection via an intravenous device, but are allowed to administer intramuscular, intradermal, subcutaneous injections, oral, rectal, ophthalmic, and ear routes.

Although indirectly related to school nursing practice, several acts set the stage by identifying the components of effective skilled nursing practice, which address every specialty area associated with nursing. The Omnibus Budget Reconciliation Act of 1987 pertains to the nursing home rehabilitation Act of 1987 along with Social Security Act (SSA), the first organization that defined specifications for skilled nursing that implemented training and competency program in long-term care in regard to nursing aides (National Council of State Board of Nursing [NCSBN], 2005, p. 4). In 1996, delegation was revised and researched to include specific outlines of delegation instruction for nurses and assistant personnel. In 1998, a research committee collaborated on the statement:

In 2002, the Officer of Inspector General documented a report about the details of nursing aide instruction which concluded that nurse aide training has not kept

pace with nursing home industry needs, and teaching methods are often ineffective, clinical exposure too short and unrealistic. In-service training may not be meeting federal requirements. (NCSBN, 2005, p. 4)

Nursing homes and hospitals have developed criteria that justifies effective, safe, nursing practice. In nursing homes and hospitals, skilled nursing remains under the control of the registered nurse, and the registered nurse has complete control of the patient's care. However, in the educational setting, an antagonistic relationship can develop among the community, educational system, and nursing practice. This antagonistic force, the political drift, creates a change in practice based on community needs without the school nurses' involvement, which shifted the delegation process for school nurses to now include unlicensed individuals (Callander & Krehbiel, 2014). For example, one state department of education implemented EpiPen designated volunteers such that teachers are approved by the state to give EpiPen injections; this has opened the possibilities to other medication administration such as Narcan, which was recently approved for school nurses and emergency personnel. In the past, delegation duties were strictly dealt by the nurse manager within the hospital setting (Kaernsted & Bragadotir, 2012). In 2005, the ANA and the National Council of State Boards of Nursing (NCSBBN) devised strategies for using unlicensed assistant personnel. The department of education mandated that the school nurse train teachers to administer EpiPen injections (NJSSNA, 2013). The NASN (2016) indicated in a position paper:

The National Association of School Nurses indicated in a position paper, Delegation is not appropriate for all students, all nursing tasks, or in all school nurse practice settings. Neither the American Nurses Association nor the National

Council of State Boards of Nursing support delegating steps in the nursing process. (p. 32)

In 2003, an NCSBN committee researched and documented a position paper on nursing assistant personnel that formulated the rules to delegation practice as a response to the increasing need for unlicensed assistant personnel due to the shortage of nurses (NCSBN, 2005). The NCSBN and the ANA formed a nursing delegation committee in 2005, which wrote a position paper regarding safe nursing delegation practices.

Delegation is a complex process that requires the responsibility of the registered nurse to assess the abilities of the unlicensed nursing assistant (Plawecki & Amrhein, 2010).

There are five rights to delegation practice: right task, right circumstance, right person, right communication, and supervision and evaluation. The delegation process requires a certain amount of trust between the nurse and the unlicensed assistant personnel; this creates an issue with providing care to a large number of students in a facility.

The impact of delegation and the perception of school nurse workloads can be felt throughout the United States as well as internationally. The increasing demands on school nurses pose a threat to the safety and care of students. Responsibilities have trickled down to teachers, in that nursing care is being performed by unlicensed individuals, who do not have a nursing license (Gordon & Barry, 2009). The roles, responsibilities, policies, and standards of school nursing are unclear and becoming more complex as the profession ages (Dang, 2010). According to the education association the delegation of nursing duties to unlicensed individuals brings forth a liability issue. In the state of Michigan, the nurse-to-student ratio is 1 nurse to every 5,000 students (Wilt & Foley, 2011). The duties a nurse delegates falls under the roles and responsibilities of a

registered nurse. In other words, a task should be within the domain of practice for the nurse, and the recipient needs to be legally able to perform the function. Unlicensed personnel do not have the legal ability to administer medication, and it is not within the nurse's scope of practice to delegate to unlicensed personnel when it comes to nursing tasks.

Roles, Responsibilities, Practice

The ratio of school nurses to students has created many issues in the United States such that the implementation of nursing tasks is currently being delegated. In the United Kingdom, Croghan, Johnson, and Aveyard (2004) found that school nurses had caseloads in excess of 3,000 students. Their roles consisted mostly of health assessments, screenings, monitoring health (emotional, social, and physical), assessing for abuse, immunizations, and interventional health for illness. Other school nursing duties include health education: asthma assistance, behavioral management, counseling, school health practice; enuresis management; family planning; teaching; audiology; smoking cessation; health surveillance; public health; sexual, and mental health practice; health promotion; research; and behavioral support. School nurses in the United Kingdom are also required to formulate clubs and to handle the above-listed tasks, such as enuresis clinic; sexual health clinic; drop-in clinic; and clubs for parental support, mental health support, teaching in classrooms, and liaison with other professionals. In this study, the nurses felt distressed and anxious with the health needs assessment; this indicated more education was needed in the area of assessments. As Croghan et al. (2004) stated,

There is a lack of research evidence to support the role of the school nurse. Nurses often claim that they feel invisible. School nurses often suggest that they feel

confused about their roles and that their first line managers have limited understanding of it. (p. 378)

In the United Kingdom, school nurses have said they felt that there were not enough of them to meet the demand of students (Smith, 2009). School nurses have stated they are overloaded with work, and 90% believe that they have insufficient time to meet the students' needs for the required nursing care. Smith (2009) states there have been extraordinary changes made to the roles of school nurses. Chase, Chalmers, Thomas, Hollingworth, and Aggleton (2011) indicate that caseloads were larger than what has been recommended by the state for school nurses. The majority of nurses feel that there is not enough time to implement health promotion, prevention, obesity education, and counseling for mental health (Chase et al., 2011). The majority of school nurses spend most of their time running a mini-emergency room, performing medication administration, and other health related tasks (Chase et al., 2011).

New roles of school nurses are constantly being devised and added as additional tasks. One example of a new role pertains to developing and identifying SGOs. School nurses often become confused in forming objectives because they have two fields of study influencing how they view the objectives: educational and medical. The department of education briefly describes the roles of a certified and non-certified school nurse. The roles of a certified school nurse consists of health promotion; auditory screening; blood pressure screening; dental health screening; measurement of height and weight; scoliosis screening; vision screening; development of 504 plans; immunizations; provision of first-aid and response to emergencies; crisis counseling; maintenance of student health records; and care of child abuse, asthma, HIV and AIDS, Lyme disease, and sickle cell

disease. A non-certified school nurse is limited to the state practice act of nursing, and non-certified school nurses are not licensed to perform individualized health plans or 504 plans, develop instructions for district wide disease prevention, determine exclusion from school, or teach health education classes. The guidelines fail to identify the technical aspects of nursing care with medical devices used for different chronic diseases. The school health guidelines for managing students with chronic disease briefly identifies chronic health condition, history, developmental history, family assessment, current health status, orders and instructions from healthcare providers, develop IHP, education of staff, “provide and /or supervise direct nursing care to allow students to remain in the least restrictive educational environment,” and good communication skills.

The school nurse’s profession has advanced tremendously, and the standards of care do not list protocols for insulin pumps. The policy for northeastern U.S. law discusses epinephrine and glucagon delegates within the school system, but there are no discussions of the specific medical devices used. In a hospital setting, a nurse is responsible for learning one intravenous infusion pump. However, in a school setting, there are a large number of insulin pumps available such as Medtronic, Animas Ping, Animas Vibe, T: slim, Insulet Omnipod, Roche Accu-chek Spirit Combo and many others (Grunberger et al., 2014). Because no medical devices are discussed within the department of education Standards or in documents by the NASN, this places a liability burden on the school nurse. The school nurse is required to know how each device works. Because of the lack of training for school nurses with each individual machine, this increased the risk of a medication error to a number of students.

Aim of the Study

This study uncovered school nursing practices as related to the delegation process. The investigation of school nursing duties provided insight to potential delegation of tasks. Delegation of a nursing task could have potential detrimental effects to student health care within a school system (Potter, Deshields, & Kuhrik, 2010). Most nursing duties require a state license to perform the nursing task, such as medication administration. However, the increasing shortage of school nurses place constraints on the school system to accommodate students with health care needs (Rudel et al., 2009). The process of delegating a nursing task could create chaos and impede faculty relationships within a school system due to employees feeling overloaded, uneducated about the task, stressed, and confrontational. Delegation practices in school nursing currently have not been observed in the literature to identify the complexity of the duties that are being delegated to teachers and paraprofessionals within a school system. Duties vary from one school system to another based on a student's health care needs. Proper standards of practice and policies need to be devised to assure no harm comes to a student during the delegation process.

To address the issues with delegation of nursing tasks to unlicensed individuals, I investigated the following factors as they relate to school nursing: socioeconomic status related to geographic school setting, north-eastern school policies, and income level. The socioeconomic status in this northeastern U.S. school has been given a District Factor Group (DFG) score of CD in a letter rating system from A to J. This is considered moderate for the area. The school setting identifies the number of paraprofessionals and other support staff located here. The policies adhere to the department of education

according to implementing paraprofessionals; however, this policy does not define the duties, roles, and responsibilities of a paraprofessional. The income level defines the salaries of the faculty members within the school system.

Research Questions

The research questions for this study were:

1. Within a fourth-to-fifth grade setting, what nursing duties are delegated to participants, including school nurses, teachers, and paraprofessionals?
2. How are school nursing tasks delegated safely and effectively to participants who are paraprofessionals and teachers within a fourth-to-fifth grade setting?
3. What nursing duties are delegated to paraprofessionals and teachers by administration within a fourth-to-fifth grade setting?
4. As part of shared governance and participative decision-making, what nursing duties are implemented by teachers and paraprofessionals without the school nurse being informed in a fourth-to-fifth grade setting?

Study Setting

This study took place in a northeastern U.S. school district, specifically, a public elementary school for fourth-to-fifth grade. The poverty rate for the northeastern U.S. was 8%, which meant 3,402 families who lived in poverty in this northeastern part of the U.S. (U. S. Census Bureau, 2014). Kaminski et al. (2013) note “Poverty associated stress in childhood also contributes to dysregulated cardiovascular stress responses, which have been implicated in depressed immune function and the etiology of chronic disease” (p. 1058). Improper nutrition affects the health of children resulting in chronic disease that affects their psychological state and results in depression. Ethnicity, culture, and race

does not discriminate when it comes to poverty and low socioeconomic status (Kaminski et al., 2013; Wood, 2003). Approximately 589 households in the county live below a normal income level (U. S. Census Bureau, 2014). The population of children in this county is approximately 42,000 between the ages of 5 and 12 years (U.S. Census Bureau, 2014).

From 2015-2016, the department of education data sheets on financial management of expenditures identify that students who have an IEP or 504 plans are considered classified; 13% of the students are classified. The teacher-to-student ratio is 13:1. The per student cost is approximately \$18,000. The median administrator salary is approximately \$102,000/year. The classroom instruction cost per student is approximately \$8,000; operations and maintenance cost per student is \$1,600; and outside-of school activities cost per student \$168. The median teacher salary is approximately \$65,000, and support service salary is also approximately \$65,000.

Fourth grade has 530 students and fifth grade has 590 students. The total number of special education students in this northeastern U.S. school district was 1,010.

Administration consists of the following: one principal and two assistant principals.

There are two nurses to care for 1,200 students and 150 disabled students. There are three counselors, two reading specialists, one psychologist, one social worker, two speech pathologists, one occupational therapist, one gifted and talented teacher, five music teachers, two art teachers, four physical education teachers, one adaptive teacher, two Spanish teachers, one ELL teacher, 10 Title I teachers, 20 fourth grade teachers, 20 fifth grade teachers, 20 special education teachers, 20 paraprofessionals, 10 cafeteria workers, and 10 custodial staff.

School policies. This northeastern U.S. school's nursing services are listed and documented in Policy 5307, which can be found on the intranet. The nursing service outlines a summary of nursing services, which includes policies that address certified school nurses and noncertified nurses. A paraprofessional is defined by the department of education and the board of education as a non-certified faculty member, often considered a teacher's aide, but also included in this classification are cafeteria staff, bus aide, interpreter, and personal services. In Policy 5306, this northeastern U.S. school Board of Education supplies nonpublic schools with nursing staff. The department of education defines certified and noncertified as the following:

Certified school nurse means a person who holds a current license as a registered professional nurse from the state board of nursing and an educational services certificate, school nurse or school nurse/non-instructional endorsement from the department of education pursuant to N.J.A.C. 6A: 9B-12.3 and 12.4. (p. 3)

Noncertified nurse means a person who holds a current license as a professional nurse from the state board of nursing and is employed by a district board of education or nonpublic school, and who is not certified as a school nurse by the department of education N.J.A.C. 6A: 9B-12.3 and 12.4. (p. 7)

N.J.A.C. 6A:32. According to the state of board of education a paraprofessional is defined as a school or classroom aide who assists appropriately certified personnel with the supervision of student activities. (p. 28)

Research Design

The research design focused on the delegation process as a participative process. An interpretative qualitative approach to the study was conducted on school nurses, teachers, and paraprofessionals (Rubin & Rubin, 2012). Creswell (2014) indicates that a pragmatic view develops through experiences, situations, operation, and causation. The researcher analyzed different aspects of the social environment from historical to contextual (Rubin & Rubin, 2012).

I investigated a purposive sample of 20 participants, which included school nurses, teachers, and paraprofessionals with semi-structured interviews (Newhook, 2012; Teddlie & Tashakkori, 2009). Newhook (2012) used a qualitative study to examine task diaries of teachers and the benefits of the task diaries with occupational health that used 25 participants. In another study, True, Stewart, Lampman, Pelak, and Solimeo (2014) studied an approach to team-based task delegation that used 24 participants. Sathye (2004) also used 24 participants. He used a theoretical model of RAMSDEN to frame the leadership questions and describe management practices such as interpersonal skills, collaboration, motivation, workload, and fair and effective management. Sathye provided basic concepts used in leadership that can be associated with school nursing delegation practice and were used in developing the research questions for this study.

I conducted qualitative interviews to obtain thick and rich descriptions with open-ended questions that allow for detail. The interviews took place with semi structured questions, in person, and recorded. An interview protocol was devised; participants were aware of their volunteer status, confidentiality, and ability to exit the study; and no discourse resulted from the study. I applied the contingency theory to identifying

situations where tasks were delegated within an elementary school setting, including needs, motivations, and goals related to tasks. I used a purposive sample to identify participants who were considered paraprofessionals and unlicensed assistive personnel who identified as teachers, paraprofessionals, and secretaries. The approximate timeframe of the interviews was 20 to 30 minutes.

Theoretical Perspective

The theoretical perspective of the study targeted school nursing practice and its delegation of nursing tasks. The public health model has given school nurses a foundation on which to build a theoretical framework focused on the community and health prevention. The acute care model allowed for immediate concerns with injuries to be addressed. The public health model has evolved to a point where acute care theory has become integrated within the framework for school nurses, and Levine's (1969, 1970) framework sets a foundation for the organization of tasks within a school setting because her framework incorporated aspects of care including social, psychological, spiritual, community, family, institution, and person/patient/student, becoming an integrated framework through which a process of adaptation and conservation assisted a student with health and wellness. Past experiences were linked to how the student adapted to the situation. From a different context, an unlicensed individual needed to adapt to the situation to assist with the health care needs of a student. The same process could be seen in the worker performing the task. This is where knowledge construction took place in this study to further understand the depth of delegation with school nursing practice by identifying values, beliefs, and actions from the participants within the school setting (Silk, 2015). The implementation of nursing duties required good judgment to perform

safe practice; thus, I researched judgment and adaptation issues as they related to the delegation practices in school nursing.

The disease process consists of two stages in which the school nurse focuses, such as acute disease and chronic disease (Brachman, 1999; Billings & Halstead, 2012). The care provided was further divided into *acute* and *chronic*. Acute care's foundation is based on disease and injury and can be described as what physicians and nurses perform in an environment to help the patient back to health quickly through the use of antibiotics, intravenous fluids, surgical procedures, technology, and equipment (Brachman, 1999; Billings & Halstead, 2012). The acute care model was based on disease and injury. Chronic care could be considered long-term care, such as treating illnesses and conditions for longer periods of time (Branch, 1999). The public health model is based strictly on health prevention.

Wold and Dagg (2001) formulated a conceptual framework that used the public health model, adaptation model, systemic process, tools, and helping relationships. The one point that this conceptual model did not address was the acute care needs of students which have evolved into practice today. The model describes adaptation as a process according to orderliness, consistency, and coherency that does not allow for acute situations that are sporadic, such as those found in emergency rooms. The systematic process utilizes the nursing process, but does not discuss the process of triaging students based on needs for care. Keller and Wickline-Ryberg (2004) indicate more research is needed to understand the practical application of school nursing related to the theoretical component of nursing.

Levine's conceptual model promotes a holistic approach to care through adaptation of her four principles: energy, structural integrity, personal integrity, and social integrity (George, 1995; Levine, 1969, 1970). She uses these concepts to teach medical-surgical nursing and states that the nurse-patient relationship is dynamic; the same could be said of the relationships in education with a school nurse, because of students, parents, faculty, administration, and the community. She also describes three concepts such as historicity, specificity, and redundancy. *Historicity* deals with the students' past experiences. *Specificity* deals with the body's response to any threat, such as increased heart rate, sweating, and nervousness. *Redundancy* deals with the body as a whole. According to Levine, the product of adaptation becomes conservation. With this in mind, the assessment is focused on the patient/student conserving energy until the students realize or accept they are dependent or independent. Levine also coined a term call *trophicognosis*, which focuses on the causes and areas of adaptation to achieve conservation and integrity. Levine (1969) believes in treating the whole patient, not just the disease, which includes psychosocial and spiritual perspectives (Levine, 1969). In school nursing, the nurse needs to consider everyone involved such as parents, siblings, faculty, administration, and community. Many of these concepts can be seen in school nursing practice.

Limitations

This study did not identify all of the tasks that paraprofessionals or teachers perform. The study focused on the roles and responsibilities that were found in a designated school district. This study did not fully analyze the emotional effects of workload in response to a task. This study did not determine the most effective leadership

style, because the research analyzed a small segment of leadership duties pertaining to delegation process. Further research would be needed in the areas of contingency theories, shared governance, participative decision-making, and delegation as this study did not study the full depth of these concepts.

Summary

I used a qualitative study to examine the phenomena of delegation of nursing duties to teachers and paraprofessionals (Streubert-Speziale & Rinaldi-Carpenter, 2007). This study considered leadership aspects such as interpersonal relationships, motivation, skill, collaboration, management skills, communication skills, leadership style, strategies that were taught, contingencies that affect delegation, and education surrounding unlicensed personnel (Sathye, 2004). The study took place in a northeastern U.S. county where the population was greater than 42,000 with a poverty rate of 8%. Disadvantaged students were at a higher risk for cardiovascular disease and other chronic disorders (Kaminski et al., 2013). A district with a high poverty rate increases the potential for specialized care for students, the need for staff, and the potential of utilizing paraprofessionals. The delegation process was complex and multifaceted with divisions that were not clearly defined, such as direct and indirect supervision, participative delegation, participative delegation, and participative decision-making. The effects from shared governance produced boundaries that were unclear and created a crossover of disciplines which enforced self-leadership. More research is needed to define boundaries, understand perceptions, understand roles, and clarify misconceptions of the delegation process (Saccomano & Pinto-Zipp, 2011).

Proper standards need to include delegation practices, type of tasks that can be delegated, and the personnel who could perform these tasks (Dang, 2010). Tighter standards would guide these practices and aid in safe and effective health care to children. The extent of the nursing shortage is global; school nurses are feeling overwhelmed. The focus of this study was to explore delegation practices in school nursing that could reveal ways to manage health care effectively within an institution for a large number of students with a minimal number of healthcare professionals (Wilt & Foley, 2011). Resource personnel such as paraprofessionals are important and highly needed to aid in the care of students, but safe practices need to be established. A qualitative study was conducted to identify issues, practices, and standards of using paraprofessionals and teachers as resources in school nursing practice which was undocumented until now, yet occurring in educational institutions. This qualitative study contributed by identifying the impact of delegation on teacher and paraprofessional roles and responsibilities associated with school nursing tasks. The multidimensional and diversified student body within a district created an educational environment in need of specialized nursing care that could not be fulfilled by the school nurse based on the school nurse's workload within a district.

The plan of this research was to identify current issues with the care surrounding special needs students as well as children with health issues within a public-school system. However, this research has revealed much more about the dynamics to implementing proper school nursing delegation involving leadership, administration, roles, mode of delegation, education, training, in addition to the theoretical complexities that were so grand. Current research did not identify nursing duties that teachers and

paraprofessionals perform related to health-care issues. In Chapter 4, the research reveals collaboration and shared governance that took place between a teacher and paraprofessional. Also, the research uncovers how administration placed a huge role in implementing policies, programs, as well as the simple act of supervising affected school nursing duties and the difficult process of implementing nursing duties. The modes of communication were related to the mode of delegation. Since there have been minimal articles written about the mode of delegation, the actual mode of delegation is surprising, as the action of communication could hinder the delegation act and complicate the nursing task. The effects of safety are a huge factor with any child and major issues are revealed in Chapter 4 surrounding education and training as well as critical incidents that took place in the study. Chapter 5 provides insights by providing solutions to these problems.

Chapter 2

Literature Review

The purpose of this study was to understand the conditions in a fourth to fifth grade setting that influence leadership perspectives on the school nursing delegation process. The insights provided may broaden the knowledge base of school nursing delegation practices as well as develop conceptual ideas associated with contingency theories, communication, and participative decision-making. In this study, I provided information that can guide the development of policies and standards for school nursing delegation practices.

In Chapter 2, I discuss the detailed perspectives of the delegation process and how there are many dimensions that lie within the conceptual idea of delegation. The contextual ideas surrounding delegation pertain to the type of supervision, delegation, participation, decision-making, self-leadership, and shared governance. In Chapter 2, the review of literature further contextualizes the concepts based on leadership, communication, roles, and workload. In this chapter, I explore past theories of school nursing and present theories to understand how delegation can be tied into a theoretical framework. This literature explores how to effectively use delegation in practice and analyzes the legalities involved. The shortage of school nurses has created many issues with providing care within the educational system. The stress and strain of an increased workload creates discord between the school nurse, unlicensed individual, teacher, and paraprofessional. As attempts are made by the organization and fellow co-workers to assist the school nurse with the medical duties, role confusion and role conflict developed among the staff. The controversy further ameliorates the governing bodies' mandates and contradicts the effectiveness of delegation within the profession of school nursing.

Philosophy

Practice routines are seen as freer flowing in order to adapt to situations within organizations. Education, in the formal sense, is often limited by life experiences and cultural values, affecting the process of learning (Dewey, 1944). Society is diverse with varied values, beliefs, and interests with equal opportunities to exchange and interact. John Dewey (1944) describes action as a form of perplexity that brings forth confusion and doubt that allows for the discovery of details through a process of reflection from experience. The researcher was part of the study as the written and verbal information was interpreted by the researcher in the form of experiential knowledge (Maxwell, 1996). To avoid biases, the researcher used reflective practice to ethically guide the research; I accomplished this by using emotional intelligence to analyze the surroundings, people, and interactions within the environment (Goleman, Boyatzis, & McKee, 2002).

Charles Sanders Peirce developed the idea of pragmatism when he noted that the action of words gave rise to their meanings (as cited in Stumpf, 1982). Peirce believed that each person's beliefs shape the action of the word. Aristotle believed that each individual has an ethical center surrounding a decision that consists of inferences and conclusions that result in a deductive process, which was known as *teleological* (as cited in Kezar, 2001; Stumpf, 1982). Aristotle believed that moral beliefs are a part of each individual as the person grows and develops from experience; he often argued about the laws that govern human actions in society. He knew that there are variations to moral actions (as cited in Kezar, 2001; Stumpf, 1982). In this study, I interviewed three different types of professionals; their values and beliefs played into the practice of school nursing as policies and standards within the school system were formed. The moral

actions of performing a nursing duty comes into play when individuals are asked to perform a nursing task outside of their scope of practice.

Theoretical Framework

Public health theories use a framework built on health promotion and behavioral adaptation to promote health and wellness which can be seen in Addam's and Wald's community work (DiClemente, Crosby, & Kegler, 2002). However, change does not come easy when communities have values and beliefs that work against positive aspects of health and wellness promotion. In the 1900s, European immigrants had different values and beliefs than other Americans, and these values and beliefs could also be seen within the school system as conflicts in regard to health issues (Siegel, 1983; Wilkinson, 2014). History has shown that health promotion and prevention are not the only aspects that affect change within a community. Today, the acute care needs of patients are also an important aspect in promoting wellness that requires medical intervention, which is the case when antibiotics are used to treat a disease process, such as tuberculosis. Communities have integral components that influence health promotion, such as spiritual, social, cultural, and familial ideas about health and wellness. School nursing uses these components to assist with health and wellness within the community and school environment. Current practices of school nursing indicate that, theoretically, the practice has become more complex based on the care provided to special needs students.

Addams utilized the situations of immigrants to expound on her views on equity and fairness for all (as cited in Lundblad, 1995). The situations include living conditions, work conditions, as well as nutrition, sanitation, gender issues, and ethnic issues. She used interpersonal relationships to effect reform and investigate issues to make changes

in society. She became an advocate against child labor, segregation among the classes, and racial segregation. She also advocated for women's suffrage. During the times of the Great Depression, she was a prominent social worker, who promoted health and wellness for everyone. Issues can still be seen today in the public school system where children use school nurses as their primary care providers, because some families do not have insurance, making the school nurse their first line of health care.

Wald worked with Addams and learned about social work. Wald was known for starting the Visiting Nursing Service in 1893, a home health care agency for nursing that started the field of public health nursing (as cited in Ruel, 2014). She was also responsible for starting the specialty of school nursing, and she assisted the department of health in the development of placing nurses into schools. During her time, she believed that health care was to be delivered in the most comfortable setting, with convenience and affordability. She also believed that nurses develop a unique relationship with the community in which the nurse could offer preventive health care. Wald believed that disease prevention was linked to cleanliness, especially in connection with such diseases as typhoid, tuberculosis, dysentery, polio, and smallpox. Wald assisted with disease prevention through community efforts. Even in society today, a school nurse first discovered the occurrence of H1NI influenza and notified the department of health (Pappas, 2011). Community efforts today still focus on the prevention of disease.

Levine (1971) indicates that a community values human life and well-being. Levine's theory encompasses the health promotion aspect and the acute care aspect of disease. When individuals become sick, nurses treat the student as a whole: care encompasses every aspect from family, spiritual beliefs, ethnic backgrounds, and

individual perspectives, as well as the disease and the signs and symptoms. She believes that health and wellness encompass every aspect of the person in order for him or her to stay healthy. Levine also believes that the shortage of nurses has resulted from economic demands and situations within a community. She states observation is key to identifying complex disease conditions, indicating that she views the process of observing as synonymous with guardian. Levine also believes that the interaction between the patient and nurse can occur as a silent language in which understanding and acceptance is exchanged. The time frame for this often occurs within 15 minutes of caring for the patient. She also discusses how the patient is on a constant continuum of adaptation and conservation in which the patient attempts to adjust to illness and conserve energy to assist in adapting. The nurse uses family, social, spiritual, and cultural aspects to help patients adapt to illness and return to wellness. An example of this process can be seen in school nursing when the nurse assists a student who has an injured hand by applying ice, which in return aids in adaptation and conservation of the student. The school nurse then notifies the teacher and parent of the injury. The time frame becomes an issue when unlicensed individuals cannot determine whether an injury is serious enough to telephone the parent, which also places constraints on the unlicensed individuals acting as guardians, because they are unable to understand the nonverbal language of pain or distress. Delegation becomes a part of the psychosocial process of caring for the student, while maintaining structural and personal integrity through adaptation.

The theories of Addams, Wald, and Levine are interconnected through the interactions of the social environment to promote health and wellness. Today, public health theory is maintained within the school nursing model with intricate divisions of

disease prevention and acute care that encompass the whole student by dealing with not only the body's response to illness, but also the student's past experiences and overall social connection to wellness through family, peers, community, spiritual, and psychological adaptations. Delegation becomes a component integrated within the social aspect of the adaptation process.

Delegation

Throughout the United States, school nurses delegate nursing tasks to unlicensed assistant personnel (Gordon & Barry, 2009). Misconceptions about the role of school nurses display perceptions that the nurse is there for bandages and ice packs (Smith & Firmin, 2009). When delegating nursing tasks, the school nurse needs to educate the staff (teachers, aides, and other support staff) on specific nursing tasks. Misconceptions create barriers in the role of the school nurse by adding more tasks to the job description, and nurses become strained by the work overload. These misconceptions also add to the marginalization of the school nurse by providing insufficient support and insufficient time to complete tasks (Smith, 2004; Smith & Firmin, 2009). Conflicts arise with teachers and other faculty members when delegating nursing tasks to faculty members, such as having a diabetic snack available within the classroom for students with diabetes, is seen as not part of their role or job description (Gurmankin, 2006). Teachers perform more and more tasks due to the overload of roles and responsibilities of the school nurse; which is where clear-cut guidelines are important for the practice of school nursing.

The process of delegating duties requires assigning duties and tasks to individuals (Resha, 2010). Delegating duties has become multidimensional; different faculty members now perform nursing tasks, such as the unlicensed assistant personnel. This has

become a major concern throughout the United States, because the student-to-nurse ratio can have detrimental effects from the delegation process. The National Association of School Nurses has approved a ratio of 1 to 750, but in California the ratio is one nurse to more than 4,000 students (Nwabuzor, 2007). Throughout the country, there is a school nursing shortage in which the majority of school nurses oversee more than five schools (Gurshky & Ryser, 2007; Taliaferro, 2008). This has become a problem, because in the delegation process, the nurse is responsible for direct supervision as well as assessing and evaluating the response of the task performed. The complex nature of delegating tasks to faculty members creates legal, political, and clinical controversies. The process of unlicensed assistant practice came about due to the lack of funding for specialized programs, a shortage of school nurses, limited budgets to retain appropriate staff, the Individual with Disabilities Education Act (IDEA) of 1975, and state initiatives.

The safe and effective use of unlicensed assistant personnel should require education for nurses to understand the delegation process, state standards, and the practice acts (Resha, 2010; Tilley, 2008). The evaluation of treatment can only be performed by a registered nurse, not a faculty member. The National Council of State Board of Nursing formulated the five rights to the delegation process: the right faculty member, the right event, the right assignment, the right directional interaction, and the right assessment as well as instruction. The school nurse is accountable for all tasks delegated by the nurse. An example of inappropriate delegation is diabetic monitoring of glucose, because unlicensed assistant personnel cannot monitor and adjust insulin dosage for students with diabetes.

Nurse Practice Acts

The federal government does not authorize and regulate the professional standards of nursing because the U. S. Constitution does not include nursing standards (Russell, 2012). The legalization of nursing falls under the jurisdiction of each state. In each state, Nursing Practice Acts specifically describe the profession, educational requirements, standards of practice, titles (such as registered nurse, licensed practical nurse, and unlicensed assistive personnel), licensure, and grounds for disciplinary actions according to violations.

Scope and Standards of Practice for School Nurse

The scope of school nursing practice defines the specialty by identifying where the specialty takes place, who performs the duties, what the duties are, when the duties take place, and how they are performed (American Nurses Association and National Association of School Nurses, 2011). The school nursing standards were originally developed by the American Nurses Association. The scope and standards of practice were developed in 1983, and the current standards consist of 17 provisions:

- Utilizes assessment skills
- Analyzes and provides a nursing diagnosis
- Identifies an outcome
- Plans a treatment regimen
- Implements the nursing care and coordinates care
- Provides health education and health promotion
- Consults with other professionals

- Evaluates nursing care, utilizes the code of ethics, and adjusts to current practice through competencies
- Utilizes evidence-based practice
- Provides quality nursing care to students
- Effectively communicates
- Utilizes professional leadership skills
- Collaborates with parents, students, teachers, and administrators
- Evaluates own practice standards
- Provides resources
- Provides nursing care in a safe environment
- Manages school health issues

Legal

N.J.S.A. 18A:40-12.11-21 allows the school nurse to delegate the administration of glucagon by unlicensed assistant personnel; however, although the State Nurse Practice Act discusses multiple tasks that a nurse can delegate, medication administration, especially with injectables, is not listed (Wilt & Foley, 2011). The nurse practice acts do not mention the delegation process of unlicensed assistant personnel: “NASN surveyed 649 school nurses from the United States and found that of 491 school nurses who delegate medication administration to unlicensed personnel, 15% stated that their state Nurse Practice Act does not allow delegation and 19% were not sure (Wilt & Foley, 2011, p. 187). In Pennsylvania, school nurses are not allowed to delegate medication administration; it is against the law (Pennsylvania Department of Health, 2001). Wilt and Foley (2011) note, “Principals believe they are ultimately responsible for

anything occurring in the school and nurses understand that by state law, nurses are ultimately responsible for medication administration” (p. 188). A few years ago, registered nurses in the emergency room were informed to stop dispensing medications upon discharge from the emergency room as this impinged on the pharmaceutical practices and nurses are acting as pharmacists (Stawicki & Gerlach, 2009). This situation raises the question of how an unlicensed individual can administer medications.

Court Cases

The superior court charged the Department of Education in California with failure to comply with California Nursing Practice Act by allowing the school nurses to delegate insulin administration (Gordon & Barry, 2009). The superior court indicated that the California Department of Education did not have the authority to implement this task. Delegation was the result of an increase in the nurse-to-student ratio and in the number of student health issues that require complex medical interventions. In another case, Oregon State Board of Nursing affirmed that a school principal was acting as a nurse without a license by assuming the role and delegating tasks that required the use of the nursing process such as assessing, diagnosing, planning, and evaluating health care needs of students; this was the result of the delegation process.

Two landmark cases marked a change in the health care procedures for school nurses (Dang, 2010). First, in the *Irving Independent School District v. Tatro*, an 8-year-old with spinal bifida required specialized care with straight catheter insertion every 3 hours; the court sided with the student, Amber Tatro. The court believed that by not providing the care, the school would be going against the IDEA for special education, which required free public education that was appropriate for a disabled individual, but

free comes with a price. In the second case, *Cedar Rapids Community School Districts v. Garret F.*, a quadriplegic high school student required a ventilator to breathe. This student needed health services to provide suctioning, trache care, safe ventilator procedures, and assistance with nutrition. The court ruled that Garret needed individualized care. If the school did not provide the care, the school would be going against the IDEA for special education, and it would deny him a right to free appropriate public education (FAPE).

Teacher and Nurse Identities

The concept of a teacher nurturing and caring for his or her students, just as a nurse cares for students, presents the connotation that a teacher is a nurse. However, the teacher and nurse are separate entities with defined job descriptions. By understanding the typology behind school nursing and the teaching profession, educational policies could be devised to prevent impingement and crossover of disciplines. Researchers have discussed this view, “Professionals are not just set in motion between simple polarities. They were also systematically pinned down in terms of different types of knowledge, stages of development, and typologies of roles” (Stronach, Corbin, McNamara, Stark, & Warne, 2002, p. 111). Teachers today have adapted their roles to include nursing care for their students, such as medication administration, allergic issues, and diabetic care, which is why the professional identities of teachers and nurses have become fragmented in the typology.

Professionalism presents as a struggle when categorical tasks are related to professions, which create discourse, confusion, and conflict among the professionals themselves. Aristotle formulated the structure of knowledge into 10 categories, and this

interpretation can be used when analyzing the teacher and the nurse constructed as individual unified professions (as cited Stumpf, 1982). The categories are defined based on the contextual clues of person, magnitude, character, relation, location, experience, environment, occupation, operation, and past and present. Aristotle also used syllogism to describe discourse: all teachers provide care; nurses provide care; therefore, a teacher is a nurse. The same could be said about a nurse, all nurses teach health, teachers teach health; therefore, a nurse is a teacher (Stumpf, 1982). The professionalism of teachers and nurses results in a process of pluralizing the professions as a unity, which has created professions that have been devalued, deskilled, and de-professionalized (Stronach et al., 2002).

Role Conflict

The school nursing profession has developed into an evolving profession that continues to transform the ideas, beliefs, and perceptions of a nurse and redirect the role as in unlicensed personnel (Bolman & Deal, 2008; Corwin, 1961). Conflict arises when the traditional concepts of nursing with technical tasks are compared with the visual representation of a school nurse. The professional code of ethics and standards that are taught in nursing school are often in conflict with the organizational doctrines of a school system. These areas precipitate conflicts in the role of a school nurse. The nursing profession deals with three jurisdictions within any institution: the bureaucratic division, the professional division, and the patient-care or student-care division. Corwin (1961) describes role discrepancy as an illogical and unattainable depiction of a role, and role organization refers to a group of individuals assigned to political and professional roles for a set agenda.

High levels of stress within any organization create anxiety in the nursing services, and staff use defense mechanisms to avoid the anxiety (Lawlor, 2009). He discusses nine defense mechanisms that are used by nurses within an organization to avoid anxiety: limits contact with students, denies students' individuality, avoids identifying feelings, avoids differentiating the tasks, utilizes a series of checks and balances, uses projection so others can perform their role, distributes responsibility, equates responsibility with delegation, and minimizes or avoids change.

School nurses are marginalized because they are only the nursing professional within the building (Gurung, & Prieto, 2009; Lawlor, 2009). The work environment produces anxiety that causes school nurses to withdraw from relationships related to their tasks. Each individual within the organizational structure has the capacity to withdraw from any role or tasks as well as from the governing body. As a result, relationships became distorted and fragmented. Individuals within the group utilize coping strategies as a form of devaluing others and placing blame. To reduce a defensive culture, the nurse, the staff, and administrators need to identify and allocate the key employees associated with the health services. Policies need to be clear, with descriptions of whom to access for help. The organization needs to have open discussions with staff members about stressful events. Each individual needs to understand the impact of the change in relation to the task.

Job Dissatisfaction

The International Council of Nurses (ICN) identified three areas that have been associated with nurses leaving their employment: personal, as well as family, responsibilities; unclear roles; and the overall support of the organization as a unit (Gok

& Kocaman, 2011; Van Bogaert, Kowalski, Weeks, Van Heusden, & Clarke, 2013). According to Van Bogaert et al. (2013), burnout and job dissatisfaction are related to the workload; the ability to be autonomous in the decision-making process; the social structure of the organization, in which could elicit emotional exhaustion; an increase in the turnover rate of school nurses; and depersonalization with respect to personal fulfillment and job satisfaction. The organization needs to elicit trust, mutual cooperation, and values that are shared among all team members (Ellsworth, 2000; Fullan, 2001; Kezar, 2001). These positive associations lead to better professional and personal commitments to the organization by increasing personal and professional opportunities within the decision-making process. School nurses who are not allowed to assist with decisions regarding the health care of students, experience psychological exhaustion and increased stress within the workplace. Professional empowerment has had a positive impact on the quality of care school nurses provide to students and has assisted school nurses in managing the increased demands of the workload. The influential aspects of leadership in an organization could have beneficial or detrimental affects to the practice of school nursing.

In this northeastern U.S. school, I have seen firsthand how administrators have left the school nurse out of the decision-making process. The superintendent and principal implemented a new policy for changing insulin tubing by the school nurse. The nurses kept questioning the safety factors surrounding the procedure for the insulin pump change, especially within a school in which the ratio was more than 500 students to one nurse. The administration enforced the policy for the school nurses to change insulin pump tubing at the school. The administrators disregarded the concerns of the school

nurses and enforced the policy, and they did not establish any standards of care in the actual procedure of implementing the change. The standards of care would have given the school nurse safe practice guidelines to follow, but the education administrators, along with the school physician, decided to implement the insulin pump change. Do physicians have the authority to implement changes in nursing practice without the input of a school nurse? School physicians are not part of the clinical setting of an educational institution. Most physicians have never set foot into a school nurse's office and are oblivious to the duties, tasks, and roles of the school nurse. Another question arises: Do administrators have the authority to implement a change in nursing practice? The state department of education has already implemented changes in nursing practice with the use of an EpiPen and Narcan within the nursing practice (Green & Reffel, 2009; NASN, 2015; State School Nurses Association [NJSSNA], 2013); in other words, unlicensed individuals making policies for school nurses. In Pennsylvania, Act 195 of 2014 allows the EpiPen to be administered by unlicensed staff members who are trained in giving an EpiPen injection; however, the act does not require unlicensed personnel to be CPR trained (Pennsylvania General Assembly, 2014).

Educational Organization

The profession of school nursing currently resembles the life cycle of an organization (Porter & Bean, 2004). The life cycle of an organization progresses through four phases: the school nurse is trained in the educational field; the profession continues to develop and transform; and then, there is a downward shift or reduction in the need of school nurses, which eventually leads to closure of schools and a rerouting of the profession to accommodate the issues. The transformation phase is on a decline because

educational values have changed compared to the values of school nursing. The political forces have resulted in a reduction in funding for special needs of students. Students with disabilities, who were once fully funded by state initiatives, are now fully integrated in the public domain without the funding needed for care or the delegation of nursing duties. A lack of cohesiveness in organization can be seen as turbulent, because more tasks and duties are delegated to other staff members, who feel these duties are not within their job description. The technical changes often involved the implementation of new medical devices. The life cycle of the organization requires adaptation to the changes so that homeostasis can be returned to the organization. The organizational component of school nursing can be described as, “issues, problems, and dilemmas that school policy makers needed to resolve sequentially to survive” (Porter & Bean, 2004, p. 446). The influential effects of leadership can influence change within the organization and school nursing practices.

Leadership

When analyzing school medication administration, policies and standards become unclear. Principals indicate that they are responsible for what happens in the school; however, they do not hold a nursing license (Farris, McCarthy, Kelly, Clay, & Gross, 2003). State Practice Acts indicate that the nurse is responsible and liable for the medication administration. According to Farris et al. (2003), “Principals (41%) and school nurses (34%) reported that they have the ultimate legal responsibility for medication administration and (17%) indicated other” (p. 332). These statistics demonstrate the division among faculty members. Roles have been documented as being undefined and unclear, which results in questionable practices, “Teachers (84%) most

commonly administered medications on a school trip” (Farris et al., 2003, p. 334). The safety of the children appears to have fallen by the wayside. Principals are the control manager of the school; in fact, “principals often feel the traditional legal concept of in loco parentis confers on them responsibility for medication administration and delegation of who will administer medication” (Farris et al., 2003, p. 335). This viewpoint becomes a slippery slope when the principal delegates an occupational assignment that he cannot fulfill legally as a principal. Currently, administration has the ability to delegate any tasks within the school system, but “how can principals delegate a function that they are not licensed to perform themselves and in which requires training to complete” (Farris et al., 2003, p. 335)? The art of delegation requires principals to be accountable and directions to be clear. Most principals feel that a task can be performed more efficiently and correctly by themselves (Lease, 2009). One person alone cannot fulfill all of the needs of a school without shared visions, shared goals, and dispersion of tasks (Lease, 2009).

Ineffective problem-solving strategies can result from unclear and undefined roles and issues (Stager, 1988). Principals use cognitive flexibility and inflexibility when seeking a solution to an issue. Flexibility requires expertise in the field with deductive reasoning of formulation and clarification of an issue. Inflexibility utilizes problem-solving skills that are based on opinions and interpretations of the issue. When a principal is unfamiliar or uncomfortable with an issue, these inflexible practices come to the forefront. Inflexibility requires the principal/superintendent to embrace the main strategy instead of moving against the issue. Inflexibility also utilizes emotions and dysfunctional problem-solving techniques. The principal is also more alert to dominant stimuli, such as a staff member who brings about a bias in the decision-making process. The

administrators ignore the nurses' information on insulin pumps and the critical dangers of improperly applying insulin. The administrators are also informed that numerous pumps are available, and when a nurse works in a hospital setting, they are only required to learn about the manipulation of one pump. Nurses worry about the nurse-to-student ratio when performing a critical task, and the NASN advises for the procedure not to be done. The influential nature of leadership has effected a change in nursing practice.

In the past, insulin practices with pumps have always reverted to manual administration and to discontinue the use of the pump. The insulin tubing changes bring forth risks to the students with diabetes and create unacceptable standards for nursing practice. The concern comes when unlicensed assistant personnel administer and change the tubing to an insulin pump; with this in mind, the ratio in many school districts is one nurse to five schools. In this case, the nurse was unable to provide direct supervision in the administration of insulin. When analyzing the administrator's actions, the actions resemble the theory in use (Argyris & Schon, 1974; Bolman & Deal, 2008). The administrators clearly controlled the situation, unilaterally protecting themselves. An alternative resolution was never devised. This top-down effect isolated the most important individuals who clearly had the expertise with manipulating the device.

Distributive Leadership

The educational practice predisposes leaders to situations by distributing leadership among employees within an institution (O'Donovan, 2015). Distributive leadership is in constant flux and not static due to the situations that occur. The idea of constant motion allows for leaders to distribute leadership among employees. As the organization evolves, employees take on participative leadership roles that become

supportive, progressive, and mutual for the betterment of the institution. The participative roles develop through negotiating and adapting to the environmental needs of the institution. This division of labor is based on interests, values, and ethical views of the faculty members. O'Donovan (2015) describes distributed leadership as a blurred distinction between the distributive and participative divisions. She further describes how moral purpose, emotional construct, trust, risk-taking, and shared practice are components that help define the characteristics of practice for distributive leadership. She also describes how one practice sparks the acceleration of the other practice. It appears that distributive and participative leadership practices have integrated components that are linked together.

Interpersonal Affect

Within an institution, individuals coordinate tasks with one another and the relationship develops as an interpersonal affect or feeling towards the other person. This feeling develops into an evaluative form, in which the person asking for help defines whether the person is capable of assisting with the task (Casciaro & Lobo, 2008). These feelings elicit positive and negative feelings about asking a person to help with a task. In the interpersonal evaluation of the relationship, the person is perceived as sociable and competent while performing the task. When identifying someone to help with a task, a person who is sociably, desirable, pleasant, and friendly, as well as neighborly, shows traits that elicit a positive perception. A competent interpersonal affect analyzes the perspective of intellect, skillfulness, and conscientiousness. Casciaro and Lobo (2008) indicate:

According to psychological theory on attitudes, interpersonal judgments have three components: cognitive responses to a person (which represent what one thinks of a person), affective responses (which represent what one feels about a person) and behavioral responses (which represent what one does or intends to do with regard to a person). (p.657)

The stem concepts that underlie the perceptions pertain to trust, emotional relationships, and social judgment. Individuals who are friendly and like to produce emotional responses, elicit a warm feeling in which a person develops a form of trust. When an individual respects another individual based on his or her skills, the trust that develops is from the cognitive domain. The cognitive domain relates the trust and interprets the individual as skillfully competent. These judgments are made quickly and can have a negative or positive connotation or bias approach when deciding on a person to help with a task.

Communication

Communication apprehension affects participative decision-making (Russ, 2013). Leaders who are described as low communication apprehension utilize participative decision-making strategies by recruiting individuals and implementing more strategies for participative decision-making to occur. In contrast, administrators with high communication apprehension avoid communication and do not recruit employees to aid in the decision-making process. Supervisors who display high communication apprehension view decision-making as a negative process. These viewpoints display how a voice can hinder or facilitate participative decision-making being implemented and

utilized within a workplace. Communication acts as a bias view in the decision-making process.

Communication encompasses several pathways such as “informing, persuading, motivating, and influencing” the employees of an institution (Nwogbaga, Nwankwo, & Onwa, 2015, p. 33). In a school setting, there were two forms of communication: formal and informal. Formal communication is the process by which administrators direct information within an institution. The formal communication channel allows for directives to be implemented and alleviates misconceptions stemming from the directive. Informal communication is the development of gossip throughout the organization. This information is often exaggerated and dishonest in regard to the details of the information relayed. Formal communication helps with decision-making by providing a directive identified as gaining compliance, motivating and influencing, sense-making, decision-making, conflict resolving, negotiating, and bargaining. Ineffective formal communication displays fears of reprisal, utilizes information to filter ideas, mismanages time, and displays an uncaring attitude to employees. Informal communication is considered gossip that spreads quickly, develops team spirit, reduces anxiety, and identifies dissatisfaction within the organization. The delegation process of school nursing incorporates both of these types of communication. Informal communication is where the individual and recipient have agreed to perform a task together, and not with the organization as a whole. The informal communication channel is seen in the participative decision-making role of the delegation process. This channel allows for interaction to be more openly voiced so that a task can be performed.

Shared Governance

Shared governance is seen in public school systems when teachers and other faculty members provided insight into issues through the decision-making process (King, 2013). Administrators direct the act of shared governance to the faculty members through a delegation process. This process allows for knowledge development and innovative solutions to be formulated as the employees develop an ownership mentality that seeks to solve the problem. Issues and problems arise with shared governance when there is a decrease in faculty participation. Shared governance that does not develop a positive experience within the institution creates an issue with decision-making and participation. When shared governance is not well defined, conflicts arise because of the dialectal nature of shared governance. Disagreements create disconnectedness in regard to situations as well as the delegation process, which generates a crisis situation among administrators and faculty. The negative perceptions of shared governance elicit nonparticipation of faculty members. Shared governance is used in an organization to implement a change in standards, practices, or policies. Other challenges with the practice of shared governance include time, funding, emotional apathy, and observations. Educational funding dictates the need and support for shared governance. An emotional connection to the issue helps to generate motivation, accountability, and responsibility for resolving the problem. Observations are needed to identify the inhibiting nature to change in relation to shared governance. Leaders need to identify individuals who are resistant to change and whose goals reflect a disinterest in those of the institutional governance. Rapid decision-making decreases the effects of shared governance and strips members of the ability to elicit a decision. Leaders need to pay attention to a shift in the weakening of

shared governance because changes occur and devalue the purpose of shared governance. These issues become complex and disjointed.

Shared governance work effectively when time allows for voices to be heard. Leaders need to define roles and expectations for employees to feel connected to the issue, as well as clearly communicate those issues. Employees grow and develop adaptive abilities to assist with the change as the group analyzes, assesses, formulates, plans, implements, and evaluates a solution. Shared governance encourages empowerment and participation, which helps to create a positive work environment and decreases stress (Brull, 2015). As Brull (2015) observes, “Many organizations assume leaders and staff know how to implement shared governance; and therefore, they did not invest the necessary time or resources needed into training and development” (p. 314). Successful implementation of shared governance requires set goals, defined objectives, and establishes a strategic plan on how to accomplish the objective.

Participative Decision-Making

When analyzing the delegation process, the researcher needed to understand the affects of participative decision-making on the practice of school nursing (Russ, 2013). Participative decision-making requires communication to be relayed to a group as a collaborative effort. Communication apprehension plays into the participative decision-making process, as a person who has a low communication apprehension would be able to relay information and collaborate with a group. People with low communication apprehension create more innovative ideas that are multidimensional by using brainstorming and collaborative experiences. People with low communication apprehension tend to brainstorm more effectively. These individuals are described as

team players, effective communicators, effective collaborators, and effective listeners; these individuals are motivated to achieve goal attainment. An individual with high communication apprehension experiences more anxiety and avoids interactions. These individuals are introverts with minimal communication skills, who develop issues with expressing feelings. They also develop emotional liability and prefer to work alone. These discrepancies in practice for teachers, paraprofessionals, and school nursing have resulted from leadership influences.

Motivation

Noland (2014) indicates that McGregor's Theory Y allows individuals to accept responsibility and be accountable for making decisions that are self-motivated and utilize minimal direction from management. This theory identifies individuals who want to make a difference within the organization and develop creative and innovative solutions to problems. When analyzing the communication aspect to Theory Y, these individuals are open to making a difference within an organization. The communication component does not require direct messages from the leader as to how the task is to be performed. Theory Y followers take initiative and accept responsibility for their actions. Theory Y motivation stems from being recognized for doing a job well. Nurses are often characterized by inner personal feelings towards performing their job well.

Koch, Proynova, Paech, and Wetter (2013) found that the quality of care a patient received is linked to nursing shortages. They also discuss that the workplace environment aids in motivation through training, encouraging collaboration, autonomy, and workload of nurses. Nurses who have mentors and specialized training have higher motivation than those who do not. Also, the personal characteristics of a nurse affects motivation, because

type A personalities are more motivated to complete a task. Other characteristics that play into motivation include: benevolence, conformity, hedonism, power, self-direction, and universalism. Benevolence is the ability of the nurse or paraprofessional to persevere and assist with the student's well-being, and conformity is the ability to conform to restrictions even when the restrictions are considered illegal, as in unlicensed assistant personnel. The individual performing the nursing task must also gain a sense of gratification for doing a job well done. Power is involved with the nursing tasks and the delegation process. Power comes from administration, school nurse, and/or within the person performing the duty. The nurse or paraprofessional should be able to perform independently through creativity and exploration. The nurse or paraprofessional develops an understanding and appreciation for the well-being of students. From this perspective, motivation is seen from the school nurse delegating the task to the unlicensed personnel performing the task. Motivation encompasses the feelings, values, and beliefs of each individual who is engaged in the nursing task.

Leaders who display ethical leadership and transformational leadership influence followers through motivation (Balyer, 2012; Yidong & Xinxin, 2013). Transformational leadership "influences on teachers' commitment to change in vision building, high performance expectations, developing a consensus about group goals, and intellectual stimulation, communication, supportive leadership and personal recognition" (Bayler, 2012, p. 582). Students with special needs present challenges in regard to nursing care. Success is achieved in transformational leadership through empowering and inspiring others. Idealized influence utilizes the concept of helping someone else for the greater good. Inspirational motivation unites individuals with a common cause to inspire

devotion to, interest in, vehemence toward the institutional goals. Transformational leaders are aware of their followers' abilities as they instruct and guide the task. Transformational leaders provide intellectual stimulation for followers to become creative and innovative in developing solutions. However, by delegating nursing tasks to an unlicensed individual to fulfill duties as a nurse, the ethical nature behind the leadership and the direction that is given to the unlicensed individual may be questioned, especially when performing duties for students with special needs. The Individuals with Disabilities Education Act (IDEA) is a government law that assures individuals with disabilities receive a free and appropriate public education (FAPE) (Zirkel, 2015). Under this Act, administrators of a public school are required to provide an appropriate education to a person with a disability, which means appropriate nursing care is also supplied to the individual.

Ethical leaders utilize the ideas of a moral purpose to influence innovative and creative work behaviors that are intrinsically and extrinsically motivated and that transfer to an individual or group (Yidong & Xinxin, 2013). The delegation process of school nursing encompasses an ethical perspective in which the nurse needs to delegate a safe task to the unlicensed personnel so that no harm comes to a student; this becomes a problem with special needs students who have complicated medical equipment such as ventilators or tube feedings. Ethical leadership can increase job satisfaction, accountability, responsibility, articulation, involvement, and autonomy in followers. Yidong and Xinxin (2013) describe an ethical leader as having the following characteristics: "honesty, integrity, altruism, trustworthiness, collective motivation, and justice" (p. 442). They analyze the conceptual idea of a task and the individual's

perception to the task as a motivator to perform the duty. Individuals who believe the task is morally correct will present behaviors that are intrinsically motivated to the task. Extrinsic motivation encompasses group activities in which the group's perceptions, beliefs, and practices are tied to the extrinsic motivation of the group. Ethical leaders translate the conceptual idea of the task which encompasses a moral purpose. The followers then find the task as purposeful, challenging, and autonomous, which increases their intrinsic motivation. The delegation of nursing tasks may be intrinsically motivated through an ethical standpoint in which the individual's goals are to perform a duty for the right reason and help an individual in need. However, problems develop when the individuals are unaware of the legalities behind the task being performed.

Teachers and paraprofessionals negotiate decision-making strategies that add to the delegation process of school nursing. Shared governance is seen when teachers or paraprofessionals perform a nursing duty to assist the school nurse, particularly when the workload is excessive. For instance, I have seen teachers watch for food allergies, monitor students who have diabetes, as well as behavioral issues that require medications. In this study, I identified the negotiation process of implementing the nursing duties to determine whether the shared governance and participative decision-making affected the judgment to implement the school nursing duty. As a researcher, I identified whether shared-governance was occurring naturally without leadership influence or with leadership influence.

Summary

School nursing originally followed the public health beliefs of health promotion and prevention; the field has evolved to the point of including delegation practices in regard to acute care tasks. Levine's (1971) theory adds a dimension that accommodates the delegation practice in school nursing and continues to encompass a public health frame with health and wellness continuum as well as community perspectives. It was evident in the literature that delegation practices for unlicensed individuals are unclear. The Nurse Practice Act does not include delegation to unlicensed individuals. The American Nurses Association's position statements indicate that they are opposed to delegation practices towards unlicensed individuals. However, the department of education implements delegation practices to be performed in the schools by school nurses. These statements expound on the argument to whether delegation practice is safe in unlicensed individuals, and divulge the tremendous gap that is found in the literature in regard to delegation practices and unlicensed individuals.

In Chapter 4, the researcher reports how the contingency theory applies to this research setting. After analyzing the overall perspective of how school nurses delegate, the theoretical basis added complexity to the public health framework, Addams theory on equity and fairness to situation with immigrants, Wald's theory on community nursing, and Myra Levine's conceptual model as well as the theory surrounding acute and chronic disease. By seeing how each theory builds on the next showed the complexity of the current theory that school nurses are using. The mode of delegation was delivered in written materials, which has not been previously researched in nursing; but in this study, it showed the forms of communication were directly related to the modes of delegation.

Another huge finding dealt with how documentation such as HIPAA forms, energy program, emails, IEPs, 504 Plans played into the delegation process through the interventions that were listed or so called not listed. Legal issues surround HIPAA forms and the way the school use these forms. Also, in this study, the HIPAA form relieved the duties of the teacher; however, it placed more responsibility and accountability onto the school nurse. The way the information was relayed, received, and understood allowed for different interpretations based on who read and viewed the information. Shared governance, collaboration, communication, and interpersonal affect were the core components to working as a team and implementing health-care practices within a school system. Teachers and paraprofessionals were motivated to perform their job well and go above and beyond to research information regarding health-care issues.

Chapter 3

Methodology

As indicated in Chapters 1 and 2, the shortage of school nurses increases the risks in providing quality care to medically fragile children in public schools (Robert Wood Johnson Foundation, 2013). Dr. Newell RN, Ph.D., who had a medically fragile son, left her full-time job to care for her son when the elementary school he attended did not have a school nurse to care for him (Robert Wood Johnson Foundation, 2013). The government implemented the closure of developmental facilities to integrate special needs students into the public school systems in northeastern U.S. (Livio, 2014). However, the funding for these institutions was not being diverted to the education sector to aid in caring for medically fragile students. Often schools have hundreds of students with only one nurse to provide the care. In northeastern US, schools were paying \$45-50 an hour for agency nurses to provide care for medically fragile students, and there were no grants to aid in the support. Medicaid and Family Care can aid with the financial assistance of medically fragile students, but the families have to be eligible and eligibility is based on income level (Medicaid, 2014). Livio (2012) emphasizes that “in a move intended to prevent schools from trying to save money at the expense of medically fragile children, an assembly panel approved a bill requiring specialized nurses to accompany students who could need life-saving care at a moment’s notice” (Medicaid, 2014, p. 1). This bill placed more of a burden on the school nurse and complicated the nursing practice without any additional assistance with nursing care. I argue that a qualitative inquiry was the best approach to answer the following research questions:

1. Within a fourth-to-fifth grade setting, what nursing duties are delegated to participants, including school nurses, teachers, and paraprofessionals?
2. How are school nursing tasks delegated safely and effectively to participants who are paraprofessionals and teachers within a fourth-to-fifth grade setting?
3. What nursing duties are delegated to paraprofessionals and teachers by administration within a fourth-to-fifth grade setting?
4. As part of shared governance and participative decision-making, what nursing duties are implemented by teachers and paraprofessionals without the school nurse being informed in a fourth-to-fifth grade setting?

In this northeastern U.S. school, parents were concerned about how their child with special needs was not fully integrated into the classroom (D'Amico, 2011). Students with autism were segregated with students who had other special needs, as full integration with this developmental disorder resulted in teachers being unable to meet the academic needs of all students. Strategically placing students with special needs in a classroom can bring forth a multitude of issues that range from developmental to medical. If schools endure difficulties with the placement of students with special needs in regard to educational needs, the same should be true about providing care for the medical needs. School nurse duties continue to increase and evolve from caring for medically fragile students to now performing phlebotomy as well as identifying outbreaks of influenza (Lemongello, 2013). Difficulties in placement and care of medically fragile students in the appropriate schools should not be an issue; therefore, better standards and policies need to be devised to safeguard the children.

The purpose of this qualitative study was to understand school nursing practice by exploring the delegation of nursing tasks among school nurses, teachers, and paraprofessionals in fourth-to-fifth grades in a northeastern U.S. school. The design utilized what was known about the delegation practice of school nursing and expands on the understandings. The research focused on the experiences of teachers, paraprofessionals, and school nurses in regard to delegation practices. Faculty members assisted with school nursing duties and volunteered as delegates or designees. I investigated insights, speculations, and validated previous information. A researcher's subjective approach allowed for different viewpoints to be focused and also allowed for a story to be told so that information can be built upon.

In the past 20 years, instances of childhood diseases such as asthma, diabetes, and allergies have doubled. This requires school nurses to provide complex care with medical devices such as Foley catheter insertions, gastrostomy tube feedings, nebulizers, insulin pumps, and tracheostomy tubes. The role of school nursing has evolved over the years to where the school nurse is performing more technical medical tasks. The government ordered the developmentally impaired to be fully integrated into the school system, which has increased the demand for skilled nursing care. Children with developmental abnormalities such as congenital heart disease can be predisposed to developmental delays (Mussatto et al., 2014). Developmental disabilities are synonymous with congenital abnormalities (Miller et al., 2010). School nurses delegate duties to faculty members within the school system to assist with emergencies; these duties raise liability and safety concerns due to inadequate training of faculty members (Gordon & Barry,

2009). As a result of participative decision-making, what tasks are being performed by teachers and paraprofessionals to lessen the workload of the school nurse?

The process of delegating nursing tasks to unlicensed (health care/nursing) faculty members (teachers, secretaries, paraprofessionals, and aides) raises questions as to whether faculty members need additional certifications and licensures to administer medications safely within the school system (Budden, 2012). Even though teachers have a license to teach, this did not qualify them to administer medications. Currently, in the northeastern US, medication aides are required to receive specialized training that encompasses the six rights of medication administration: right medication, right route, right patient, right dose, right time, and right documentation (Budden, 2012). As previously mentioned, governmental agencies are in conflict with one another when implementing nursing tasks, roles, and duties (Praeger & Zimmerman, 2009). In a fourth-to-fifth grade setting, what nursing tasks are being performed by teachers and paraprofessionals?

Setting

In this northeastern U.S. school, there were a large number of paraprofessionals, and a large number of students with special needs. There was even a specialized educational unit for autism. In 1989, the Centers for Disease and Control investigated contamination of ground water that occurred due to a landfill where high contents of mercury were found in the drinking water supply of wells (ATSDR, 2009). Multiple issues have occurred including cancer, autism, birth defects, and kidney failure. The landfill was never closed; however, the ground water continues to be investigated for benzene because it was also found in the water supply. The Environmental Protection Agency indicates that the status is under control, which means the contaminant levels are

low enough and do not pose a risk today (EPA, 2016). Environmental exposure to mercury has been linked to higher rates of special needs and autism (Palmer, Blanchard, Stein, Mandell, & Miller, 2006). In the northeastern U.S. school district, where this study took place, there were 20 emotionally disturbed, 80 autistic, 130 multiply disabled, 20 mentally retarded, 140 other health impaired, 250 specific learning disabled, and 200 specific language impaired students.

In 2000, the department of treasury recommended that this northeastern U.S. school district reduce the hours of the school nurse and add a school to her assignment, to save \$11,000 a day. The school district also utilized an agency as an outsource for paraprofessionals. Paraprofessionals work with all types of students, even students with specialized needs, handicapped students, and autistic students.

In this northeastern U.S school district, the fourth and fifth grade school has 150 disabled students, 570 economically disadvantaged students, and 20 English language learners. This school is a Title I school. Total enrollment was 1,180 students in 2015. The 80 fourth grade disabled students took the Partnership for Assessment of Readiness for College and Careers (PARCC) test, in which 43% achieved a level 2 (partially met expectations for learning). The length of a school day was 6 hours and 15 minutes. For the fourth and fifth grade, there were 80 teachers. The demographics of the fourth and fifth grade consisted of the following: 1 American Indian, 170 Asian Pacific Islander, 250 Hispanic, 110 Black non-Hispanic, 560 White non-Hispanic, and 50 two or more races (National Center Education Statistics, 2015). There were 430 students eligible for free lunch and 90 students who received reduced-price lunch. The teacher to student ratio was 1:12. This was a Title I school.

The lower socioeconomic environment predisposed children to health illnesses which affected the overall health of children (Wood, 2003). The growth and development of a child is affected by environmental factors, such as inadequate food, shelter, and clothing. According to Kaminski et al. (2013), “Poverty-associated stress in childhood also contributes to dysregulated cardiovascular stress responses, which have been implicated in depressed immune function and the etiology of chronic disease” (p. 1058). The causative influences from environmental factors are a result of improper nutrition, chronic disease, emotional impact from being poor, and environmental hazards. These environmental factors are a direct result of living in poverty. Poverty does not discriminate in regard to race, culture, or ethnic background (Kaminski et al., 2013; Wood, 2003). In the United States, six million children are poor. Two million of those six million are classified as White, and two million are classified as non-Hispanic Black, and two million are Hispanic.

In this northeastern U.S. city, according to the U. S. Census Bureau (2014), the median age is 39.4; this identifies a young and growing community. Among the total population of 42,530, 8% or 3,402 people, live in poverty. In this northeastern U.S. city, 590 households live below an income level of \$10,910, and 3,320 households’ annual income is below \$35,000. This northeastern U.S. city has a population of individuals living in poverty. Teddlie and Tashakkori (2009) indicate components available to the researcher are considered the accessible population. An additional reason to use this northeastern U.S. school district is that it utilizes paraprofessionals and unlicensed assistant personnel, which is a direct link with this research study.

Sample Selection

Maxwell (1996) indicates that there are four components to an effective sample selection, which consists of purposive sampling, maximum variation, sample selection coordinates with theoretical framework, and controlled comparison. A purposive sample was used in the study by identifying individuals who assist in duties for school nurses (Maxwell, 1996). Tashakkori and Teddlie (1998) indicate a homogenous, purposive sample can be used where participants can be classified with similar duties. The sample consisted of interviews from school nurses to understand the policies and standards that were used within this northeastern U.S. school. To understand the depth of the duties being delegated, I interviewed school nurses, teachers, and paraprofessionals. A sample size of 20 was implemented to achieve saturation of the data when no unique or unusual information is found in the data sets (Teddlie & Tashakkori, 2009). According to Porter and Bean (2004), an analysis of an organization relating to school nursing was used in a research study consisting of 20 participants. The size of the sample allowed for the potential risk of attrition while still maintaining saturation, in addition to allowing for an in-depth view of the delegation process (Croghan et al., 2004). The first two to three months was spent interviewing, and then the next five to six months was spent analyzing the data.

Research Design

The research design was a qualitative study that required a proper balance of all schemes that interconnect ideas through different methods of investigating and analyzing the research questions that validated and developed ideas through a conceptual framework (Maxwell, 1996). Just like a boat that became overloaded without proper

balance, the ideas, concepts, and constructs would be lost. The contingency model identified the motivations and reasons for performing a duty, and the situation that created the need for delegation (Fiedler & Mahar, 1979). The conceptual framework allowed for ideas to be focused and unknown ideas to be explored with different outcomes (Maxwell, 1996; Yin, 1989). During this study, I developed relationships in a professional manner by providing information to the participants on where and when the interviews took place, as well as what was asked of them. Data collection consisted of interviews, observations, and documents.

Hermeneutic philosophy pertains to interpreting an individual's perceptions of experiences and situations. Ginev (2014) describes a form of hermeneutic philosophy where rules can be seen through actions, in essence as prenormative ideas. These preconceived ideas give way to behavioral actions through preconceived thought processes that anticipate an expected outcome in which rules can be malleable to the situation. Ginev notes, "The way in which ethnomethodologists try to eliminate this deficiency leads to the conclusion that social norms do not play the role of guiding, determining, regulating, or causing the conduct in predefined scenes of action" (Ginev, 2014, p. 684). According to Garfinkel, social norms are based on the situation through reflection (as cited in Ginev, 2014). The art of reflection in research allows for the researcher to be open to other views. "The reflexive accountability of action is put first. Reflexivity redefines and reconstitutes the situation in a manner that opens a leeway of possible ways of applying rules" (p. 684). A researcher uses reflection as a form of guidance so that the research withholds a fine structure, and this was seen in this study by the use of research questions and maintaining within the limits of a theory such as public

health, acute care, and Myra Levine. “Ethnomethodologists are not tired of stressing that the formal specifications of a rule do not assure the orderliness of social action” (p. 688). This was seen in the tasks that were delegated such as EpiPen volunteers. The idea surrounding this concept has many constructs such as anaphylaxis, skill, diagnosis, allergen, signs, symptoms, and cause, not to mention policies and standards surrounding the delegation practice.

Rationale of Research Design

Yin (1989) describes a case study based on a situation that is common between participants. My study dealt with delegation practices, and the situation was different according to participants involved in delegation duties because the participants were paraprofessionals, teachers, and school nurses. Each situation was different in context of a similar conceptual idea where a case study has similar situations and similar conceptual ideas. A case study also uses research questions that are based on who, what, where, when, why, and how. In my study, the research questions focused on what and how of the delegation process. Stakes (2006) indicates that the particular situation defines the activities within the situation. In this study, there were no specific definable situations to link ideas to each participant. The conceptual idea of delegation was linked, but not the situation itself.

I chose a qualitative approach to analyze the discourse that occurs through the delegation process (Keller, 2005). Analyzing discourse is an interpretative process. The social construction of knowledge utilizes discourse to classify, construct, and define experiences. The knowledge production of the delegation process utilizes several forms of negotiation such as participative decision-making and self-leadership behaviors.

These behaviors provide a symbolic relationship to the actions that partake in delegation. Interpretative discourse utilizes ideas, theories, experiences, and practice to define the meaning of an activity. The analysis of discourse through an interpretative form allows for a connection to be understood between the language and the cognitive thought process. According to Bourdieu's theory, the energy that is produced from interactions, collaborations, as well as the cultural effects from the environment, influence situations (as cited Morberg, Lagerstrom, & Dellve, 2011). The language is represented by the symbolic actions of the employees which represent a social discourse that occurs within the organization. Elliker, Coetzee, and Kotze (2013) discuss social discourse: "The social-constructivist reframing relates directly to the interpretative work of reconstructing discourses, as discourses are not necessarily viewed as the only or main systems of relevance that structure everyday experiences, but as possible ones amongst other local ones" (p. 2). Interpretative social research draws from different philosophical and theoretical approaches to shape the meaning of the interpretation (Schnettler, 2002). The multidimensional analysis of philosophical and theoretical approaches provides a form of pluralism to define delegation practice.

In *Delegation Practices Between Registered Nurses and Nursing Assistive Personnel*, the authors Patricia Potter, Teresa DeShields, and Marilee Kuhrik (2010) dealt with nursing management of delegation practices of unlicensed assistant personnel on an oncology floor. The research design was a qualitative descriptive study. They analyzed the delegation process and placed performance into context associated with role conflict, work ethic, personality, and management. In another article titled *Delegation: What It Means to Acute Care Nurses* by Theresa Standing PhD, RN and Mary Anthony PhD, RN

(2008), the researchers used questions surrounding the nature of delegation and the significance of delegation practices. Their study was a phenomenological design where they researched the understanding of delegation. In both of the articles the setting occurred in a hospital, these studies appear to be relatable to the school nursing practices. There were no research articles pertaining to delegation practices with school nurses.

Triangulation

According to Humble (2009), triangulation is accomplished by using the research method, results, theory, and the researcher. Denzin (1978) indicates that the formulation of different research methods and collection of data adds to the triangulation of the research. In this study, the research methods used included face-to-face interviews, observation of faculty meetings, and documentation. The data collection from my study consisted of interviews, audio recordings, documents, and observations (Creswell, 2014; Rossman & Rallis, 2012). The study was an interpretative qualitative study that used different theoretical components to aid in the analysis. I became an active link to the interviews and what was seen during a faculty meeting. Humble also describes the use of different types of analysis to aid in the triangulation. In this study, the analysis included comparison, patterning, theoretical analysis, and involvement. The research matrix (Table 1) represents the research questions and the research design, which explains how the research questions were addressed.

Table 1

Research Design Matrix

Research questions	Methods of Data Collection
1. Within a fourth-to-fifth grade setting, what nursing duties are delegated to participants, including school nurses, teachers, and paraprofessionals?	Conducting semi-formal interviews, making observations during meetings and professional learning communities, identifying tasks delegated, identifying roles and duties of teachers and paraprofessionals, documenting tasks, (no children will be included in the study)
2. How are school nursing tasks delegated safely and effectively to participants who are paraprofessionals and teachers within a fourth-to-fifth grade setting?	Conducting semi-formal interviews, making observations during meetings and professional learning communities, identifying nursing tasks delegated, identifying leadership influences and safety practices for nursing tasks, documenting, identifying delegation of nursing task (no children will be included in the study).
3. What nursing duties are delegated to paraprofessionals and teachers by administration within a fourth-to-fifth grade setting?	Conducting semi-formal interviews, making observations during faculty meetings and professional learning communities (the hope is to uncover the language of the communication process associated with delegation), identifying areas of discourse through meetings (no children will be included in the study).
4. As part of shared governance and participative decision making, what nursing duties are implemented by teachers and paraprofessionals without the school nurse being informed occurring in a fourth-to-fifth grade setting?	Conducting semi-formal interviews, making observations during faculty meetings and professional learning communities, observing the communication process associated with delegation and areas of discourse, identifying leadership influences, identifying safety practices for nursing tasks, and identifying delegation of nursing tasks (no children will be included in the study).

Data Collection

Data collection encompassed 20 semi-structured interviews to reach saturation (Jovic et al., 2015; Newhook, 2012; Standing & Anthony, 2008; Teddlie & Tashakkori, 2009; True et al, 2014). Participants were interviewed once, and a second interview was for clarification of understanding. Not all participants required a second interview. Triangulation encompassed interviews, observations during faculty meetings, and documents (Maxwell, 1996). The study was conducted in elementary schools with grades four to five. Interviews were in-person and face-to-face. The participants were school nurses, teachers, and paraprofessionals. The information collected was in the form of interviews on the delegation process in regard to tasks surrounding health services within a school system. The qualitative component encompassed interviews, observations, emails, and documents. The semi-formal conversations were completed first to identify key concepts (Teddlie & Tashakkori, 2009). A follow-up interview took place to confirm and clarify any concepts that were unclear or not well defined (Teddlie & Tashakkori, 2009). The follow-up interviews were a form of member checking and assist in validating the research. Credibility was achieved during the interview which encompassed a timeframe of approximately 30 minutes per interview (Streubert-Speziale & Rinaldi-Carpenter, 2007). The researcher and participant relationships were built through prolonged engagement which aided in the development of trustworthiness of the researcher. Also, the intervention process of follow-up post-interviews confirmed analysis of interpretation of the results and increased the credibility of the research. The confirmability criterion and dependability were seen in the triangulation of the research through interviews, observations, and documents. The transferability was seen in the

research design where the research conceptual ideas were transferred to other professions to investigate delegation; this component added to validity of the research.

Open-Ended questions. The 17 open-ended questions were created by the researcher to guide the semi-structured interview. The data collection process used open-ended questions which allowed for a thick, rich, description of information to be obtained (Miles et al., 2014; Rubin & Rubin, 2012). The responses to open-ended questions were completely voluntary, unpressured, and at the discretion of the participants. Various viewpoints were discussed with the participants so that the phenomenon was fully understood. Open-ended questions allowed for the researcher to build a relationship of trust with the participant. No emotional harm came from the open-ended questions while researching the phenomenon.

Face-to-Face interviews. The face-to-face interviews were audiotaped, and the participant was informed about the recording (Rubin & Rubin, 2012). The interviews and recordings were considered voluntary for the participants (Miles et al., 2014; Rubin & Rubin, 2012). The purpose of the audiotape was to allow for organization and retrieval of data collection to accurately occur. The interviews took place in a quiet and secluded environment so that other individuals would not become involved in the discussion. The interviews took place in this northeastern U.S. school either in a classroom or meeting room. The communication sequence required a reciprocated interaction between the researcher and the participant in the form of seeing, hearing, and listening, for the purpose of sharing information in a mutual agreement. Each interview lasted approximately 20-30 minutes; this timeframe allowed for any interruptions and timing issues. The interviews took place at the convenience of the participants. A multivariate

approach was used with the interviews so that a fully conceptualized analysis took place from the different perspectives (Teddle & Tashakkori, 2009). School nurses were interviewed to identify the current occurrence delegation duties and the tasks that were delegated. Next, teachers were interviewed to identify the amount of cross-over that was taking place among teachers in regard to the delegation of activities. Then, paraprofessionals were interviewed to understand the unlicensed assistant perspective on implementing school nursing duties and roles.

Each interview remained confidential and anonymous (Gill, Stewart, Treasure, & Chadwick, 2008; Rowley, 2012). The interviewees were informed of the details of the study and any potential ethical issues related to the study. Interviewees were given a location to meet with a given time that was made in advance. During the interviews, the researcher used techniques of silence, repeating questions, and questioning to prompt a further discussion. Face-to-face interviews allowed for values, beliefs, and experiences to be discussed. Most organizational research interviews utilized staff members' experiences (Rowley, 2012). In particular, interviews that discussed negative and positive effects of delegation provided an in-depth view and potential areas for further research. Interviews were useful as quantitative studies cannot relate perceptual information dealing with perceptions, experiences, opinions, beliefs, and the delegation process.

Observer as participant. Observations were unstructured in the natural element to observe behaviors and interactions that occur in regard to the delegation process of school nursing duties (Streubert-Speziale & Rinaldi-Carpenter, 2007). This allowed a visual representation of the behaviors that occurred naturally during staff meetings and professional learning communities. There were no observations with children. The

observations were with the faculty members of a northeastern U.S. school district. Selective silence was used when needed to observe.

Documents and emails. The partner in this study was considered the participant. The participant informed the researcher of specified documents and emails that aid in the conceptualization of the delegation of school nursing. The retrieval process of receiving documents and emails was voluntary. The board meeting minutes and job descriptions for school nursing, paraprofessionals, and teachers were posted on the Internet and accessed via the website for the school district. According to Rowley (2012) emails are used for qualitative research when a participant has scheduling issues. A positive to using this technique was that it removed the researcher bias, however, the context of the description may be significantly reduced. E-mail questionnaires were a last resort to obtain information from interviewees. When this method was used, the same format to a face-to-face interview was followed, where the participant was informed and introduced to the research topic. The participant was informed of the length of the open-ended questions as well as the time it would take to complete the survey.

Official documents. Potential documents included board meeting minutes as well as any institutional policies that inform or explain job description and associated standards. Also, any documents handed out during a faculty meeting referencing delegation, job duties, and shared governance were included.

Instrumentation

This study was a qualitative design looking at the participative nature surrounding delegation through shared governance. The instruments focused on the delegation process of school nursing practice through the use of an inductive process in qualitative research

(Miles et al., 2014). I devised an interview guide that consisted of potentially 17 open-ended semi-structured questions (See Appendix A). Semi-structured interviews allowed for the delegation process to be defined according to the experiences and provided a detailed description of the process (Gill et al., 2008; Rowley, 2012). The semi-structured interviews helped to provide a guide to direct the interview. The interviews were associated with psychosocial interactions through the communication process that assists in the exploration of philosophies and understanding the delegation phenomenon. The process of communication required listening, discussing topics, and confirming ideas through questioning. The interviewees became engaged with the interview through the experiences and opinions that the participants had to offer. Interview questions focused on the research questions dealing with the process of delegation in which these questions were open-ended to elicit a descriptive response. Follow-up questions were used to clarify any content that was unclear. The purpose of the interviews was to obtain information that was thick and rich in description about the delegation process of school nursing practice (Miles et al., 2014). The guide helped to maintain the focus of the research so that the questions did not veer off course. According to Rubin and Rubin (2012), using contextual clues facilitates conversation and provides direction for the interview. A responsive interviewing technique was applied as relationships developed to further investigate the phenomenon.

The following research factors guided the formulation of questions for the research which included: tasks being delegated, participative decision-making with shared governance, self-leadership where behaviors were elicited individually, motivational behaviors, collaborative efforts, communication, interpersonal relationships,

and the effects of distributive leadership. An inductive and deductive approach was used in regard to the contingency theory, Myra Levine's theory, and practices.

Transcription

During the interview process, the researcher utilized effective communication skills through active listening, discussing, constructing discussion, interpreting, and forming credibility (Widodo, 2014). Transcription allowed for the spoken word to be interpreted through written words. This allowed for the phenomenon to be explored from the responses to the research questions. Transcription became a form of written discourse where issues were described as negative connotations provided a different lens, which allowed for audiotapes to be reviewed and listened to, finding similarities and differences in context to uncover emerging themes. Transcription was the starting point for management of data collection. A Microsoft word document was used in transcribing the interviews.

Computer software housed the transcripts, audio recordings, written documents and emails (Saldana, 2013; Smioski, 2011). Interview transcripts were transcribed to a word document and identified by labeling a letter and number to the transcript. Audio recordings were identified with the same letter and number that corresponded to the transcript. Any documents or emails were scanned or uploaded to a file and filed according to the information associated with the theme. Themes were categorized and listed in a table format, which was associated with level of coding, which consists of first, second, and third level of coding. Information remained confidential and was kept secured.

Data Analysis

Themes were categorized due to the differences in conceptual ideas from one category to another; each interview allowed for a different perception and variation in characteristics of delegation, which added to the development of themes (Jovic et al., 2015). A cognitive process was applied to develop meanings to conceptual models in a process that interpreted meanings by applying a construct to describe behaviors or situations in an environment (Anderson et al., 2005). The process of sense-making involved interactions and interpersonal relationships along with effective communication as the investigator made sense of the behaviors and situations. Weick and Quinn (1999) describe episodes as events that trigger change within an organization. Often, organizations have the inability to change with the needs of the culture and environment. For change to occur, the organizations go through episodes of apathy, events that trigger the change, and eventually acceptance of the change. Analysis of the interviews required the use and understanding of organizational structures as they were applied to the delegation process of school nursing within the educational institution.

Heuristic coding means to explore and discover solutions to problems that occur in the delegation process (Saldana, 2013). The process of coding went through a series of categorizing similarities and differences according to themes presented in the research as phrases. A three-step process took place with coding which utilizes initial coding consisting of descriptive coding, in vivo coding, and then, a second phase of coding in which the researcher used patterns to identify themes. During this phase, theoretical components were matched (Humble, 2009; Miles et al., 2014; Saldana, 2013). The third phase consisted of axial coding, followed by small adjustments that allowed for better

themes. From this analysis, a matrix was devised in the form of a codebook. During the analysis, the researcher checked for representativeness and for confirmability. The data sources were triangulated through the use of interviews, observations, and documents, in addition to the methods of analysis (Humble, 2009; Miles et al., 2014). Outliers were checked and withdrawn from the study. The researcher was an outsider to the study. Analysis of the researcher's affect was evaluated as the researcher has a potential to affect the study during the interviews. Miles et al. (2014) indicate data quality checks are needed in a study to eliminate bias and deceit. The thick description added to the validity of the study.

Rowley (2012) indicates that the researcher needs to listen to the audiotapes several times to organize concepts to identify similar as well as dissimilar thoughts. She advises transcribing a small number of interviews to become familiar with the concepts in order to avoid information overload. Depending on the data, the researcher followed up with the interviewee to clarify unclear information. Even Creswell (2009) describes data analysis as a process that is repetitive in nature, and there were no explicit instructions for a step-by-step approach to data analysis. Analysis was used in a multidimensional perspective by integrating different coding processes in order to develop a specific analysis that designed to meet the needs of the study. Saldana (2013) provides several types of coding, ranging from emotion coding to taxonomy. He uses an analysis technique with the initial coding by description, then by patterns, and then by axial coding. The axial coding breaks the themes into smaller fragments that are well defined.

Individual Interviews

Phrases and work assignments were assigned during the coding process (Varela & Maxwell, 2015). The social interactions of the human experience provide a cognitive view to underlying meanings; in a qualitative research study, psychoanalytic interviews provide deeper insight and description to situations (Kvale, 2001). Kvale (2001) relates the interviews to the way Freud used his psychoanalysis to understand the meaning of a person's life. The cognitive component of psychoanalysis was built through experiences within the environment, imagination, drama, as well as perceptions of behavioral actions and structural events. According to Kvale (2001), there are seven components to an interview. He indicates that the interview consists of the following: individual, open communication, analysis of meaning, cognitive interpretation of the behavioral resistance to an experience, social interaction, investigation of abnormal behaviors, and identifying resistance to change. The audio recordings of the interviews were dictated for analysis (Rubin & Rubin, 2012). Each interview had a written document of transcription. Manual analysis of each dictation was applied by the researcher through the three-step coding process.

Trustworthiness and Credibility

Maxwell (1996) discusses that a researcher needs to validate information that is known by the researcher. Also, Rubin and Rubin (2012) indicate that when an interpretation becomes unclear or confusing, a follow-up interview clarifies and identifies a clearer picture of the meaning. Follow-up interviews were used in this study. To avoid key informant bias, a sample size of 20 was selected (Maxwell, 1996). Small sample sizes have the potential of producing a bias sample, so, in this case, I reflected on my own

experiences about the issues of delegation within a public-school system, because ignoring my experiences could damage the credibility. My past experiences have displayed issues with administration implementing tasks that were inappropriate and unsafe for nursing practice. For example, this public school in northeastern U.S., administrators instructed the school nurse to change insulin pump tubing for a child. As a nurse, this became a safety issue with a nurse to student ratio of 1:500. Insulin is a critical drug, and a method of double-checking is required in the hospital; this method of double-checking the insulin dose cannot be performed in a school setting with one nurse. One bias that I am aware of pertains to administration over stepping its boundaries and acting as a licensed individual. I remained neutral throughout the investigation and when issues arose, I investigated them in further detail to understand all of the concepts surrounding the delegation practice and not just the administrations views.

Researcher's Role

There are five basic segments that guide a researcher in practice: leading others by becoming emotionally self-aware, calming and redirecting others' emotions, providing others with encouragement to continue, providing sympathy for others, and developing interpersonal relationships through communication (Collins & Cooper, 2014; Goleman et al., 2002). Researchers use emotional intelligence when making decisions within the field of study (delegation practices) in which judgements are decided based on experiences in practice. Knowledge understanding requires personal competence and the ability to develop relationships. Self-awareness requires the use of reflective practices to know one's limits and abilities. Emotional awareness of others provides the researcher with confidence and increases self-worth. Encouragement is the researcher's ability to guide

objectives and goals; this also relates to the participant where the researcher identifies the readiness to learn and develops the motivation to participate. A researcher requires an awareness of the needs of others through actions that display feelings and involvement in the research study. Social skills become important for developing relationships within the school system and with the administration, teachers, and school nurses. Communication creates open dialog as well as effective listening skills.

Power and politics are important as they are gate keepers that control who are allowed into the organization (Collins & Cooper, 2014); this is where good communication and building relationships becomes important. During the study, the researcher held a form of power over the participants to some degree; this was considered positional power. The researcher was open and honest so that the power structure was not misconstrued, especially when pertaining to health care needs of students. The researcher was aware so that a vulnerable group was not isolated, or the power situations did not create unjust or at-risk groups.

Limitations

The geographic location was specific to a northeastern U.S. school because other locations may not fit regional or categorical perspectives because their culture and environment differ from one school system to another (Popov, 2004). Leadership in an institution could hinder the study, such as administrators performing medication administration. This study did not identify all of the delegation practices that a school nurse, teacher, or paraprofessional performed. The study focused on the delegation processes that were only found within the school district being studied: a northeastern U.S. school. This study did not fully analyze the emotional affects of workload and job

satisfaction. This study did not determine the most effective leadership style, because the research analyzed a small segment of leadership duties pertaining to delegation process and school nursing. Further research in the above areas are needed.

Validity and Ethical Considerations

A potential validity threat dealt with administrators performing functions outside of their field such as nursing duties (Maxwell, 1996). I have seen in practice where administrators were unable to hire a substitute nurse, so, the administrator performed the nursing duties. The shortage of nurses has forced administrators to use other means of supplying the facility with a nurse. This scenario questions the ethical reasons behind administrators performing nursing duties. If this became an issue, the researcher investigated and addressed the leadership perspective of performing such duties and the implications that affect the delegation practice.

This study added to the knowledge base of the theoretical components of contingency theory and delegation processes. The study could assist school districts in the formulation of policies and standards for delegation practices with school nursing (Miles et al., 2014). An informed consent letter was formulated so that interviewees understood participation was completely voluntary and understood the purpose of the interviews, observations, and documents. The researcher needed to gain approval from the board of education for the interviews and observations during faculty meetings. An application for approval was submitted to the Institutional Review Board (IRB). No harm came to any participant, and the risks were minimal. Participants were able to refuse to respond to questions that might elicit an emotional response. Participants were able to opt-out of the study at any time through written and verbal communication. Disclosure of

information remained anonymous and private with the researcher, which was accomplished by not identifying the participants. Recorded accounts from interviews, observations, and documents would be destroyed after three years of completing the research.

Summary

The goal of the study was to understand school nurses', paraprofessionals', and teachers' experiences that influence the thought process of delegation through interviews and observations (Popov, 2004). I used interviews in a natural setting to explore the concepts surrounding delegation and used an interpretative approach to analyze the interviews (Creswell, 2009). I collected the data through observation of faculty meetings, written documents, and interviews. Because the practice of school nursing delegation was a newly researched topic, an inductive approach was used to identify patterns and regularities in practice. I used an inductive approach or bottom up approach as I gathered the information and identified themes from the interviews and sequencing for coding to follow. When repetition of themes and codes arose, it signified saturation from data collection (Streubert-Speziale & Rinaldi-Carpenter, 2007). The participants interviewed defined the meanings through the participants' expressions and verbal cues. The environment's culture dictated the processes of delegation and decision-making.

In Chapter 4 findings, an interpretative qualitative study was the best research design as the different views from the teachers, school nurses, and paraprofessionals would not have been heard. This can be seen by the total number of participants that volunteered for the study. The study revealed that the school nurses were very overworked and overloaded, as the study did not start in a timely fashion as the school

nurses were so overwhelmed by new student documents and other state criteria, which delayed the study. Even though this occurred once the study was started, there was full cooperation by the teachers, school nurses, and paraprofessionals. The discourse that occurred resulted from the organization implementing policies, education, training, and energy programs, in addition to supervisors being uneducated about school nursing duties. The theme with monitoring health-care conditions presented numerous issues to the teachers, paraprofessionals, as well as the school nurses, in respect to delegation. The terminology surrounding monitoring health-care needs of students revealed many interpretations such as watching, observing, motherly role, parent role, and caregiver role that related to the fact that teachers wanted to provide a safe environment within the classroom.

Chapter 4

Findings

This qualitative study investigated school nursing practices performed by teachers and paraprofessionals within a public school. School nursing duties vary from district to district and are based on the health care needs of each student, as well as variations to district policies, job descriptions, procedures, standards, and regulations that govern the execution of these duties normally performed by school nurses. Dorsey and Dielhl (1992) note specialized skills are required to care for students with specialized needs, such as respiratory care and cardiopulmonary resuscitation. These policies, procedures, regulations, and standards impact the duties that can be delegated by school nurses, constituting the basis of this study (Linberry & Ickes, 2015; Rice et al., 2005).

Introduction

A qualitative inquiry was chosen to provide an analysis of the delegation of school nursing practices to identify potentially unsafe practices. The inquiry utilized a descriptive and interpretative analysis formulated from interviews, observations, documentation, and field notes (Miles et al., 2014). I investigated how paraprofessionals were used with respect to delegation of school nursing practice; what school nursing duties were performed by teachers in the classroom; and how the act of delegation affected school nursing duties. I anticipate the study will enhance the knowledge base of nurses and educators on the practices of delegation of student health care needs.

In Chapter 1, I presented the situations that prompted this research on the delegation of nursing tasks among school personnel. School nurses, teachers, and paraprofessionals in grades 4 through 5 in a northeastern U.S. school district. Staff members who are insufficiently trained regarding healthcare issues that receive

delegation orders to monitor student health needs can create safety and potential legal issues governing the performance of the nursing task (Gordon & Barry, 2009). The government of the state in which the study was conducted required the transfer of the students with special needs to the public sector where public schools were attempting to fully integrate these students into a public school system. During the 1970s, federal law incorporated a least restrictive environment that has moved to the mainstreaming of students today (Crockett & Kauffman, 1999). Each of the 50x states adapts a version of this law in the educational practice of special needs students. For instance, California provides a quarter of the time learning that was spent in regular classes; this was where paraprofessionals aid in the student's care (Ehlers & Kuhn, 2013). In Texas, the special education services set a limit to the number of students who would receive these services, which was well below the "national average" (Strauss, 2016). Even in Michigan, students are not provided the services needed to care for them, as governmental officials limit the appropriation of funds (Dawsey, 2017). However, the appropriation of funding and resources in this study was found, by the researcher, to be less than desirable for the management of these students in this study.

The research questions for this study were:

1. Within a fourth-to-fifth grade setting, what nursing duties are delegated to participants, including school nurses, teachers, and paraprofessionals?
2. How are school nursing tasks delegated safely and effectively to participants who are paraprofessionals and teachers within a fourth-to-fifth grade setting?
3. What nursing duties are delegated to paraprofessionals and teachers by administration within a fourth-to-fifth grade setting?

4. As part of shared governance and participative decision-making, what nursing duties are implemented by teachers and paraprofessionals without the school nurse being informed in a fourth-to-fifth grade setting?

Setting

Paraprofessionals aid in providing care to special needs students in a school in the northeastern U.S., which also has a specialized classroom for autistic students with their own specialized educational unit. In this study, there were special needs students who displayed behaviors such as emotional disturbance, autistic behaviors, mental retardation, along with learning disabilities, and language impairments. The area contained landfills and were found to have chemical compounds of benzene, which has been linked to cancer, autism, birth defects, and kidney failure (Palmer et al., 2006). The incidence of health care issues was higher in this area than another geographic area.

In 2000, the department of treasury recommended to this school district that the state required a budget cut to school nurses by cutting number of hours worked. The school nurses in this study reported that they are not allowed to stay past their authorized time to fulfill their duties; however, they frequently take documents and materials home to work on in order to successfully fulfill the required workload of more than 1,200 students. The number of students correlates to an increased workload; however, paraprofessionals are also required to work with a diverse population of special needs students by providing specialized care to these students. According to the U. S. Census Bureau (2014), the poverty level is at 8% in this district, which equates to 3,400 people who live in poverty. Five hundred and ninety households live below an income level of \$11,000.00, and more than 3,000 households' annual income live below \$35,000.00.

School Setting

An elementary school has 600 students in fourth grade, and has 600 students in the fifth grade. The total number of special education students in the school is 1,000, and the classification rate is 13 %. There are two full-time nurses to care for 1,200 students and less than 160 disabled students in these grades. There are three counselors, one psychologist, one social worker, two speech pathologists, one occupational therapist, one gifted and talented teacher, five music teachers, four physical education teachers, one adaptive teacher, two Spanish teachers, one ELL teacher, 10 Title I teachers, 20 fourth grade teachers, 30 fifth grade teachers, four self-contained classrooms, less than 20 special education teachers, and 30 paraprofessionals.

This large and diverse population of approximately 1,200 students constitutes a mixture of socioeconomic, ethnic, and diverse handicapped population. The setting presented issues for school nurses in caring for a large population, as the ratio is 2 nurses to more than 1,200 students. I was surprised to uncover the concerns school nurses had about the delegation of nursing tasks. Their interviews revealed perceptions of being uncomfortable, fearful, and unknowledgeable about delegation practice in nursing, and unsure of the abilities and knowledge of others, staff members, to perform these tasks.

Participants

The sample included 20 participants who were interviewed for approximately 20-30 minutes. One observation took place while in the nurse's office and another observation took place during an administration meeting. Professional Learning Communities (PLCs) were not observed, as multiple teachers indicated that an informal collaboration takes place between teachers and paraprofessionals instead. Multiple

documents were obtained such as IEPs, 504 plans, doctor's orders, asthma orders, energy programs, and policies. Field notes and member checking were also used in the analysis of the research. A total of 20 participants were included in this study; 14 of which were teachers whose teaching profession varied from special education, ELA teachers, general education teachers, gifted and talents teachers, and music teachers whose students varied from 4th to 5th grade. In this study, four paraprofessionals were interviewed as well as the nurses.

Data Collection and Analysis

The data include semi-structured interviews with each participant; two observations while in the nurse's office, and one faculty meeting. The primary data collection modes occurred through interviews and documentation. The interviews lasted from 20-30 minutes. Each teacher interview occurred within the classroom during the teacher's prep time with no students in the classroom. Five of the interviews occurred in a private faculty room with no students or other team members present, with nurses and paraprofessionals.

Institutional Review Board (IRB)

IRB approval with permission to research was provided through an email announcement. I was required to receive board of education approval by the research site. In order for the board of education to be informed about the study, information about the study was provided. Board of education approval was granted in June, 2016. Informed consent was required for every participant in the study. No ethical issues were found, and IRB approval was granted in July, 2016.

The organization requested me to attend a faculty meeting. At the faculty meeting, I informed participants about the study via a power point and discussion. I informed participants about the requirements which include: adult +18 and older; teachers and paraprofessionals who work with students who have a 504/IEP; teachers and paraprofessionals who are delegates such as EpiPen volunteers; teachers and paraprofessionals who assist the nurse in regard to health issues. I then had open enrollment, where 20 participants volunteered to participate. There were 14 teachers, two nurses, and four paraprofessionals. The sign-up sheet was not distributed and was kept secure with the researcher. No information was discussed or distributed to school personnel. Confidentiality includes using pseudonyms to maintain anonymity. During the interview, I was able to determine inclusion and exclusion based on the determination of whether the teacher and paraprofessional had 504/IEP students within their class regarding the basis of the health information needed for the study. Table 2 identifies the number of documents, emails, and 504/IEPs indicated by the participants in the study. Each single interview was face-to-face with the researcher and the participant, no one else was present during the interviews. Each participant signed an informed consent. No harm came to any participant from this study.

Data Analysis

The initial coding started with a preliminary process of bracketing the data to identify theme occurrences (Saldana, 2013; Gearing, 2004). The interviews were coded through analyzing data in a series of occurrences through coding themes (Saldana, 2013). I utilized a descriptive coding process to summarize the topics that were discussed. The descriptive coding process allowed for further investigation of topics that were discussed

within the interview. In Vivo coding was also used as the language from one participant to the next differed; this was a way to organize like information with similar context. The numerous cycles of coding allowed for the general themes to be narrowed and linked and associated by categories. The last cycle used was axial coding to identify the major themes for the categories that are linked. A codebook was used to help with the organization of the emergent themes from the interviews during this process.

Each category affected the other, which identified the linkage. Education was the overarching category that has impact on each of the categories. The organization affected the delegation process through documents, emails, and policies. Delegation was also affected by the ability to monitor and assess and identify a student's healthcare issue. Overload and role confusion were effected by number of inferred tasks responsible for within documents, emails, 504, IEPs and this was directly linked to delegation, because as the number of tasks increased, they were associated with the feelings of being overloaded and role confusion. Also, the feelings of being uneducated and untrained directly effected overload and role confusion.

Categories and Supporting Themes

During the coding process, the themes and linked patterns to the categories associated with health care needs of students were analyzed. The linkage of patterns to themes displayed a larger and more in-depth view of the problems associated with caring for students with health care needs in a public-school system. In Table 2, the major category themes were revealed as *administration, delegation, monitoring health-care needs, education, overload, and role confusion*. Each of these categories can be linked to

each other, in which the problem or issue flowed from one category to the next. The aim of this research was to use a qualitative study to understand school nursing issues by exploring delegation of nursing tasks among school nurses, teachers, and paraprofessionals in grades 4 to 5 in a northeastern U.S. school.

Table 2

Categories and Supporting Themes

Theme	Issue	Frequency (#)
Administration	Support	2
	Monitoring Air Quality	8
	New policy for supplements	2
	Doctor's orders	1
	HIPAA waiver	1
	Interviews, Emails, Documents	28
	Nursing Supervisor	1
Delegation	Indirectly monitor illnesses (interviews, emails, IEPs, 504 plans, documents)	28
	EpiPen on Trips	1
	First-Aid kits	7
	Monitoring Air Quality (Asthma)	8
Monitoring Health Care	Adaptive Devices	5
	First Aid	7
	CPR/EpiPen	11
	Assess/Monitoring	18
	Monitoring Medications	10
	Asthma/Air Quality	8
	Allergies	6
	Breathing/Choking	10
	Safety/Responsibility	8
	Public Works	5
Education	CPR/EpiPen	11
	Untrained/Uneducated	14
	Asthma/Air Quality	8
Overload	Untrained/Uneducated	14
	Lack of Personnel	5
	Number of Special Need Students	(Total 150)
Role Confusion	Nurturing Role	1
	Caregiver/Monitor	18
	Motherly Role	1
	Teacher Role	2
	Parental Role	2

The patterns that occurred with the themes resulted in areas of concern for clinical practice. The THEMES were organized into six main categories: *ADMINISTRATION*, *DELEGATION*, *MONITORING HEALTH CARE NEEDS*, *EDUCATION*, *OVERLOAD*, and *ROLE CONFUSION*. The *ADMINISTRATION* theme linked the following issues:

bureaucratic, attempt to support, monitor air quality, no orders for supplements, IEP/504 plans, HIPAA waiver/FERPA, implemented no orders for supplements, doctor's orders, nursing supervisor directives, and communication. The *DELEGATION* theme linked indirectly monitoring illnesses through emails, IEPs, 504 plans, EpiPen on trips, first-aid kits, new roles varying with enrollment, monitoring air quality, and nursing supervisor directives. The theme of *MONITORING* illnesses was linked to the following illnesses or conditions: Marfan syndrome, ADHD, anxiety, seizures, medications, behaviors, Crohn's disease, allergies, air quality, asthma, breathing, choking, and responsibility (see Table 3).

EDUCATION, *OVERLOAD*, and *ROLE CONFUSION* identified issues that were discussed in the interviews. The theme of *EDUCATION* was discussed in relation to available resources and training such as public works and EpiPen training. However, deficits in the following themes were repetitious in context such as lack of training, resources, direction with monitoring air quality, lack of understanding technology, and lack of available resources. The last two themes, *OVERLOAD* and *ROLE CONFUSION*, appeared evident in the health care issues that teachers and paraprofessionals encountered. In the theme *OVERLOAD*, the teachers and paraprofessionals discussed how they felt uneducated about available resources; how the caregiver role placed a strain on the instructional role; lack of personnel to care for special needs students, as well as the large number of special needs students contributing to unsafe ratios in regard to the number of professionals to students. *ROLE CONFUSION* was discussed in the following themes of nurturing role, caring component, motherly role, caregiver role/parent role, teacher role/paraprofessional role, and support from the parent, teacher, paraprofessional,

nurses and administration, as well as emails and written documents. The communication via emails leaves the interpretation up to the reader; this was where confusion took place with emails and documents. Verbal communication sessions would clear up misinterpretations and confusion; however, in this study, there was little verbal communication taking place within the educational facility.

Table 4 depicts the frequencies of concepts related to nursing care. Table 5 depicts systems issues, Table 6 depicts education and training, and Table 7 depicts psychosocial issues. The bolded concepts that were repeatedly discussed included CPR/EpiPen (11), assessing and monitoring (18), monitoring medications (10), and in Table 6, uneducated and untrained (13). Table 7 shows overloaded (9), role confusion (8), and job satisfaction (12). Since CPR/EpiPen were repeatedly discussed, in addition to the critical incident, this sparked the identification of the ratios of CPR certified teachers to students, identifying education and training sessions. The research showed that volunteers can become certified to administer EpiPen but do not have to be CPR trained. The state board of education also does not require CPR for teachers as part of the certification process. This resulted in a further investigation to identify the number needed per school.

Table 3

Frequency of Medical Issues

Medical Issues	Frequency of Occurrence from Interviews, Documents, & Observations
Behavioral Issues	4
ADHD/ADD	8
Autism Spectrum	3
Asthma	8
Allergies	6
Auditory Impairment	3
Anxiety/Stress/Syncopal Episodes	2
Seizures	8
Down Syndrome	2
Diabetes	2
Spinal Muscular Dystrophy	1
Marfan Syndrome	1
Multiple Disabilities	1
Crohn's Disease	1
Visual Impairment	1
Undiagnosed Urinary Problems	1
Deficits	1
Diet Alterations/Restrictions	3
Cerebral Conditions	1
Artificial Bladder	1
Prostate & Colon Cancer	1
Dehydration	1

Note. Frequency numbers in bold indicate area of concern based on numbers 5 and above.

Table 4

Frequency of Nursing Care

Nursing Care	Frequency of Occurrence from Interviews, Documents, & Observations
Band Aids/First Aid	7
CPR/EpiPen	11
Hygiene Care/ADLs	2
Assessing & Monitoring	18
Monitoring Medications	10
Adaptive Devices	5
Catherization	3
Artificial Bladder	1
Aspiration Precautions	3

Note. Frequency numbers in bold indicate area of concern based on numbers 5 and above.

Table 5

Frequency of System Issues

Systems Issues	Frequency of Occurrence from Interviews, Documents, & Observations
Organizational Issues	6
Supportive	2

Note. Frequency numbers in bold indicate area of concern based on numbers 5 and above.

Table 6

Frequency of Education & Training

Education & Training	Frequency of Occurrence from Interviews, Documents, & Observations
Untrained/Uneducated	14
Public Works (Systems Education)	5

Note. Frequency numbers in bold indicate area of concern based on numbers 5 and above.

Table 4 indicates that teachers and paraprofessionals discussed assessing and monitoring the health of students 18 times in the interviews. This became a part of the teacher's responsibility and accountability of the student to be safe in the classroom. Teachers discussed that they needed to be able to identify an issue in the classroom to safeguard students. Teachers and paraprofessionals also discussed how they were monitoring medication (10), particularly behavioral and asthmatic medications. Teachers and paraprofessionals have identified issues such as students not taking the medication and identified signs and symptoms with the child. In Table 6, the frequency of the discussion about being uneducated and untrained (14) in regard to healthcare issues identified with the need for more education and training.

Table 7 depicts the psychosocial issues that correspond to the system as a whole. Job satisfaction (12), overloaded (9), role confusion (8), accountability/responsibility (2) were interwoven to the organizational components as these aspects affected the delegation process based on the amount of work and number of students with special needs (150). Delegation of tasks was also interpreted by staff members as role confusion based on the care-giving component that interconnects the two professions. Even though the staff members often did not mention accountability or responsibility in many of the interviews, the information could be interpreted as an assumed and inferred responsibility for teachers based on the discussion.

Table 7

Frequency of Psychosocial Issues

Psychosocial Issues	Frequency of Occurrence from Interviews, Documents, & Observations
Job Satisfaction	12
Overloaded	9
Role Confusion	8
Accountability/Responsibility	2

Note. Frequency numbers in bold indicate area of concern based on numbers 5 and above.

The psychosocial issues of job satisfaction (12) and feelings of being overloaded (9) were identified most frequently by participants. Job satisfaction identifies the systems approach to collaboration, which was well received. However, the workloads in regard to healthcare issues were represented by feelings of being overloaded. Discussions here represented the teacher to student ratio, paraprofessional to student ratio, number of

personnel, education, and training. Teachers who were unable to utilize adaptive equipment felt extremely overloaded and frustrated with limited resources.

Paraprofessionals who did not receive any training felt overwhelmed and overloaded by caring for multiple individuals. This also was associated with role confusion as the number of tasks increased, the feeling of confusion about the role also increased. The research indicated that proper training may help the paraprofessional to prioritize the immediate needs of the students especially with multi-tasking the care of several students. Proper training may lessen the effects of feeling overloaded and role confusion.

Table 3 and Table 8 depict the frequency of medical issues and the forms of communication related to healthcare needs of students. The medical issues varied with enrollment and differ each year based on enrollment. The medical issues that were repeatedly identified included seizures (8), allergies (6), asthma (8), and ADHD (8). Participative decision-making and collaboration was identified by 15 out of the 20 participants. Collaboration was occurring because it was an attempt to become better educated about the health issues occurring in the school. Discussions about healthcare and safety of students were discussed among paraprofessionals and teachers outside of the PLC.

Table 8

Frequency of Communication

Communication	Frequency of Occurrence from Interviews, Documents, & Observations
Researched Information	5
Interviews/Documents/Emails/IEPs/504/HIPAA	28
Participative Decision-making/Collaboration	15

Note. Frequency numbers in bold indicate area of concern based on numbers 5 and above.

In Table 8, the documents became a huge finding as the majority of the information sent to teachers and paraprofessionals are through the email or Infinite Campus in a form of a document. The interesting finding with the documents was the discussion how signs and symptoms were sent in the documents without clear interventions or clear task of what to do if something were to happen. Since the majority identified some form of document, this intensified my search regarding delegation through emails and documents where there were a limited number of articles addressing delegation occurring through emails and documents. Most of the articles addressed verbal face-to-face delegation. Figure 1 shows a visual representation of the frequency of concerns.

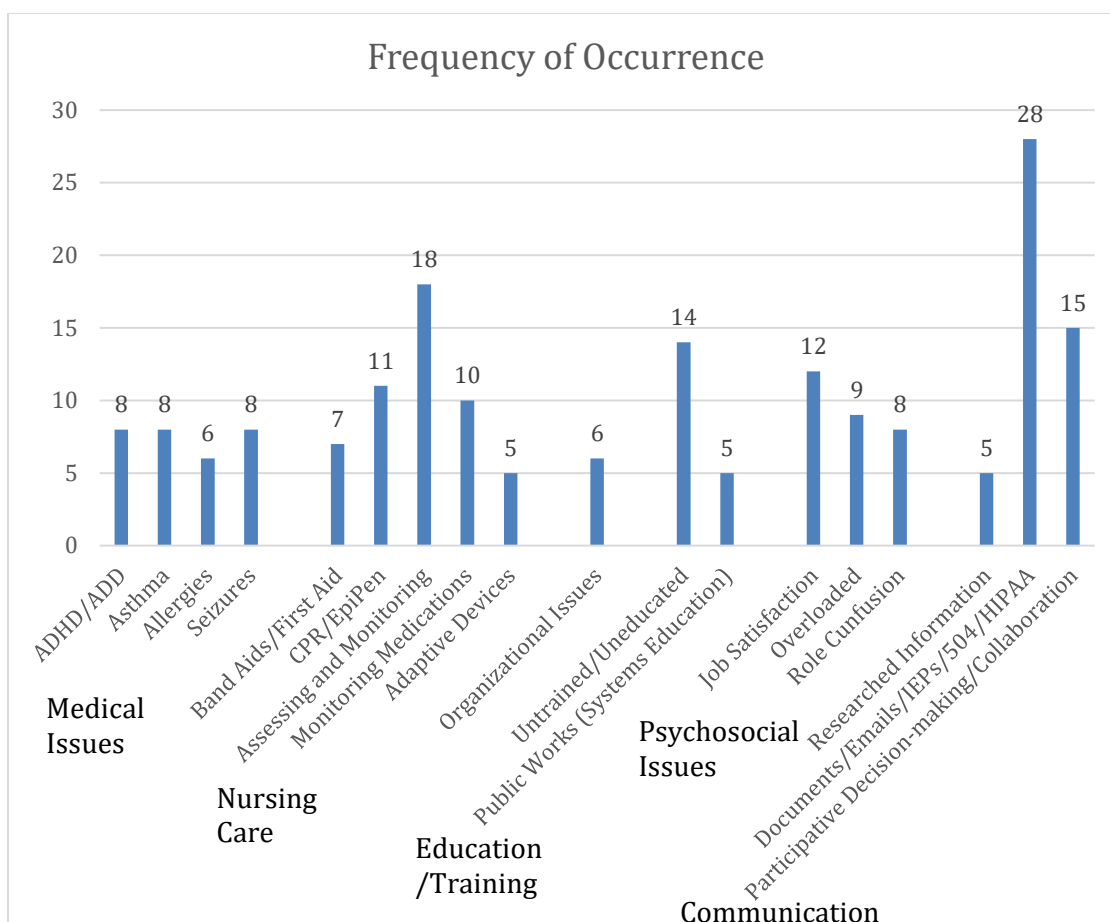


Figure 1. Graph of Frequency of Occurrences

Table 9 illustrates the majority of the nurses 100% (2) did not feel comfortable with delegation. This related to the teachers' and paraprofessionals' ability to perform a nursing skill. Both nurses felt more education was needed due to the occurrence of irrelevant issues sent to the nurse such as shoelaces, wet pants, and clothing issues. The majority of teacher respondents 79% ($n=11$) verbalized the need for more education and training. Teachers discussed how disease processes in children were becoming more complicated than previous years. The majority of respondents in the paraprofessional category 75% ($n=3$) indicated the need for more education and training, especially, since there was a critical incident with a child choking. Also, 75% ($n=3$) of the

paraprofessionals felt like they were learning while working on the job. Safety became an issue with handling, caring, and monitoring students with healthcare issues and learning while working on the job did not allow for proper training to occur. An orientation phase along with a training period needed to occur. This would have allowed time for the paraprofessionals to identify their role and to be able to perform their tasks effectively.

Table 9

Percentage of Concerns Related to Roles

Role	Concern	<i>n</i>	%
Nurses	“Don’t feel comfortable with delegation.”	2	100
	“Feel that teachers are uneducated about healthcare issues.”	2	100
Teachers	Feel uneducated, described a fear, and researched information	11	79
Paraprofessionals	Untrained, uneducated	3	75
	Learning on the job	3	75

The interviews with the nurses indicated that teachers and paraprofessionals should not perform nursing duties, because they did not have the authority to carry out with safety a nursing task requiring nursing skills and knowledge. Instructing teachers and paraprofessionals to monitor signs and symptoms of health care needs in students was an indirect delegation of a nursing duty by assessing a student’s health status. An issue of even greater concern was the finding that school nurses were generally unaware of the participative collaboration that takes place between fellow teachers and paraprofessionals. Further, teachers felt uneducated about the health care needs of these

students, so they attempt to further their research on their own. This jeopardized the safety of the students, which seriously compromised the students with special needs as well as students with health-related issues. Teachers were responsible for these students within their classrooms. Conscientious teachers needed to take very specific and focused training to deal with these issues. Given the work overload already on teachers, asking them to take time to be educated was unlikely due to the constraints of the educational system. Administration implemented policies to which nurses must adhere, as well as doctor's orders allowing a teacher to administer a medication. Students with health-care issues and special needs students are highly diverse individuals, school staff members often use quick verbal instructions about an illness or syndrome which poses a risk of safety to a student. These quick instructions do not substantiate acceptable levels of care.

Systemic Challenges

The fostering of collaboration outside of departmental teams was nonexistent, which became a problem when issues arose, as there were so many teachers and paraprofessionals that everything was communicated through the email. The email relayed health information about a student, but not entirely, as interventions were unknown to teachers and paraprofessionals. Discussions ensued on how everything was sent through the email to teachers in the following interviews. Teachers were receiving health information as long as the parent did not sign to withhold the information from the teacher. Teacher 7 discussed what the nurse sent in the email.

“There is a student who we just found out has a seizure disorder. She just sent an email saying, you know, what to do in the event or the signs to look for. But that's pretty much the extent of it” (Teacher 7).

In the interview with Teacher 11, she indicated that emails were sent out at the beginning of the school year regarding the students' health conditions.

"I received an email at the beginning of the year indicating students who have health issues" (Teacher 11).

In a separate interview with Teacher 4, she also indicated that information is received from the district via email, "Well the district sends us an e-mail" (Teacher 4).

And, Nurse 1 reemphasized that the emails about health conditions were sent out to the teachers. "And like I showed you with emails" (Nurse 1).

During an observation, an anonymous teacher walked into the nurse's office and agreed to emails being sent out from the beginning of the year, I have maybe just under a hundred, 60 to 80 emails. (Field note, October 20, 2017)

Teachers get the information, but often do not have any follow-up education regarding the email. Teachers therefore resort to researching the health issue themselves, which can be confusing, because the internet has good and bad sources of health information (Ogah & Wassersug, 2013). For instance, a teacher indicated that she actively researches the health issues.

Teacher 5: I receive an email at the beginning of the year.

Interviewer: And did the nurse provide you any training or background?

Teacher 5: No.

Interviewer: So, you researched it yourself and kept up with it.

Teacher 5: Yes.

Interviewer: Did you ever research health topics on your own because you had a student?

Teacher 5: Yes.

Teacher 14 further discussed how she had a diabetic student in her class and felt uncomfortable, so she researched the information to provide a better understanding of how to protect the students in the classroom if an issue were to arise. “Yes, with peanut allergies that I did. Diabetic. I also researched diabetes, too, so I can further in depth my knowledge, you know. With the hyper or hypo, just to keep on top of the signs on that” (Teacher 14).

Teacher 1 discussed the importance of being knowledgeable about healthcare issues and how it becomes a part of shared governance.

And I think as teachers and educators we tend to want to search more for things. I think that’s part of the profession. And that’s where I think the participative decision-making comes in where like it’s more shared governance like you’re not necessarily, like Nurse 1 is not telling you to do this but you’re taking it a part of yourself to. (Teacher 1)

It was discovered that paraprofessionals are not allowed to attend IEPs and 504 meetings. According to the state department of education, the composition of the team consists of the principal, general education teacher, guardian or parent requesting the assistance, guidance counselor, learning disabilities consultant, substance awareness coordinator, social worker, language specialist, and school nurse. “I don’t even think for—I mean I haven’t had a paraprofessional come in for an IEP meeting” (Teacher 2).

The nurses were asked and indicated that they do not remember seeing a paraprofessional at a meeting. There are no paraprofessionals listed under the state composition of an intervention and referral service (I & RS) and 504 team. Paraprofessionals can gain valuable insight into caring for a student during a meeting. IEPs and 504 Plan meetings have representatives from the student’s family such as a parent and their views can be so profound that they further elicit insight to the care of the student.

The Health Insurance Portability and Accountability Act (HIPAA) created a problem with communication and health care needs of students, by isolating the teachers regarding information about health care problems of students within the classroom. In this study, HIPAA becomes a hindrance to the delegation practice of healthcare by excluding teachers from the information needed to care for the student. The U.S. Department of Health and Human Services states:

The HIPAA privacy rule does not apply to an elementary or secondary school because the school either: is not a HIPAA covered entity or is a HIPAA covered entity but maintains health information only on students in records that are by definition “education records” under FERPA and, therefore, is not subject to the HIPAA privacy rule. (U.S. Department of Health and Human Services, 2008).

HIPAA and FERPA are not to be used to endanger the welfare of a child.

Therefore, the disclosure was not to be used to hide a student’s health illness from a teacher, as this could jeopardize the health of the child. The U.S. Department of Education (2012) indicates that “disclosure is necessary to protect the health or safety of the student or others” (p. 27). Teachers discuss how emails were sent out to the staff about the signs and symptoms of the health issue of the student. Parents have the option to sign a document excluding the teacher from being informed about a student’s health issue. The parental signature prohibits the teacher from being informed about the health issue of the student in a classroom. This poses a safety risk to the student, as the teacher cannot monitor the student for health-related events. All the information was sent through email as one teacher indicated:

Well the district sends us an email. I guess they send something home to the parents that says would you like the teachers to be aware. So, for a majority of my students that have a health alert I would say this year almost all of them their parents have signed some kind of waiver that lets me know. And I’ll get an email from the nurse of just a general description of what I can be on the lookout for. So, it doesn’t seem like HIPAA is affecting me there. (Teacher 4)

Another teacher discussed how the HIPAA form has affected her. She worries about not identifying a health issue in a student as she indicated in the interview:

Yes, I do. I do feel as though I have to become aware. I have to -- because there are a couple of students that when they -- like the nurse will say the parents said yes, you can be told that they have asthma. And then I think to myself how many other students do I have that the parents said no, don't tell the teacher they have asthma and they have medication. And I find out at the end of the year, and I'm always really surprised. I'm thinking WOW, you have that kind of medication. I thought, I should have been told but the parents have to sign off whether to tell the teachers or not. (Teacher 9)

In this study, the teacher noted that it was odd that a teacher might not be advised about a child with a medication or health-related issue based on the HIPAA documentation. She discussed how not advising the teacher about an issue and using HIPAA was an excuse for not informing the teacher:

Which I think is odd. I would think if they're on any kind of medication that would affect them....But they do use HIPAA as an excuse because I've seen the papers that they send home and I've actually signed them. (Teacher 9)

She further worries about health issues occurring within her classroom of which she was not aware, because parents have chosen not to inform the teacher about the health issue. She looked around the class in an attempt to identify the child with a health issue. She eventually realized which student it was, when the student was required to see the nurse after recess and gym.

I'm like, I'm looking at him and then I think are they the one? Because I think I have four students in my AM class that said that they have a type of an asthma issue. I was not aware of my student. Then I have a couple in my afternoon class and I figured out when this child is coming back from gym, my one student, he usually goes I need to see the nurse. I said what you need to do is every time you come back from gym just go straight down to the nurse. If you have an asthma issue I don't want, you to waste time waiting for me to say yes. Just come in, if you feel it go right down to the nurse. (Teacher 9)

The teacher continued to worry about other issues that may not be revealed as she indicated,

It could be because there could be people in my class that, because I think of that every time I get—the parents have allowed me to tell you that they have this. Or even an allergy. Like they sign to say whether they tell. Like I have that allergy sign up there. It says cranberries on it. Do you know anybody allergic to cranberries? But they don't tell me what the allergy is. I have no idea what the allergy is. So, I literally could have it for lunch and I could touch the student. (Teacher 9)

According to FERPA, “no written consent is needed for school officials who have a legitimate educational interest” (U.S. Department of Education, 2015, p. 1). This was where a teacher needs to identify a health issue in a classroom to protect the student from a health-related event. State Senator Buckley devised an amendment to provide privacy to educational records from third parties. During this time period of 1974, surveys were sent out to schools and information was given to these parties without identifiers being removed in which businesses had received personal information about students. “Senator Buckley was opposed to the use of federal funds for the use of third party companies that survey information on children” (O'Donnell, 2003, p. 2). “An institution that discloses a student's educational records or personal information without consent is in effect, immunized from liability. Further, the institution will not lose its federal funding as long as it complies substantially with FERPA” (Sidbury, 2003, p. 9) “FERPA do, in fact, create both rights of access and rights of privacy, but that those federal rights are of a lesser value because Congress did not intend them to be enforceable by their owners” (Sidbury, 2003, p. 8). FERPA was limited to statutes regarding enforcement of privacy issues related to federal funds associated with authorization of third parties (Sidbury, 2003).

The limits to FERPA include the following: “disclosure to school officials who have been determined to have legitimate educational interests as specified under the rules of FERPA; the information is designated as directory information by the school; disclosure is pursuant to a lawfully issued court order or subpoena; the

student is enrolling in another school and information needs to be shared; disclosure to local or state educational authorities auditing or enforcing federal or state programs; disclosure to the parents of a student who is a dependent and not of emancipated age; limits would also exist where life threatening or criminal activities are divulged, such as suicide threats, drug and alcohol use on campus, and abuse. (National Center for Educational Statistics, 2006, p. 1)

The failure to relay information creates a barrier to interpretation, practice standards, and managing care (McCarthy, Cassidy, Graham, & Tuohy, 2013). When patients lie to doctors, they are negligent in their own care in which their actions have contributed to the injury; in this case, the plaintiff was barred from pursuing legal action (Jerrold, 2011).

In the study, the parent was not required to relay health information to the teacher; however, the parent did disclose health information to the nurse; in this case the HIPAA waiver relieves the teacher of the responsibility of watching for health issues and places the total responsibility onto nurse.

Utilitarian ideas suggest that the representation of deception maybe used as a form to conceal their real intentions in which is not different than lying to the teacher (Benn, 2001, p. 131). The HIPAA waiver creates a false belief to the teacher that everything is medically ok with the student, because the teacher does not receive any information on the child's health. (Benn, 2001, p. 131)

However, in this school district, the parents who wished to sign a waiver to not disclose health information to the teacher, even though it did not relieve the information disbursed to the nurse; in other words, the nurse was informed about the health situation and responsible for the care even though she was not in the classroom. Furthermore, the waiver relieved the teacher of being responsible for the health issue within the classroom, and places full responsibility onto the nurse. With more than 1,200 students in this institution, the nurse was completely overloaded and unable to monitor all the needs of every student in every classroom. HIPAA thereby complicated the

accountability and responsibility of a teacher, as well as redistributed the responsibility back to the nurse and relieved the teacher of the duty.

Communication

Communication between nurses, teachers, and paraprofessionals was disconnected, in that most communication takes place through documents such as emails, energy programs, individualized educational plans (IEP), and 504 plans. Communication is the key to safe and effective practices with healthcare. McCarthy et al. (2013) indicate that “It is recognized that impaired communication can adversely affect patients’ care outcomes” (p. 335). McCarthy et al. (2013) discuss how a lack of understanding about the disease process, as well as treatment plays into the communication barrier. Students in this study had a diagnosis of asthma and did not want to inform the teacher about the health illness; this suggests a lack of education on the parent’s part to monitor and treat the student accordingly. In addition, the situation questions the validity of the consent towards disclosure of the health illness. Barriers to health information include a distorted health picture, mixture of words that contradict meanings, fear, language, and medical jargon, which add up to create a threat to the care of a student.

In this study, one teacher identified how inaccurate documentation lead to the development of a wrong educational plan. Barriers to communication can be seen in language, resources, beliefs, cultural backgrounds, health literacy, governmental protocols for health care, challenges in health care, effective practices, signs and symptoms, and treatments. The following interviews discussed how misinformation was relayed, based on misdiagnosis and the wrong form. The accountability of knowing what was in these forms, accessing and obtaining health care information based on documents

account for the confusion as well. One teacher stated that identifying health issues were not always precise, based on the plan that was chosen for the student and explained her confusion between a 504 Plan and an IEP:

To be aware we had a student diagnosed with ADHD. So now you're saying is it a misdiagnosis. Am I missing something? And that's extra documentation on my part. So, let's say he came in with a 504 when he really should have had an IEP. (Teacher 1)

Other teachers indicated that the 504 plans and IEPs provide them with the issues and modifications as she noted:

I just have to be aware. Like I have my 504s and my IEPs are given to me and I have to—and with all the information about the kid and there are combinations or modifications. So, I just have to be aware of it and make sure that I'm implementing. (Teacher 10)

Paraprofessionals did not have the IEPs or 504 plans sent to them. The teacher must allow access to them. If the teacher did not discuss the interventions or the issues, the paraprofessional is not aware. As the paraprofessionals noted,

Pretty much I read the IEP. I am pretty much responsible for my students seeing that things are implemented in a general education setting. Like we do discuss, the teacher and I do discuss it. I also do small group instruction with a special education teacher. (Paraprofessional 1)

I guess I don't have too much of a relationship with the administration here. The only person that I sometimes would speak to is my supervisor, but she might just pop in. She popped in one time this year so far, very brief though. So, I don't have much of a relationship between administration or supervisors. Most of my help is coming from my teacher. She's the main one that gives me information about our students at the beginning of the year, and we look at their IEPs. And she gives us all the information. We look it over it but she's the main source of help. (Paraprofessional 2)

A paraprofessional discussed how she never received any in-services or specialized education to care for special needs students, even with the one special needs student who has a problem with eating and chokes every time he eats. The paraprofessional was reprimanded by the supervisor and the nurse and asked to watch the student better when

he eats, but no new educational information was given to the paraprofessional. The paraprofessional was not CPR certified. As she noted,

We didn't have an in-service or anything. The only thing that we really gather information is from the IEPs if there's anything that we want to look at for medical wise our one student we have to watch him while he's chewing. If he chews too quickly he can choke and we did have an incident when we had to go to the nurse. So, excuse me. When it did happen, the nurse did remind us what to do when a situation like that occurs. But it wasn't until after the fact that it occurred. (Paraprofessional 2)

Communication was further complicated by the changes made by the board of education to the policy for medication orders, indicating that nutritional supplements did not need a prescription ordered by a doctor. Further investigation revealed that a doctor wrote a prescription for the teacher to apply a medication, which was to be kept in the classroom. The doctor was unaware of the situations that occur within an educational institution. The school nurses did not follow and accept the orders and required further documentation of the orders. The school nurses were aware of the risk of having a medication within the classroom by allowing a teacher to administer a medication. This goes against the safety of the student within a classroom, because the medication will not be properly locked in a safe and secure place. The school nurse has the responsibility to decline the acceptance of such order, which was done.

Communication was further hindered when administration displayed behaviors that showed that they were unknowledgeable about the resources for special needs students, who were blind and needed computer technology for vision-impaired students. Special education and general education teachers had no resource person to contact to elicit any special education device or equipment required for vision-impaired students. The teachers discussed the difficulties in accessing information and equipment as well as

training. Administration did not have any contact numbers or resources to assist in the care of these students.

The nursing supervisor for the district was a counselor. Her communication efforts displayed misinformation to the nurses, as she was not aware of nursing practices, functions, and tasks performed by the nurses. At the beginning of this study, I spoke only to her at which time she explained she had a difficult time relaying the information to the school nurses. An individual who is not licensed as a nurse is understandably unaware of the state requirements that go along with a nursing license. A counselor in administration who represents school nurses as a supervisor can communicate the wrong information based on this gap of knowledge as well as the communication that was represented to the nurses. The following interview revealed how information was sent via email with no follow-up information or interventions on the health issue in question:

Interviewer: Do you have anybody who has like a chronic health issue?

Teacher 7: There is a student who we just found out has a seizure disorder.

Interviewer: Okay. So, did you speak with the nurse regarding that?

Teacher 7: She just sent an e-mail saying, you know, what to do in the event or the signs to look for. But that's pretty much the extent of it.

The nurse discussed the board of education's approval of the administration of supplements without a doctor's order. Supplements are dietary nutritional products that are sold over the counter in a store. All over-the-counter products, even herbal supplements, need a doctor's order in an educational facility or medical institution. Herbal medications have been known to interact with prescriptions (Liperoti, Vitrano, Bernabei, & Onder, 2017). The policy was implemented without a nurse present, and the

nurses were not consulted based on practice standards. These nurses revealed a deficit in communication and the lack of understanding practice standards in nursing:

Okay, So, we actually had a problem within the past two weeks the supervisor sent over a new parent consent form stating that it kind of waives, it clears the school district and the nurses and the teachers of any wrong doing when it comes to medication administration. But when she actually sent the paper work over we were surprised because it didn't state anything about doctor's orders being necessary for an over the counter supplement. And the district I guess the Board of Education sometime over the summer had changed that policy to now include that we are allowed to administer supplements. And it came from a parent fighting the Board of Education. (Nurse 2)

Fage-Butler and Nisbeth-Jensen (2015) discuss how nurse-patient communications are restricted and limited by email communication. Due to the technological advances of the computer, email communication is being used more frequently in all professional areas of work. While speed is served via emails, communication can all too easily be hampered, as verbal cues of misunderstanding cannot be seen; as a result, the communication becomes misunderstood. There is also a threat of trust and confidentiality and exactly who is reading the emails within any institution. Urgent issues are considered inappropriate for email, as response time becomes a factor when tasks are delegated through emails. The content of the email requires multiple discussions to relay information that was clear. The ambiguity of the email discussed in the study relays a sense that teachers were missing information or feel uneducated about a students' diagnosis when signs and symptoms were relayed in an email. Emails can increase the workload for any professional. In this study, the recipients felt required to further research information when signs and symptoms were sent to the teachers via email.

Delegation

Communication and delegation were closely linked together through the mode of transmission, as in this study the mode of delegation was through written materials via emails. Since most of nursing research focused on face-to-face interactions consisting of verbal responses to delegation, however, in this study, the focus of delegation concentrated on written responses and the interpretations from the transmitted emails and documents. Other challenges included a disconnection of delegation of authority. Information was provided in the emails, documents, energy program, individualized educational plans (IEPs) and 504 plans regarding health signs and symptoms to the teachers. But the delegation of tasks was not intended by the nurses, because they felt that they were not delegating any nursing tasks. However, it was interpreted by the teachers and paraprofessionals as tasks once the emails were received.

“She just sent an email saying, you know, what to do in the event or the signs to look for. But that’s pretty much the extent of it” (Teacher 7).

“And the other two things that are given to us that we—elevator. We’re in charge of taking kids up and down in the elevator” (Nurse 2).

One teacher indicated that she has a student with a seizure disorder in her class. Her description clearly indicated she did not know what to do in an emergency for the child who was having a seizure. Her instructions were to: “Just keep everybody else calm basically and notify the nurse right away” (Teacher 12). In other words, the task of the teacher was to tend to the needs of the rest of the class without providing anything for the student having a seizure, as she was unaware of the recovery position in which a seizure patient was to be in.

Allan et al. (2016) discuss how the actual care of nursing is often unseen as the connections between nurse and patient is complex with intricate levels of interpersonal skills. They further discuss how nursing care is often considered feministic work. These narrow views hinder the advancement of nursing due to feministic perceptions of nursing, and therefore, these views of nursing have hindered the advancement of nursing curriculum. The nursing curriculum does not include the practice of delegation within a clinical setting. They discuss how nursing skill, knowledge, and culture of the environment encompasses the practice of nursing and should also be included in the curriculum. The authors discuss how nursing knowledge can be defined as skill, disciplinary, and workplace skill. “This is facilitated when workplace environments create stretching but supportive environments for working, learning, and learners take responsibility for observing, inquiring and acting” (Allan et al., 2016, p. 378). The above describes why nurses felt they were not required to delegate nursing task, and the nurses did not feel comfortable with delegation.

In this study, the nurses felt as though only they were responsible for every health action within the school, a perspective that ultimately is impossible with an enrollment of more than 1,200 students. The simplest of tasks would not be delegated, such as taking a student up in the elevator by another teacher. This practice created stress and work overload for the nurses. The nurses were unintentionally unaware that the delegation of signs and symptoms that they sent via email were not understood by anyone not trained as a nurse. A more effective approach would have been to have all staff members educated about the frequent, sudden, and immediate health issues in students such as asthma, seizures, food allergies, and other behavioral concerns. Teachers and

paraprofessionals need to be informed of what to do when it occurs, but also the didactic of the knowledge coordinated with the clinical observation of the onset of symptoms. This whole component becomes complex when evaluating the job description of a teacher and 30+ students in a classroom. Therefore, the importance of training about health-care issues becomes even more urgent.

These five rights to safe delegation were not used in the email discussions of health-related illnesses in children at the institution identified in the current study. Effective delegation requires the use of the “five rights” which include the following: right staff, right situation, right task, right communication, and the right assessment/evaluation (Resha, 2010; Tilley, 2008). The only information that was sent to the teachers was a description of key signs and symptoms of the illness. The email also should have included tasks, actions, situations, staff’s job, and effective communication relaying an understanding between both parties. Effective communication was needed so that there was a basis between nurses and those responsible in the classroom. Instead the emails presented no more than a one-way communication.

Delegation requires the nurse to be accountable for assessing, diagnosing, planning, implementing, and evaluating supervised health care to a student. The responsibilities of delegation require the supervised and trained professional to be able to turn the reins over to another individual (Terry, 2016). The difficulty is with letting go of the responsibility related to the legal issues, financial controls, trust, and competent individuals capable of performing the task.

In this study, the public-school nurse maintained control over health-care issues, and controlled the environment. A power struggle then ensued between the teachers

wanting the information to care for students and the nurse maintaining full control of the health-care. The school nurses believed they should not delegate any nursing tasks. They felt that anything to do with health care was their responsibility despite the fact that this approach was unsustainable, especially as the nurse only identifies signs and symptoms without any interventions sent via the email as a form of delegation. The nurse believed that as long as she maintains all health issues within her office, she was not participating in any delegation. Paraprofessionals and teachers were monitoring student's health issues and providing hygienic needs to special needs students, but were doing so with glaring gaps of essential knowledge.

The nurse identified delegation as noted in the interview:

Interviewer: How is school nursing tasks delegated safely and effectively to teachers and unlicensed professionals, to paraprofessionals?

Nurse 1: I think a lot of the things in the school setting really are done by the nurse. I really don't really know of too many things medical wise....I'm just trying to think throughout the history, but I know most of that is the nurse is still doing it. It's not come to here to where that would be appropriate yet....

Documentation and Access

The information about a student was often limited and brief; easily misinterpreted for teachers to monitor and assess students' health needs. Written reports, such as energy programs, asthma plans, IEPs, 504 Plans, and emails inform professionals of signs and symptoms, but do not inform them in their delegation of their duties to the special needs students and health issues in their classrooms. Air quality reports, for example, inform the

teachers and paraprofessionals about the outside air, but they are unsure of exactly what they are supposed to do when they see the identified signs and symptoms.

In this study, the school has a written documentation of the energy program. The written document relays information to the professionals by indirect prompting to monitor students with a condition that would be affected by air quality, such as asthma. But this information was unclear on what to do with the environment related to asthmatics. Teachers and paraprofessionals were unclear of what they should do, for instance, prevent a student from going outside, or keep the student inside, or send the student to the nurse before gym or recess. The air quality program identifies areas to monitor individuals with lung disease, but it does not give information on what to actually do to help a student who has asthma. In this study, the school's Asthma Treatment Plan identifies key signs and symptoms and treatment; however, this is not shared with teachers and paraprofessionals. Only emails get sent about the health issue with signs and symptoms in the email. In addition, the parent has the authority to not disclose a health illness to the teacher according to the school's HIPAA protocol, unless the parent grants approval for the teacher to know through documentation on the HIPAA form. This is where a teacher could have a medical issue within the class and not know to monitor the medical issue, because the parent signed the HIPAA form to not inform the teacher. Teachers did not always receive a 504 plan per Teacher 12 for an asthmatic. The interview statements below discussed how information was sent via email:

I mean asthma thing was new last year. Like who to monitor the asthma and the air quality reports. (Teacher 11)

Like he's segued into air quality that works right into the classroom. So, it's simply looking out the window and seeing what color the flag and knowing which kid you have to watch that day. Which is awesome. (Teacher 1)

Right, And I do a lot of outdoor activities with my classes. So, does the asthmatic need to go down before at the beginning of the day or do we just stick with recess and the, you know, every time they go outside there are certain seasons, especially bad. Those are the kind of things I would like to know. (Teacher 8)

This was not an isolated case, but rather typical of a chronic condition in the school, indicating that documentation needed to be explicit regarding the actions written to the teacher and paraprofessional. Unclear actions created confusion on how to handle the health care situation.

Monitoring Health Care Needs of Students

Teachers and paraprofessionals have described care given to a student with such words as “awareness,” “attention,” “watch,” “observe,” and “monitor.” Most of the staff at the school observed in this study felt they were unclear not only about signs and symptoms they were being directed to observe, but also tasks to perform for the observing sign and symptom. For instance, in this study, the paraprofessional observing a student choking was unclear about what action to take. Also, a teacher discussed observing a student with a seizure and indicated that she would keep the class calm, but failed to identify an appropriate intervention for a student with a seizure such as a recovery position. A nursing assessment encompassed problem solving through deductive reasoning and teachers were not taught this within their curriculum (Evans, 2005). There were four conceptual ideas that were involved with teachers and paraprofessionals monitoring students:

- the teachers and paraprofessionals must recognize behaviors according to patterns based on the presentation of the symptoms by the student
- decide what to do next based on the decision analysis theory
- actions of the symptoms are based on the environment, event

- actions of student, and presentation of signs and symptoms.

Teachers and paraprofessionals were also using hypothetico-deductive reasoning, which was a method of scientific inquiry used in problem solving (Lord, Hanges, & Godfrey, 2003) For instance, they relied on past experiences and previous behaviors to determine the severity of the event. As teachers and paraprofessionals became experienced with disease processes and familiar with the symptomology of the disease, they developed an intuition or an opinion about the event or issue.

If I know they're on a medication and either I feel like hey, it's not being given. Like one time I did have to go to them because I said this kid, it says he's taking medication at home but every day he comes in and he was off the wall. And I was like did you take your medicine this morning? And he wasn't so that time I went to the nurse and we got something where he was then able to take it when he came into school every day. (Teacher 4)

I've had like the undiagnosed urinary problems where the parent will say can you just let them use the bathroom. Because you call them and say it's excessive. And part of me is saying are they doing this because they don't want to be in class because then you have to renegotiate how your communication is with that student. I had an undiagnosed-it wasn't a seizure. Like the kid would pass out. Stress made him pass out. It was- that was very difficult because you never knew. Was a test going to push him over the edge or he did something one day and I remember like saying listen, this has to be like a letter home. He passed out like wheelchair, get the nurse. So that was crazy.... (Teacher 1)

To be aware. We had a student two years ago who was diagnosed with ADHD but when you've been in this field as long as I have you kind of notice-you're able to identify children that are probably on the spectrum.... (Teacher 1)

Actions and choices sparked the interest of teachers and paraprofessionals as there was an emotional connection linked to the outcome through the perceptions of the behavior and personal beliefs (Lord et al., 2003). Therefore, teachers and paraprofessionals use subjectivity to identify the factors involved. This internal thought process has sparked or motivated teachers and paraprofessionals to perform more

research to identify an outcome or situation in order to provide a safe environment within the classroom.

People are assumed to consciously review their valences, instrumentalities, and expectancies when deciding on a particular course of action, and it is believed that they will act in a subjectively optimal manner once these factors have been considered. At the other extreme, behaviors are more under the control of emotions or habit. (Lord et al., 2003, p. 22)

The school studied in this investigation did not offer education to the paraprofessionals for potential critical incidents, as noted in the following interview:

Paraprofessional 3: Well, we have two downs-syndrome and we have nine, well there's asthma. There's all kind of health issues....

Interviewer: So, are you constantly monitoring the students?

Paraprofessional 3: All of us. Yes. Always. Making sure they're breathing right, not choking. There's a lot of things they do....

Interviewer: And, did the nurses give extra classes for all of that?

Paraprofessional 3: no....

A critical incident occurred with a special needs student who choked in the cafeteria, while the teachers and aides present had not been trained properly to handle the situation. As Weydt (2010) notes, delegation is often related to the employee's job description. The administration hires paraprofessionals specifically to care for special needs students, so the job description includes serving the needs of students as school aides or classroom aides under the supervision of the principal, teacher, and other certified professionals. What was missing in this job description was monitoring and

caring for student needs; it is as if these students did not exist in terms of the job description. The description basically discusses how the paraprofessional will aide in the classroom using instructional material which sounds more like a teacher's job description. The following presents the critical incident that occurred with a special needs student choking:

Interviewer: So, you're monitoring things. So, that's coming from somebody. Did somebody tell you to monitor?

Paraprofessional 3: Well, there's a boy who chokes a lot. I have him for lunch and I have to sit with him at lunch right next to him make sure he's only taking little bites and little pieces....

Interviewer: Okay, did you receive extra training?

Paraprofessional 3: No....

Interviewer: But you know that from reading the 504 Plan

Paraprofessional 3: No, just because he choked in front of us, so we know now to watch. And the nurse said he has a choking issue, so we take extra care, but nobody gave us extra anything, it's just common sense to watch him....

Interviewer: Has that ever happened before you were put in a situation where you kind of knew what to do but you really didn't get any more training or anything?

Paraprofessional 3: All the time....

The paraprofessional stated she uses her common sense to watch a student. She was not given a specialized intervention or plan to follow through with his care as she indicated:

“I mean a lot of common sense, but they just say watch him because he chokes, watch him because one boy punches himself in the stomach to make himself throw up”

(Paraprofessional 3).

The paraprofessional discussed using trial and error as she becomes experienced in her role:

Interviewer: So you're saying experience has played a huge role in preparing it?

Paraprofessional 3: Exactly, totally yes. And I know when to ask for help because they didn't give me another aid and I said I can't be watching him punch himself in the stomach while he's choking so they gave me an extra aid for lunch....

The number of students assigned to a paraprofessional, and the great variations of different health issues each special need student presents adds to the complexity of monitoring an individual student with health care issues as noted here: “Well I'm watching 10 kids with 10 different needs. Ones wheezing, ones this, ones that so I needed more help and they got me the help” (Paraprofessional 3).

If the paraprofessional had been educated about the health care needs of students, she would have been aware of an appropriate student-to-paraprofessional ratio that would ensure adequate safety performance and standards of health care corresponding to theory and practice.

Vroom's Expectancy Theory relates to decision-making processes that require identification and implementation based on documents (Lord et al., 2003). Vroom's theory applies motivation to valence, instrumentality, and expectancy. The actions and choices of professionals are related to the outcomes, beliefs, actions, and perception of the worker's performance. In this study, actions and beliefs were driven by the

accountability and responsibility of the health-care issue when the signs and symptoms were sent via email.

In the “decision-making process people often lack the needed information, have trouble accessing a large set of information from memory or use information in a suboptimal manner” (Lord et al., 2003, p. 22). In this study, teachers and paraprofessionals were not given a plan to follow when a student developed the signs and symptoms of a health issue. The decision-making process contains five elements that include neural networks, outcome patterns, organized patterns, networks good judgment, and goodness of fit. The neural networks relate to the cognitive component of identifying the signs and symptoms and collaborating with a fellow co-worker to relay information about the disease process. In addition, the teachers and paraprofessionals used the implicit information contained in the email and applied it to the explicit information of the student, which was how the student presented with the signs and symptoms.

As the teacher and paraprofessional became familiar with the signs and symptoms of a health issue, they decide on using specific actions to take for the associated symptom (Lord et al., 2003). The experience with health care issues then becomes bundled in a package of multiple actions to achieve a desired outcome. After repeated exposure of similar incidents, patterns become organized into successful encounters of the issue. As the professionals continue to develop a body of experience with a specific health care issue, the neural networks and the collaborating individuals develop an effective response based on good judgment.

Goodness of fit begins to develop after formulating an evaluation of an acceptable outcome, but this was only achieved through repeated exposure of the health care issue

(Lord et al., 2003). Conditions in this study school were not unique, because similar conditions exist in many other K-12 public schools. Since the teachers and paraprofessionals were not given background information in their schooling, they developed a problem-solving method on their own to assure that the children were safe within the classroom. The following interviews discussed concepts relating to monitoring health care issues in a student relative to goodness of fit:

If I know they're on a medication and either I feel like hey, it's not being given. Like one time I did have to go to them because I said this kid, it says he's taking medication at home but every day he comes in and he was off the wall. And I was like did you take your medicine this morning? And he wasn't so that time I went to the nurse and we actually—I guess they called home and we got something where he was then able to take it when he came into school every day. (Teacher 4)

One teacher interviewed had a student who had cancer and the teacher was not familiar with the health issue as noted in the following:

Teacher 11: So, I have one kid that has an artificial bladder, so he's been through like cancer. He's had prostate and colon cancer.....

Interviewer: Does he have a colostomy too?

Teacher 11: I am not 100 percent sure with that.....

Teacher 11: I know that he self-catheterized....

Teacher 11: So, he really good with that. He knows when to get up and go to the nurse and he has like scheduled time where he goes to the nurse....

Teacher 11 further indicated that she must first be able to identify what the health care issue was because she did not want to send everything down to the nurse. This teacher in the study noted that she was monitoring student's behavior versus bathroom issues in

attempts to get out of class work. Teachers monitor situations as students often attempt to get out of classwork by going to the nurse:

Yeah, I mean, you know you kind of have to pick and choose what makes it not go to the nurse just because there is so many kids down there. Sometimes the wait period down there for the kids might be a little longer. So, you don't want to send it for every last little thing. It's like oh, my arm itches. Okay, well let's see if it hurts in a little bit. Just because there are so many kids you don't want to just send them down there for every little thing... We are not trained to monitor-but we don't want to send everything to the nurse. (Teacher 11)

Still another teacher indicated that scared about having a student with seizures in her class as noted, "So, I constantly was trying to be aware of the signs that would show me she's having a seizure. So, that was constant. And it was scary. I was on edge all the time because I was so scared" (Teacher 3).

If teachers were better prepared to handle situations in their classrooms through education, these stressful situations could be eliminated. Even a paraprofessional indicated that *monitoring* may become more complicated than just *watching* a student. There were other issues that the paraprofessional needed to be concerned with such as recreational behaviors, exercise induced asthma, and environment factors:

Well mostly when I'm outside at recess or in the gym I keep an eye on him and if he ever seems to have trouble with his breathing you'll see him stop during his run. He'll sort of put his head down. He'll be leaning over and I could tell he's having a hard time with breathing. But they say if he can communicate, if he's talking easily that he's really okay. Because our students also just being special education there's a lot more to it sometimes. (Paraprofessional 2)

Even a teacher noted that *being aware* may become a consistent factor during the day that helps her monitor a student's behavior as noted:

Where we're both doing the same things? No, not really. The one student that I have has seizures and they can be silent seizures or they can be a full blown out typical seizure. So, my job is just more to be aware of the fact that he has this

health condition... If I notice anything out of the ordinary I guess. So, it's not like I don't sit there and stare at him all day. (Teacher 11)

This teacher indicated that she was able to keep everybody else calm, but what about the student with the seizure? The teacher was not aware of the left lateral position in which a student with a seizure should be placed: "Just keep everybody else calm basically and notify the nurse right away" (Teacher 11).

Teachers also discussed that students making unnecessary trips to the nurse's office decrease instructional time. Teachers tried to limit the frequency of going to the nurse, as the student may have other underlying issues not related to a health issue; such as fear of taking a test, not wanting to finish work, and not wanting to participate in a classroom activity. Even so, some of the health issues that come up with students (mainstreamed or special needs) were complicated and teachers were uneducated about the condition process and interventions used for different conditions as they noted:

"We're not trained to monitor-but we don't want to send everything to the nurse" (Teacher 11).

I did monitor students if they've eaten breakfast. Because some of our students choose not to or I worry that they're not being fed at home. And I also did monitor students that aren't –this was my own doing. I'm not dictated to do this but some of my students were on other medications other than ADD medicine that affect their performance in class. And when I notice that they weren't on it I will... call nurse/parent. (Teacher 3)

One of the nurses indicated that since the teachers were unsure of the health care issue, they just sent students down to the nurse just to be on the safe side, thereby taking up unnecessary time for the nurse. Better educated teachers can help to minimize these loads that are sent to the nurse, thereby reducing the workload of the nurse. The nurses indicated that these loads had become so excessive that the two of them had to manage as

many as 20 students per hour. “You know they just say okay, go ahead to the nurse. So, I did. I think that they err on the side of caution” (Nurse 2).

Another teacher discussed having to monitor a student with asthma while being unsure of what to look for in an asthmatic. The teacher also indicated that she had received no education about the condition of asthmatics:

Interviewer: Even with the asthma do you find that you’re like monitoring like how they’re breathing?

Teacher 9: Yes, one specifically yes. I monitored him a lot and actually I would offer him if he wanted to go down to the nurse. I said are you sure you don’t want to go down to the nurse. And he’s like no, no. I’m fine. I’m not wheezing....

Interviewer: They didn’t give you like what to listen for, the signs and symptoms?

Teacher 9: Nothing....

Even a paraprofessional indicated she was unaware of what to look for:

Interviewer: And how did you get that information? Did you research it or did the nurse talk to you?

Paraprofessional 1: All that I did was if a student would tell me if they were having trouble with their asthma and I would take them to the nurse. Or I would watch them especially in gym. By this age they’re old enough that they can tell you if they have a problem.

To make matters worse, teachers were also confronted with situations in the classroom arising from a situation in which the parent is noncompliant with care or negligent in obtaining medical care for the child. The teacher watches the child in fear that situation will occur.

I had an undiagnosed seizure. Like the kid would pass out. Stress made him pass out. It was that was very difficult because you never knew---was a test going to push him over the edge. I remember like saying listen, this has to be like a letter home. He passed out... OH my God, yeah. How do I handle him? (Teacher 1)

A teacher provided information about how she attempted to understand the health illness of a student as noted by the teacher:

Interviewer: Did anybody go over what to look for or how to assess him?

Teacher 5: I spoke with his mother. Nobody from the school discussed the issue.

The document, the 504 was the only thing I've gotten for him.

Another teacher discussed how the implementation of air quality within the school informs the teachers to become aware of the environment in relation to asthmatics. The board of education implemented an environmental energy program; however, the board failed to incorporate interventions with the program. The teachers know to watch the students but were unsure of what to do with the student if a red flag goes up: "I think we have to be very aware of our asthmatic students. Now, we got the flags that go up and let us know the air quality" (Teacher 1).

The nurses discussed how the paraprofessionals' job incorporated patient care regarding activities of daily living such as toileting and hygienic practices. They further explained how paraprofessionals felt uncomfortable with these practices and even discussed how there were gray areas to the paraprofessional job description as noted in these interviews:

Sometimes the paraprofessionals need to help a student with toileting in the bathroom if that's what their one-on-one job is. But that's really what their job is. And there are people that decided to leave when they found out that that's part of their job. However, it's not reasonable—that's kind of what they've been hired to do. Do you understand. Like if a paraprofessional is a one-on-one with say a special education student that needs some help toileting. Like there's a little boy that comes in every morning and uses our bathroom. And honestly if there's any

problems we don't mind helping out and such, but we did have to make that very clear that you're not going to stand outside the bathroom and have the nurse go in there and wipe somebody's bottom or anything like that or give directions on how to put their shoes on. But that's really what your job is, and I think at different times that there's been some gray areas. And we certainly have no problem helping out and assisting in any way. But that is not what our primary job is at 8:30 in the morning to do. It's not accurate. (Nurse 1)

A paraprofessional discussed how she was not offered any educational sessions to become more familiar with the health care issues of special needs students. She further explained how even with a critical incident occurring, she had not been offered any supportive education that would help her deal with the situation:

We didn't have an in-service or anything. The only thing that we really gather information is from the IEPs if there's anything that we want to look at for medical wise our one student we must watch him while he's chewing. If he chews too quickly he can choke and we did have an incident when we had to the nurse. So, excuse me. When it did happen, the nurse did remind us what to do when a situation like that occurs. But it wasn't until after the fact that it occurred." Paraprofessional 2 indicated she was reprimanded by administrators as well as the nurse. (Paraprofessional 2)

Cardiopulmonary Resuscitation

The teachers inferred that they have been instructed to *MONITOR* a special needs child for documented signs and symptoms. At the same time, CPR training was not a requirement of all staff members. The department of education in the state where the site was located does not require teachers or paraprofessionals to be certified in CPR; this was not a criterion and not a requirement for continuing education or professional development. In 2006, an 11-year-old student died at a northeastern US public school due to cardiac complications when CPR was started, but no defibrillator was present; this event sparked Janet's Law (American Red Cross, 2017). A governor signed into action Janet's law, named from Janet Zilinski an 11-year-old who died, which require public schools and non-public schools to have the following available within the school system:

accessible defibrillator, minimum of five CPR/AED trained staff, action plan for a life-threatening emergency, appropriate signs for AEDs (Independent Press, 2012; N. J. S. A. 18A:40-41, 2012). The importance of the certification of CPR was stressed by the National Association of School Nurses who recommend that unlicensed assistant personnel to be trained in first aid and CPR (National Association of School Nurses, 2014).

However, upon closer scrutiny, this study revealed that teachers as well as paraprofessionals indicated they were untrained in cardiopulmonary resuscitation and automated external defibrillators. So, the school has six CPR certified trained staff members to serve 1,200 students. Also, these staff members were not found in the special needs areas and are often on the second floor of the school building. Therefore, the argument with Janet's Law is that there is no set defined limit to the number of professionals trained to use CPR at a moment's notice. In other words, a school could have 400 students with 5 CPR staff or a school could have 1,500 students with 5 CPR certified staff members ready and able to respond at immediate notice.

Aside from the sheer ratio for mainstream students, the increased number of special needs students enrolled in the public school must be considered when identifying the appropriate number of staff members who are CPR trained. If Janet's law was interpreted as 5 staff members for every 500 students, then in a school with 1,200 students there should be at least 12 staff members CPR certified, indicating an urgent need for a defined number of staff trained and certified in CPR on hand, so that the ratio of CPR emergency responders will be able to manage the level of student enrollment.

Teacher 1: I would like to –there’s certain trainings I feel that we should have. It’s not always put out there. I feel like we should all know CPR. I am not CPR trained.

Interviewer: And do you know what to do if something were to happen? Are you CPR certified?

Paraprofessional 2: No. My supervisor asked me last year if I was interested and I said yes but they still haven’t given me it yet.

This interview revealed a disconnected view on *DELEGATION* whereby administration has implemented a paraprofessional to care for a special needs student with a known history of choking, and the school nurse believed that delegation was not taking place within her district in a workplace managed by an administration that fails to recognize the job description of the paraprofessional. The currently active N.J.A.C.6A:16 statute indicates a school nurse is responsible for following: establishing a standard for emergency care, “directing and supervising the health services activities of any school staff to whom the certified school nurse has delegated a nursing task” (p. 22), and “assisting in the development of and implementing healthcare procedures for students in the event of an emergency” (ANA, 2011; N.J.A.C. 6A:16., n.d., p. 23). The statute N.J.S.A.18A:40-3 indicates school nurses are supposed to educate staff about diseases and other health concerns. N.J.A.C. 6A:16 requires the board of education of all public schools to provide in-service training for safety and security concerns including emergency training to staff within 60 days of employment. The paraprofessional’s training for special needs students was the responsibility of the school nurse (Raible, 2012). However, in this study, the school’s administration has hindered effective

education and training by not providing a sufficient orientation period for paraprofessionals.

However, the policy did not list any other staff member to be required certified in CPR; therefore, the only three people listed per the policy in the school studied here, recognizes only two school nurses and the school physician, with no other personnel listed. The department of education did not require the health and physical education teacher or the athletic trainer to be certified in CPR. The only person listed to be certified is the school nurse. Also, the department of education does not require a minimum of staff to be CPR-trained within a facility, which directly ignores Janet's Law; there are no requirements for health and physical education or athletic trainers to become CPR certified teachers. In this study, there were 1,200 students enrolled at the northeastern U.S. school with minimal number of nurses. There were no requirements according to the board policy for professional development of CPR for other staff members. Indirectly, the nurses believed they were not delegating nursing tasks; however, the delegation still in effect, or in practice took place within the job description and the criteria outlined to care for the student. This became an indirect delegation of which the nurse was unaware.

EpiPen

Nurses delegated a teacher to perform EpiPen by handing off the medication. The department of education protocol for the emergency administration of epinephrine for K-12 classrooms consists of the following: 1) immediate administration of epinephrine (standing order or order), 2) observe student until emergency medical technician arrives, 3) maintain airway, monitor circulation, and start CPR, and 4) if no improvement results,

administer second dose of epinephrine, and transport to the emergency department (Davy, Gantwerk, & Martz, 2008).

The National Association of School Nurses supports school nurses in the administration of non-patient specific epinephrine orders in life-threatening situations in the school setting (Schoessler & White, 2013). Thus, several fatal incidences within schools precipitate the use of stock epinephrine within a school for emergency use (Gregory, 2012). A minimum of five staff personnel must be certified in CPR in a public school per Janet's Law (American Red Cross, 2017; Independent Press, 2012). There are several employees (teachers and paraprofessionals) not certified in CPR. Staff who volunteered to become EpiPen delegates did not have to be CPR certified. In other words, staff members who were trained to administer an EpiPen are not required to be CPR certified by the state. However, the administration of EpiPen requires the teacher to monitor the respiratory status of the student and to perform CPR if patient/student respiratory status declines.

There's certain trainings I feel that we should have. It's not always put out there. I feel like we should all know CPR. The nurse opened a class up for EpiPen training and I responded yes, I want to attend. I think I should really know how to do that. After the EpiPen training the interviewer contacted participant who indicated, I am not CPR trained, but would like to be. (Teacher 1)

Teacher 1, who was present in the EpiPen course indicated post course evaluation that she learned circumstances when it is needed, injection site and how to stay calm and under control.

A half hour course does not guarantee a person being proficient in EpiPen administration, especially since many of the volunteers are not CPR certified. Patricia Benner's theory on novice to expert identifies the experience needed to become an expert

in this procedure (Davis & Maisano, 2016). She describes how nurses move from one stage action to another, based on experience, and judgment based on that experience and skill. The stages of development of a skill progresses through the following five stages: novice, advanced beginner, competent, proficient, and expert. According to the theoretical component of learning a skill, a half-hour course would place the person in the novice category. The person becomes an advanced beginner with experience in real-life situations.

Therefore, these participants were not CPR trained, but are now EpiPen trained. The state protocol for a trained individual is supposed to monitor the student and perform CPR if need be (Davy et al., 2008). The education for these participants was a half hour session on anaphylaxis triggers, the signs and symptoms of an allergic reaction, how to give an EpiPen, and who to contact for additional support. EpiPen training was, in this instance, missing a portion of the crucial protocol regarding monitoring, maintaining an airway, and performing CPR.

While in the nurse's office, this investigator observed a teacher who had just completed the half hour lecture on EpiPen administration (Field note, October 20, 2016). The teacher stated to the nurses that a special needs student's parent was unable to attend a trip. The nurse delegated the responsibility for taking the Epi Pen on the trip to the teacher as there would be no nurse on the trip. The only individuals allowed to administer EpiPen are the school nurse and those whom she delegates this function. This law does not specify continuing education for CPR, delegation of duties, or disbursement of the number of delegates at school events such as field trips (Schmidt & Barnett, 2012).

Instead, the law requires schools to set their own policies regarding continuing education, delegation, and disbursement of employees in these situations.

The school in this study did not have an EpiPen policy that focused on continuing education, delegation, and disbursement of employees, nor did this school have specific requirements to be trained as EpiPen delegates. The board of education distributed first-aid kits to the teachers, but did not supply first-aid training. The nurse described issues surrounding field trips such as EpiPen training as noted in the following:

Through trainings like we did EpiPen training this morning. With 1,200 kids like with field trips Nurse 1 or I usually go on a field trip. There are cases where it wasn't in the class budget and we had to send—what we usually do is we request that the parent to accompany the student or we get permission to medicate later in the day, to hold the medication. Just today we did an EpiPen training, so we probably have about I would say 15-20 staff members that participated and went through the training and are now delegates in the school. One was going on a class trip today and he came down and he said hey, you know, the mom cancelled yesterday and now that I took the course can I just bring her EpiPen just to feel safe in case so-and-so has an anaphylactic reaction. We said sure, your're certified now. (Nurse 2)

Caldart-Olson, McComb, Mazyck, Wolfe, and Byrd (2005) discuss that if an IEP or 504 plan states that a nurse must accompany a special needs student to a school activity, then delegation cannot be pursued; therefore, as long as the IEP did not state that a nurse must accompany a special needs student to a school activity, then the nurse may delegate the EpiPen task to a designated staff member. In this study, the policy conveniently did not address delegation issues with EpiPen administration, even though it clearly states that field trips must correspond to the IEPs and 504 plans of the students. Delegating EpiPen on a school trip to an unlicensed individual who has barely had only a half hour of training brings forth many questions, such as was a half hour enough training for a staff member to become a delegate on a school trip? Since CPR was not included in the EpiPen training, does the staff member know what to do if the EpiPen does not work?

Should CPR training be a requirement to become EpiPen certified? A licensed practical nurse and a medical technician who administers medications must undergo extensive training sessions set by state standards (NCSBN, 2017). How is it possible for anyone to believe that a half hour of instruction is sufficient?

Education of School Personnel

Teachers and paraprofessionals have stated a need for more education when it comes to health care needs of all their students, but were only provided a computer data base known as Public Works, through which they performed educational competencies only on seizures and diabetes via the Public Works. Some paraprofessionals, teachers, including athletic trainers, health and physical education teachers were not CPR certified. Teachers and paraprofessionals were also uneducated on the specialized equipment, in addition to having insufficient resources used for hearing and visually impaired students. The teachers were informed about the energy program, but the information did not instruct them on what to do as an intervention for the asthmatic or respiratory compromised student. The teachers were responsible for making sure students were safe within the classroom. This was why teachers believed that health-care issues within a classroom were their responsibility to identify any issues with a student which includes monitoring health-care concerns. Therefore, teachers and paraprofessionals research health information as a safety concern within the classroom. In this study, teachers and paraprofessionals were not given the full health information needed to care for students with health issues, which created an additional educational and training problem.

The college curriculum of teachers has been inconclusive in regard to the preparation of teacher quality (Boyd, Goldhaber, Lankford, & Wyckoff, 2007). It appears

that a more well-rounded approach to education may be the hidden answer to discovering a better preparation program for teachers. Most college curriculums have a full concentration on academics. The caring component that goes along with the teaching aspect is completely left out. There is more to being a teacher than just academics. Diversity in education should extend to student needs teachers will find in the field. Student health issues encompass multicultural perspectives such as poverty, socioeconomic status, emotional, culture, ethnic origin, social, and spiritual aspects which can affect student health. This was another avenue for educators to incorporate interdisciplinary cooperation between medical and education departments; this will bring teachers' education full circle, encompassing all parts of the student (Morrier, Irving, Dandy, Dmitriyev, & Ukeje, 2007).

Table 10 depicts the demographic data according to years of experience and college education of the study participants. The study incorporated three roles: teacher, nurse, and paraprofessional. The teacher experience ranged from 1-5 years to the maximum of 15-20 years. The majority of the teachers' held bachelor degrees with variants of additional degrees as well as extra credits towards furthering their studies. The nurses were certified with bachelor degrees, and the paraprofessionals were found to have different levels of education: two identified with some college and two had degrees. This shows that even with the certification and required teaching elements, participants still felt uneducated and untrained.

Table 10

Educational Demographics

Role	# Years Teaching	Education level
Teacher	5-14	(4) Bachelor degree
	10-15	(3) 2x BA
	10-15	(4) BA +credits
	10-25	(2) Master degree
	1-5	(1) BS
Nurse	15-20	(2) RN CSN with bachelor degree
Paraprofessionals	1-5	(2) Bachelor Degree
	20-30	(2) Some College

Education in the teachers and paraprofessional degree showed that they were highly qualified individuals, even though the education was missing concepts related to caring for students and health-related issues in students. Each of these degrees are missing information within their curriculum. The nurses, teachers, and paraprofessionals had the following amount of education and degrees. Teachers discussed the following about their feelings about being informed regarding health care issues with student:

But I think that's really the only challenge that we face is that there are so many things and it's your responsibility to be educated about it. Yes, And I think as teachers and educators we tend to want to search more for things. I think that's part of the profession. And that's where I think the participative decision making comes in where like it's more shared governance like you're not necessarily, like Nurse L is not telling you to do this but you're taking it a part of yourself to ---do you know what I mean? That's what it seems like there's a little more shared governance. (Teacher 1)

One teacher indicated that she felt she wasn't as aware until she started to get some experience as she noted:

I guess coming out of college I wasn't as informative as I am now and I feel like as the years go on each year you learn something different, some way to modify

for the students better, something that works versus something that doesn't work.
(Teacher 2)

Other teachers indicated that they would like to be more educated about the health care issues that occur within a school setting before a situation develops, as noted in the interview:

Teacher 1: To have a little more medical background.

Interviewer: But you were mentioning more education so like feeling more confident about like actually pinpointing a problem versus just watching a video and being able to say you had an asthmatic, listening for wheezes and like how do you tell?

Teacher 1: Right, And I do a lot of outdoor activities with my classes. So, does the asthmatic need to go down before at the beginning of the day or do we just stick with recess and the, you know, every time they go outside there are certain seasons, especially bad. Those are the kind of things I would like to know....Sometimes I do feel undereducated....

One university's curriculum for an educator in K-12 curtails the following academic areas: subject matter in math, science, or English has a specific set of course selections with the focus of education in areas that include the following: education technology, teaching and learning, practicum, differentiated instruction, teaching and learning communities, human exceptionality, adolescent development, cognitive development, and content areas (such as math, English, science, history). This indicates there is a strong content information within the curriculum, but the caring or parental component of being a teacher is missing. There is no information within the curriculum about student health issues, despite the fact that teachers in the field must care for

students every day, from basic needs to bodily functions. This indicates that teacher certification program preparations and state requirements fail to identify education required to care for special needs students within a public domain.

A governor has directed that students with developmental issues be mainstreamed into the public educational system. Teachers in that public educational system are classified as highly-effective and proficient educators, but can they handle the medical issues in classrooms filled with both mainstream and special needs students? They might, if proper education and training became a factor within the educational process of teachers and paraprofessionals.

Most educators feel uneducated in this area and would like more knowledge of how to handle these situations. Educators have stated that if they had this kind of training then they could reduce the instances in which students were sent to the nurse for minor issues that could be handled in the classroom. The school nurses have even voiced a concern that teachers send every issue to the nurse even for the simplest task such as a shoelace that can be handled in the classroom.

Nurse 2: I think that they are very uncertain when it comes to identifying what is a true emergency or what is a true illness. And I think they err on the side of caution, so they'll send the kids down for, you know, I broke my wrist when I was in kindergarten and my wrist hurts today in 5th grade.

Nurse1: Mostly silly things like for some reason if your shoe breaks that's a nursing concern. If you spill water on your pants, that's a nursing concern. I mean I'm not sure how these.....

Interviewer: Like they don't know where it divides.

Nurse 1: Yeah, they send kids down for everything and then we just kind of ferret out what we think is appropriate and not appropriate. Most of the time we end up doing it even if their shoe breaks because some how they think that that's a nursing concern. I guess it would be if the student were then to cut their foot and get an infection and need to be treated. But that's not usually the case. It's simply the fact that personally I feel like a teacher should call and just say hey, listen.

Can you bring in a pair of shoes? Often, it's the nurses that get sill things along that line. And it's only silly when you're really trying to deal with real medical things at the same time. That's the only kind of things that's a little bit more irritating I think that there's a little disconnect between really what should be handled by a nurse dealing with 70 to 90 kids a day versus a teacher that's one of 24. Or even two on 24 depending on if they're special education or anything else.

Workload

ROLE CONFUSION sets in when teachers and paraprofessionals describe the care of a student in the following role terms: nurturing, caring, motherly, caregiver, parent, teacher, and paraprofessional. Confusion in psychology is identified as an emotion incorporating an individual's belief system, values, intuitive knowledge, and the emotional connection to the goal or task. According to Silva (2010) "Confusion is an interesting experience, and it is worth understanding what causes confusion and what confusion does" (p. 76).

Silva (2010) identifies four components to confusion such as "experiential, expressive, physiological, cognitive, and behavioral component" (Silva, 2010, p. 76). Confusion presents as barriers to judgment, reasoning, and an emotional state of attaining cognitive goals; therefore, a person who is confused will not be able to act with precise action in a situation requiring a quick response. Teachers and paraprofessionals describe feelings of overload in the following areas: lack of understanding of technology, uneducated about available resources, strain on role (instructional role-vs-caregiver role), lack of personnel, and a large number of special needs students in classrooms. The feeling of being overloaded with multiple and even counterintuitive tasks leads to role confusion. When new roles develop, and confusion occurs, there are several factors involved; such as accountability, responsibility, educational knowledge, delegation of

duty, task, care for the student, ethical concerns, and organizational framework (Thorgren & Wincent, 2013).

There's 20 special need kids. "And I tried to explain, you know, my colleague needs to experience this too. Not just throwing it on her but it's not fair for one teacher to always have this experience. What if more come? She's eventually going to have to do it. The art teacher said, the other art teachers they keep giving it to the same teachers because we're kind. And of course, when I said that I wasn't allowed to say it but between you and me that's the way I feel. It should be balanced. Is not equal. But I'm not the only teacher that's stuck with six classes a day. Some of the gym teachers have that. "I know Spanish does sometimes. But then that also makes me think why aren't you looking at the schedule and spreading it equally more. (Teacher 6)

I think that they (teachers) are very uncertain when it comes to identifying what is a true emergency or what is a true illness. And I think they err on the side of caution, so they'll send the kids down for, you know, I broke my wrist when I was in kindergarten and my wrist hurts today." The school is a 4th and 5th grade school.... And I think like you were talking with Sarah earlier about sometimes the teachers confuse our roles. Like what we're supposed to – a lot of things that they send the kids down are not nursing care services so that makes it a little difficult.... So those are things delegated to us that aren't nursing duties. Like spilled water on my pants.... True but there are times where this morning Sarah was in here with you and I couldn't leave the office and I had two kids sitting for 15 minutes that had to go to the elevator. So, I stood in the hallway and finally saw a teacher, a gym teacher that was coming for office duty and I said he, can you do me a favor please and take them up. But it's tough because that and fix my –my teacher said you can fix my eyeglasses. We don't touch the eyeglasses because if I break them further I don't want to be responsible for your \$300 eyeglasses. (Nurse 2)

Occupational stress includes stressors occurring within the work environment, where administrators or supervisors and the number of tasks affect the density of the workload (Gudanowski, & Nadig-Nair, 2003). The social integrity of the work environment can impinge on effective coping with the stressor. The paraprofessionals in this school were managed by administrators and nurses; however, when a task was incorrectly or wrongly performed, these individuals were also the employees' support to rectifying the situation. The supervisor reprimanding a paraprofessional for incorrectly

monitoring a student's choking behavior created a situation where educational support became ambiguous when no education was provided.

A worker's inability to become autonomous, along with a lack of available resources increases the strain on the employee; thus, the employee endures stress (Hornung, Weigl, Glaser, & Angerer, 2013). Fisher (2014) indicates that issues of empowerment and autonomy are related to work overload. An individual's ability to control or alleviate stress depends on the ability to manipulate the activities to reduce the stress. The workplace environment adds to the worker's stress as lack of cooperation, autonomy, and supportive relationships inhibit efforts to arrive at effective work strategies and implement effective coping strategies (Fisher, 2014; Thorgren & Wincent, 2013).

Accordingly, "workers who habitually feel emotionally-depleted and fatigued may develop a lowered tolerance for work stressors, thereby finding it increasingly difficult to put up with extensive workload, stressful patient interactions, and/or long working hours" (Hornung, Weigl, Glaser, & Angerer, 2013, p. 125). For instance, this was discussed in the study when the nurses and paraprofessionals discussed their workloads. According to Myra Levine (1971), nurses care for the whole patient social, mental, family, economic issues, physical ailments, and cultural perspectives, and these practices and interactions develop the nurse-patient relationship. Unlicensed assistant personnel or paraprofessionals do not have the training to integrate effective health practices that would incorporate health and well-being into the student-paraprofessional relationships. Without effective education and training regarding how to care for special needs students, caregivers can become stressed and short tempered with the students.

Hornung et al. (2013) discuss, “Patient demands reflect the human service side of clinical practice and refer to interactions that are perceived as stressful due to physical or psychological characteristics of the care recipients” (p. 125). The idea surrounding occupational commitment and passion for work does not mitigate an individual’s search for new roles within their profession, especially when *workloads* in the study were so excessive.

Information communication technology requires staff members to respond to emails regarding the health information sent via email (Barber & Santuzzi, 2015). These information communication technologies have unclear demarcations between work time and leisure time, because employees tend to respond to emails on their own “leisure” time outside work hours. Teachers also meet with parents, grade papers, make reports, etc. in which outside time is spent in the classroom, so to speak; this equates to additional workload pressures.

Transformational leadership encourages the practice of autonomy; however, the response to answering emails creates a stress known as *workplace telepressure*. These computerized communication systems often provoke a quick response time, a condition that does not support identification, description, or consideration of complex issues, such as those applicable to special needs students in public school classrooms. There are specific psychological factors associated with work-related emails. “Telepressure employees might overlap more with the work engagement components of dedication and absorption in relation in work” (Barber, & Santuzzi, 2015, p. 173). Other work place behaviors include conscientiousness and extraversion, whereby the employee is implicitly required to gravitate to socialize and may have motivational factors that stem from others.

An introvert who is self-conscious about her responses may fear negative views from peers by not providing an immediate response. The work environment itself places stressors on the employee to perform with high proficiency through mental, physical, and emotional capacities. This performance is judged in part by how the employee responds to emails.

Emails produce responses that increase workload and emotional stress in professionals to perform and respond to the emailed information very quickly. Information received in emails requires further clarification when emails become ambiguous, and to complicate technology even further, teachers now have iPhone messages that increase their sense of multitasking while at the grocery store (Brown, Duck, & Jimmieson, 2014). This can be seen in this study with the emails that were sent with just the signs and symptoms and no information related to a plan on how to handle the stated issues. The content of the emails, as well as the number of emails, increases the workload and pressure when prompt responses are required within the educational setting. Such emails contain information directed at teachers, paraprofessionals, and nurses bring forth an emotional state of confusion due to responsibility and accountability of the professional goals related to the information. The development of this kind of increased pressure is related to the number of emails sent to the professionals, which increases the mentality of emotional exhaustion from trying to fulfill the responses to emails (Baeriswyl, Krause, Elfering, & Berset, 2016; Brown et al., 2014). This produces a condition whereby these professionals are “on call” 24/7.

When a teacher, paraprofessional, or nurse performs a health care skill, there is a composite of analytical tasks that are required to perform the task, encompassing

empathy, coping, and problem-solving (Martin, 1990). The application of those skills requires the individual to reflect on the verbal communication of meanings, feelings, identify the plan, and future goals. Even to empathize with a special needs individual, requires an experiential thought process of related experiences. Therefore, teachers did not have the educational background related to health-care needs; this was why they were strictly relying on experiences.

In other words, the implementation of tasks requires the individual to reflect and utilize cognitive and affective learning domains. An individual does not in essence just go through the motions of performing the task; there is a thought process that is involved with the tasks. The psychological response to the demands of the emails requires the teacher and paraprofessional to be held accountable and responsible to know about the health care illness. The number of demands increase the workload of the teacher, paraprofessional, and nurse. Emails become blurred by the social demands, expectations, as well as misinterpretation of the email. The increased demands from email responses create stress that is linked to health issues with sleep, cognitive processes, and central nervous system disturbances. These health-related issues from the emails produce work *OVERLOAD* and burnout in the employee, which can lead to increased absenteeism as well as psychological detachment. The associated demands from an email can increase stress and work place telepressure.

Shared Governance and Participative Decision-Making

In this research study, shared governance was taking place between teachers, special education, and paraprofessionals prior to the beginning of the class. The collaborative efforts have been described as positive by a teacher:

I think it's just like a positive influence. Again, it's making everyone collaborate, everyone that's in charge or like not assigned but if there's an aide and you're working with that aide who is also working with the nurse who's also working with the parents. So, I think it's just a positive influence. (Teacher 11)

When paraprofessionals are not present during IEPs or 504 plans, and the nurse only sends out signs and symptoms through emails, they are not actively collaborating. This posed a question as to whether organizational defenses were at work due to the misconception that staff were collaborating outside of the departments when in fact they were not (Argyris & Schon, 1974). Collaboration took place among teachers and paraprofessionals within the same department, in other words, the department collaborated according to the wing of the building they have been assigned to as stated by a teacher:

And even with the math teacher we switch classes. So, the paraprofessional has the same group of kids... There's a math special ed teacher so the five of us work really well together as a team. We talk about everything, what we're seeing in both classroom because math is a lot different than reading. It's more vigorous or more like they have to really know their stuff and there's a lot practicing. (Teacher 10)

When one instructor was asked about the challenges within the organization she stated:

Well, the negative thing is that the people that supervise me know nothing about what I do. She further adds about the department relationships. It's supportive for the most part. (Teacher 9)

This statement alerts the researcher that the collaboration and decision-making was effective within each department such as the 5th grade wing, but the collaboration was non-existent between departments and administration. The shared governance occurs with sharing the health information that was researched on the Internet as stated by a teacher: "Diabetes I also researched too so I can further in depth my knowledge, you know. With the hyper or hypo just to keep up on the signs on that (Teacher 14).

The questions surrounding participative decision-making was limited as the majority of the interviewers agreed to shared governance and collaboration within their own departments. The research question quickly became repetitive according to the responses. However, once the researcher realized the repetitiveness to the question a clearer picture developed when analyzing the entire organization and identifying where the collaboration actually took place.

Summary

The overall goal was to improve the health-care practices within a public-school system by identifying issues that impinge on safety, monitoring illnesses, education and training, delegation of school nursing duties, mode of delegation, effects of administration, standards, policies, nurse to student ratio, and workload. By identifying steps used in school nursing delegation practices, standards, policies, and safe effective practices can be implemented to prevent harm to a child.

This study represented a population of teachers and paraprofessionals who questioned whether or not they had been sufficiently educated and prepared to perform nursing tasks, such as identifying signs and symptoms of health care issues delegated to them. The findings revealed how nursing tasks have been delegated through an inferential process of relaying student and health information to teachers and paraprofessionals as delegated via emails and documents. This created a disconnected delegation process, running the risk of harm to students due to unsafe practices of delegation. Practices of delegation must be clear, with direct instruction on what the teacher is supposed to monitor in students with health care needs. Indirect orders were perceived through the

written documentation such as IEPs, 504 plans, doctor's orders, emails, and administrative policies.

In Chapter 5, a graphic illustration shows the depiction of the overlap in relation to delegation. Implications are explained about system problems and tasks that hindered delegation. In this study, delegation presented as a system problem where every aspect affected the delegation process. When delegating to another professional, there are several questions to use that can be answered to ensure effective delegation is taking place; this is addressed in Chapter 5. Also, a discussion of delegation occurring in emails and documents is addressed and the appropriate interventions explained. Education and training becomes the key components to the systems problem and implications will be discussed.

Limitations

The study presented with a few limitations in obtaining documentations on health information of students. The documents that were provided with names blacked out were selectively chosen by administrators producing a potential bias. The 504 Plans, IEPs, emails, and other documents were limited to what the administrators approved to be used in the study. The researcher asked for selective documents and received only a select few that were chosen by the administration. Requests were often dealt with avoidance as well as relaying the information to another administrator to handle the request, which often resulted in minimal follow through of procedures. Even though the documents were pre-selected by administrators, the researcher was still able to use the documents and identify the information that was unclear or missing within the documents according the study.

The selective nature of the documents questions the possibility of other health-care related issues that were not revealed.

In conclusion, this study confirms that more education is needed within the domain of student health-care concerns. The number of required CPR certified staff members became an issue when there was a large number of students (1,200). According to Janet's Law, the school represented 500 students for every 5 CPR certified staff. This questions a safety issue when there were 150 disabled students and 1,200 students. EpiPen volunteers only have a half-hour instruction on administration and the majority of the staff members were not CPR certified; this questions the proficiency and ability of the staff to perform the skill effectively and safely. Delegation was taking place indirectly without the nurses being aware of the occurrence through emails and documents. Teachers and paraprofessionals were monitoring student's health issues and feel that it was their responsibility to maintain safety within the class. Teachers classify safety with health issues of students as their responsibility to make sure students are safe in every aspect from environmental issues to health care concerns. Collaborative efforts between teachers and paraprofessionals were occurring with minimal interdisciplinary collaboration. Administration affects change within the organization; however, the change has great implications to the health care services rendered to students. The pressures due to job performance in every aspect play into workload, as professional jobs crossover into another profession where the boundary lines become blurred as to where one job starts and the other ends, which leads to role confusion.

Chapter 5

Interpretations, Implications, and Conclusions

The aim of this research is to use a qualitative study to investigate school nursing practice by exploring delegation of nursing tasks among school nurses, teachers, and paraprofessionals in grades 4 to 5 in a northeastern U.S. school. The research questions for this study were:

1. Within a fourth-to-fifth grade setting, what nursing duties are delegated to participants, including school nurses, teachers, and paraprofessionals?
2. How are school nursing tasks delegated safely and effectively to participants who are paraprofessionals and teachers within a fourth-to-fifth grade setting?
3. What nursing duties are delegated to paraprofessionals and teachers by administration within a fourth-to-fifth grade setting?
4. As part of shared governance and participative decision-making, what nursing duties are implemented by teachers and paraprofessionals without the school nurse being informed in a fourth-to-fifth grade setting?

Unlicensed assistant personnel, or paraprofessionals in this study, are not regulated by the state, as there are no licensures involved with their tasks or a clear job description; however, these tasks frequently cross-over to the nursing field (Gordon & Barry, 2009; Jenkins & Joyner, 2013). The responsibility of these tasks ultimately falls onto the school nurse who is already overloaded by the number of students enrolled. The infusion of special need students and increased health-care issues in children require that all staff members have proper education, training, communication, resources, and practical policies that can be used as a reference source to check for tasks; these are needed for the organization to become more transformational. The two school nurses at

this school cannot monitor health conditions on their own with the current enrollment of 1,200 students and 150 disabled students. “Nurses have reported that supervision delegation of unlicensed assistant personnel requires considerable time and thought because many fail to report patient issues that require immediate action” (Jenkins & Joyner, 2013, p. 34). This emphasizes the need for a well thought-out plan of action to utilize unlicensed, but well-informed assistant personnel or paraprofessionals within a district.

Overlapping Themes to School Nursing Delegation

The overlapping themes show the complexity of delegating nursing tasks in relation to educational experience, knowledge of medical problems, administrative ability to change practice, and the inadvertent pathways to a disconnected delegation of authority to act. The indirect and direct delegation in regard to student well-being extends to emails, policies, IEPs, 504 plans, doctor’s orders, as well as classroom, cafeteria, playgrounds, and on field trips. The overlapping themes reveal indirect and direct delegation of nursing tasks that had been implemented by administration and the school nurse. The five “rights” to the delegation process: the right faculty member, the right event, the right assignment, the right directional interaction, and the right assessment as well as instruction can be used to improve delegation of school nursing. In this study, the mode of delegation occurred through emails and other documents (Weydt, 2010). Issues relating to overlapping themes were surrounded by inadequate educational experience and inappropriate amounts of training with medical problems among unlicensed personnel as well as teachers (Figure 2). Teachers and paraprofessionals value their responsibility in caring for students with medical issues. The participants identify the

need to be informed of the medical issues as being accountable for the students. Teachers and paraprofessionals are required to monitor the students within their classroom as part of their responsibility.

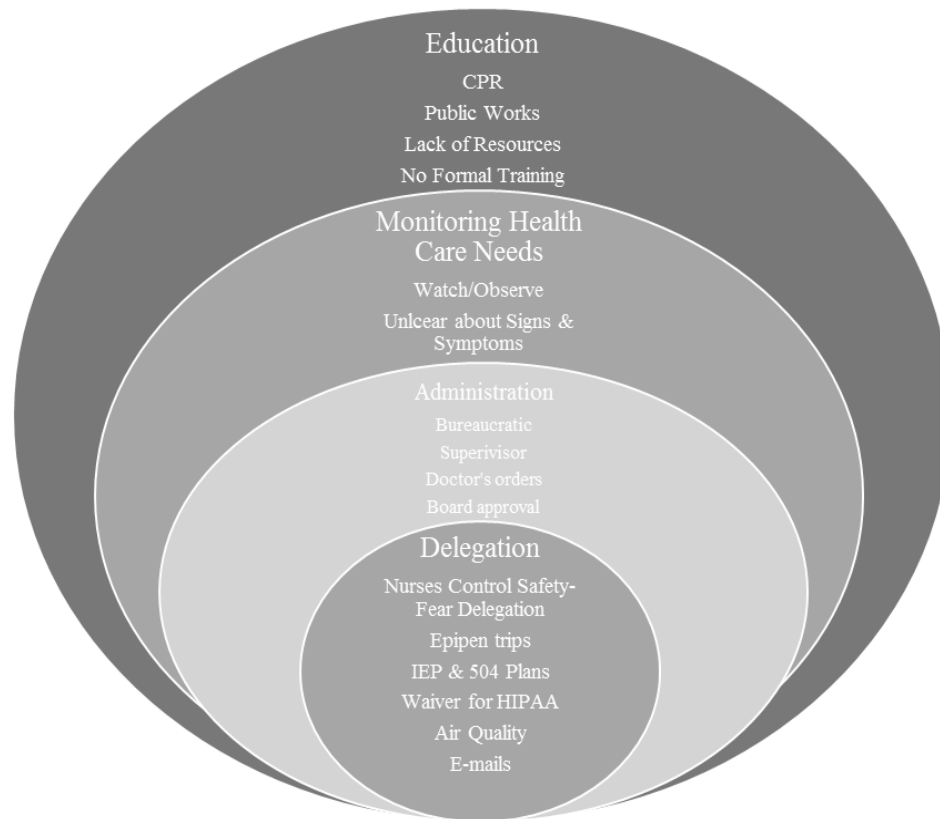


Figure 2. Graphic Illustration of Overlapping Themes to Delegation (created by Sharon L. Schofield)

In this final chapter of the dissertation, the researcher will address research questions and offer insight to the phenomena studied; offer suggestions to implement in practice; database for incidences; revision to policies; administrative, teacher, and paraprofessional roles, as well as professional development for all staff members. The 20

participants in this study revealed similarities in how they manage students with medical issues within their classrooms with how delegation of a nursing task can affect the safety of students and the impact of administrative roles on the practice of teachers, paraprofessionals, and school nurses. Shared governance and participative decision-making have developed into a major collaborative effort to aid in the care of students with nursing needs by monitoring the student's condition. This can be seen through the interviews that discuss health conditions between paraprofessionals and teachers about their collaborative efforts.

The complexity of our society has led to shared governance and participative decision-making within the educational system where professions aid other professions. This complexity of job roles resembles identical tasks from one profession to another and can be seen with school nursing, as with teachers and paraprofessionals, where similar duties have different context but similar connotations. A goal of the institution is to develop a transformational experience in which every faculty member has input to decisions and care of students. However, this experience requires an educational knowledge base in which all the professions across the institution agree. In this study, I found deficits that complicate the institution from becoming fully transformational, as policies, emails, IEPs, 504 plans, administration, and doctor's orders interfere with and complicate professional duties.

In this study, the organization's mission indicates a safe and rigorous learning environment; however, the safe and rigorous learning environment is geared towards the so-called normal students, while special needs students lack resources and safety within their environment:

Our mission in the northeastern U.S. school district is to partner with the student, family, school, and community to provide a safe and rigorous learning environment which will result in a mastery of the Common Core Standards at all grade levels. Students will demonstrate academic scholarship, integrity, leadership, citizenship, while developing a strong work ethic so that they will act responsibly in their school community and everyday society.

The study was organized by applying Bourdieu's Theory (Cockerham, 2013; Glover, 2010; Grenfell, 2008; Prieto & Wang, 2010; Rhynas, 2005). Bourdieu's Theory uses three concepts to help describe and explain social interactions which include field, capital, and habitus. The capital can be described in this study as the governmental effects abolished the use of developmental facilities for special needs students. The capital used for developmental facilities was not transferred to the public sector for public educational institutions. Restrictions in the management of the special needs students became evident when technology, training, and education were not fundamentally incorporated into the care of specialized students. In this study, teachers and paraprofessionals had difficulty accessing computer-related technology training to implement specialized devices and perform life saving techniques in as varied areas as Braille technology and cardiopulmonary resuscitation. These governmental effects driven by capital allocated from the state shaped the habitus, fields, and capitals found within the public institution within this study.

Bourdieu's Theory describes the field or environment as an expression of behaviors that incorporate thought processes, culture of the institution, as well as the ability to change through the differences and similarities within the group (Cockerham,

2013; Glover, 2010; Grenfell, 2008; Prieto & Wang, 2010). Asymmetric incidences impact interactions among professions such as teachers, paraprofessionals, and school nurses. The habitus encompasses the perceptions, thoughts, and actions of the employees or professionals, in which each player brings a different habitus to the field. In this study, the values and interests of the professionals can be viewed as encouraging since all members assumed responsibility to educate themselves regarding the medical issues of all students in their case. The findings showed teachers seeking one another out and performing research on issues that they did not feel comfortable addressing within the classroom. This study indicates that, in order to implement and construct a transformational organization, the institution needs to support the habitus through education, training, and resources. By not addressing these issues in the study, the habitus becomes negatively affected, as the basis of the habitus is founded in values and beliefs. Since these professionals were not given proper training and education, they became unsure of themselves professionally, especially when the teachers and paraprofessionals struggled to identify and understand what is meant by the signs and symptoms of students with a disorder. The habitus is affected by all employees, while power and schema place constraints on the organization overall. The goal of a transformational organization is to incorporate creativity, resourcefulness, and the ability to experiment and to incorporate available resources; a goal, which was not present in the organization of the school examined. The culture of the institution's relationships can be viewed as departmentalized to the point that communication is reduced between departments such as English and math, or science and social studies. In the study, the like departments only communicate with one another, instead of full integration of all departments in a

specified grade level. Symbolic capital can be viewed as recognition and prestige of performing a job well, but this is severely hampered by the student load, student to teacher ratio, educational background, training, and resources.

The overlapping of educational experience, training and lack of resources created issues in this study school with properly caring for students with special needs and so-called normal students as well as being able to deal with health-care issues that may arise. In this study, a paraprofessional who was untrained in cardiopulmonary resuscitation discussed a critical event that occurred while caring for a student with health care needs. The student had a history of manipulating food and forcing large amounts into his mouth so that he started choking. This student required constant supervision, but at the same time, the paraprofessional had also been assigned to assist other special needs students. The paraprofessional indicated this took a period of time to correct, as they had to find someone to administer the Heimlich maneuver to the choking student. Even after the event occurred, no new training or specialized training was implemented into the paraprofessional's criteria for effectively performing job duties as an evaluation.

Teachers and paraprofessionals discussed that they are called upon to monitor student's health-care needs within the classroom. However, the baccalaureate degree for teachers and paraprofessionals does not include basic health care information on students with illness or special needs conditions. In an attempt to address this lack, teachers and paraprofessionals are researching their own information on the Internet to become better educated about these illnesses; however, the Internet is not always the best place to research health-care issues, as many websites are disreputable. Monitoring of student needs are sent via emails, documents such as 504 plans, IEPs, orders, policies such as

energy program and monitoring air-quality. In these documents, discussion of the signs and symptoms appear often without instructions on what to do if the signs and symptoms occur. A transformational organization utilizes all staff members to aid in the safety of health-care concerns; however, the organization in this study falls short of becoming a fully transformational organization, because information is not fully understood by staff members with detailed instructions on interventions. This school's staff attempted to make efforts to go above and beyond, but were not given the tools to proceed in that fashion.

Another issue that surfaced during the research dealt with the number of individuals who are cardiopulmonary resuscitation (CPR) certified (American Red Cross, 2017; Independent Press, 2012; N.J.S.A. 18A:40-41, 2012). There are no more than 6 staff members who are certified in a school with almost 1,200 students in which 150 are identified as disabled. This condition strongly indicates that anyone who directly cares for students with special needs should be CPR certified. No student should have to wait for appropriate care while a search goes on for someone in the building to help while he is choking. A related issue arises with EpiPen volunteers, whereby staff members take a half-hour course to become an EpiPen delegate to administer epinephrine to a child exhibiting anaphylaxis, even though they are not CPR trained to monitor the respiratory status of the child to whom they have administered the epinephrine. In this case, staff members who are not sufficiently trained have been given the responsibility to monitor the status of the child.

The monitoring of air quality according to the established environmental policy on quality of air control presents similar complexity, because the guidelines for

interventions are unclear and staff members do not know what they are to do when a student is at risk. Another example of incomplete training or instruction was discussed during the interview with a teacher, when staff members monitor a student with a seizure, they are instructed to watch the child and call for help. There was no discussion of placing the child into a recovery position until someone gets there, even though the staff member was unsure of what to monitor. The task of monitoring students needs overlaps with education and training, administration, and delegation of duties as directions are given to staff members to perform a duty.

In this study, the administration is a democratic organization attempting to move forward with a transformational model. However, failure to identify interventions for conditions through interdisciplinary discussions between departments limits the forward momentum of fully becoming a transformational organization. Communication and directions need to be clear; unclear directions can be seen in the emails, documents, and job descriptions. Even IEPs and 504 Plan meetings can benefit from an interdisciplinary approach, by allowing the paraprofessional to be a part of the meetings and to hear the requests of the parent(s), especially since they are the sole caregivers for that child.

Administration develops policies, plans, procedures, and the organizational format of the workings of the school (Bolman & Deal, 2008; Dang, 2010; Praeger & Zimmerman, 2009; Smith & Firmin, 2009). This can be seen in the study school's district policies that had been revised according to the health office, in which the administration implemented no orders are needed for nutritional supplements that have interactions with prescription medications, and are not monitored by the Food and Drug Administration. A nurse, according to this standing order, could give a dose that is greater than allowed for

the body weight of a child. This order jeopardizes the nurses' licenses and places the nurses at risk for legal actions. School boards and administrators do not have the authority or the education to change standing orders or determine whether or not the medical administration of supplements is safe without a doctor's order. When formulating and adjusting policies in regard to health-care issues, school systems must incorporate a school nurse within the decision-making process, as the school nurses know the regulations of their licenses and can better redirect and clear up misconceptions when a policy is made. Physicians fall into the same category as administration and are often unaware of the duties of a school nurse as seen in this study.

Physicians are generally inexperienced with the duties, standards, and legal implications of a nursing license (Benn, 2001; Fage-Butler & Nisbeth-Jensen, 2015; McCarthy et al., 2013). Just like the administration, physicians should consult a school nurse prior to writing an order that is unclear or beyond nursing boundaries' authority. A general written document can be given to physicians as a reference to the legalities of school nursing; this can be given the first day of school or can be sent out to doctors via emails to clarify job duties. Therefore, if a doctor has a question about the practice of nursing, it can be rectified at the beginning of the year through clarification.

Delegation is linked to education, training, and monitoring conditions through the duties performed by teachers and paraprofessionals. The organization is the controlling link between leadership and specific duties to be performed; this can be seen with the paraprofessionals monitoring a student for choking. Without education and training, staff members had a difficult time observing a student's behaviors for a health illness. Teachers frequently stated they did not have enough education in regard to specific health

conditions among the students in their classrooms. Teachers also indicated that they often researched information on their own to be better prepared to observe the students.

Observation is linked to the responsibility of the teacher to reassure the student is safe within their classroom. In this study, delegation occurred without direct verbal consent. Instead it was directed through an indirect mode of emails and documents, in which signs and symptoms were listed without any indication of what intervention to perform in the event of a crisis. Even in the emails by nurses it was stated, “you know what to do” when in fact the recipient of the email did not know. Delegation of responsibility to observe signs and symptoms of a condition was found in this study to have been further hindered by the HIPAA form that parents signed. Designed to protect confidentiality within a health-care institution like a hospital, it does not apply to an educational institution as it falls under the FERPA regulation.

HIPAA forms were found in this study to create a complication of legal issues by placing the responsibility solely onto the nurse. Parents sign off to not inform the teacher regarding crucial conditions, this creates a legal issue with monitoring a student with health-care needs, as it alleviates the teacher’s responsibility within the classroom but places it back onto the nurse. The nurse cannot be in two places at once to monitor potential crises that could arise in a student population of 1,200, especially in a large two-story building. But the delegation process becomes hindered as the teacher is not informed of the signs and symptoms of allergies, conditions, or disease within a classroom; a situation that severely compromises the safety of a child. Therefore, the data revealed overlapping categories of delegation that include the following:

- Education and training

- Monitoring health conditions which are found in the emails sent by the nurse with the signs and symptoms
- Delegation of a nursing task through emails, 504 Plans, IEPs, documents (such as HIPAA forms, treatment plans).
- Administration and physician's orders.

Implications

The data presented in this study also revealed how the description and perception of monitoring a student was expressed in similar context as “awareness,” “attention,” “watch,” “observe,” and “monitor” a student’s health-care issue. Other terms that appeared also in similar contexts but not as frequently included “motherly figure” and “parental role.” Slattery, Stuart, Christianson, Yoshida, and Ferreira (2013) describe these terms as ambiguous and unclear according to the syntax of the language. Reanalysis is necessary to resolve misconceptions and redirect the misunderstanding through education, training, faculty meetings, professional learning communities, and interdisciplinary meetings. The terms associated with monitoring a student’s condition need to be uniform so that misconceptions and misdirection do not take place. In other words, what a person may do as a parent may not necessarily be the right intervention for a health-care measure to take at school, such as waiting a specified time period for a head injury. The description of watching and observing a child also needs to be better defined according to the condition. For instance, nurses watch and monitor a patient for a head injury every hour to every four hours for the first 24 hours. By clearly defining the meaning of “observing,” “watching,” or “monitoring,” misconceptions about interventions for teachers and paraprofessionals will clear up. The ambiguous

terminology indicates serious issues surrounding the context of the terms used within this study, which involved a good deal of communication through emails and documents. In this study, the data revealed the following categories that hindered effective delegation include:

- **Limited to no** education and training for health conditions of students
- **Unclear** emails and documents on health conditions
- HIPAA form for parents to **not disclose** a health illness of a student to a teacher
- **Unclear** roles and **unclear** job descriptions
- The number of CPR certified staff and the number of students is unproportional for the intensity of the size of the building which is **6 staff members to 1,200 students**. Staff members will ineffectively be able to intervene in an emergent situation. (Janet's Law 5 staff members to 500 students)
- **Reduce** the number of special needs students to teacher
- EpiPen volunteers who are **not CPR certified**
- An **inappropriate** policy regarding supplements that was formulated for student health services by administration
- Nurses **not present** during board meetings
- Supervisors who **do not have a nursing license**
- Physician **does not have training on nursing procedures** within a school
- Air-quality programs that **do not have interventions** for the teachers or paraprofessionals to perform

- **Minimal to no** interdisciplinary communication between departments, as well as, paraprofessionals are **not included** in IEP and 504 Plan meetings
paraprofessionals
- **Lack of resources, training, and technology** such as Braille technology for special needs students

Administrative suggestions. The government implemented full integration of special needs students into the public-school system; however, by placing these students in a less restrictive environment of a public school, there are several issues that must be addressed such as identifying, implementing, and promoting safety (Taras & Brennan, 2008). Too often, schools are limited by the funding provided and parents are limited by restrictive financial expenditures of health insurances confining needed and available care for these specialized students, as well as other students with health-care issues like allergies and seizures. Students with chronic health conditions are increasing in prevalence, as childhood diseases and conditions such as diabetes, autism, asthma, behavioral disorders, allergies, and cerebral palsy, respiratory issues, seizures that require nursing assessing, diagnosis, planning, implementing, and evaluating of the health-care issues are identified, adding to the complexity of attendance problems. Proper development of IEPs, 504 plans, doctor's orders, policies, appropriate resources, education and training staff, are all much needed measures, so that these students can learn in the least restrictive environment. Proper work assignments need to be based on available staff members, professional job descriptions, available and unavailable resources, as well as the legalities based on the scope of practice for each profession (Mueller & Vogelsmeier, 2013).

The most common issues with administration have been identified as miscommunication resulting in physician referrals with unknown or limited health-care interventions (Taras & Brennan, 2008). In this study, a physician prescribed an inappropriate administration of medication for a student because it required a teacher to administer the medication. Doctor referrals must include clear and concise orders directly addressed to the professional who must administer that treatment. Physicians must be made aware of specific policies, nursing standards, and procedures of the educational institution in which their patients gain an education. Unclear directions result in misinterpreted and inappropriate services to students. “If students’ physicians do not fully understand the limits and abilities of schools, they may not provide these schools with adequate or appropriate information resulting in over- or under-prescribe nursing and health-related services” (Taras & Brennan, 2008, p. 390).

Mahatma Gandhi’s framework provides a representation with specific aspects of leadership that can be used within the administrative framework examined in this study within its 4th and 5th grade public school system (Nair, 1997). His framework encompasses defining the values and commitment to providing specialized health-care services to all students. The culture of the facility needs to develop a united effort, with a focus on providing exceptional quality care to all students. In this study, everyone reported being fully committed to assisting with care across the board. Gandhi suggests developing a guide, which in this case, would be to develop a concerted system of sustained education and training to become more united as a community within the institution.

Gandhi's framework further suggests elimination or reduction of interferences that could alter the course of success (Nair, 1997). The research conducted in this study shows how this school's organization veered off-track by implementing out-of-focus orders, policies, and resources. These practices caused the administration to lose relationships within their own community by mishandling requested views or opinions. In order to maintain the focus so that issues are not left to the way side, a task analysis software is recommended to follow the duties that are directed by administrative orders to staff members. This new software would allow for tasks to be tracked so that administration and staff can stay on course together. Every member of a teaching institution needs to feel respected by voicing their opinions; however, in the study, teachers reported that they did not always feel as though they could voice their needs. They even said they felt threatened to some extent, as indicated by the music teacher. A form of secrecy that was created by not voicing opinions is the direct result of implementing an authoritative administration. This undesirable and potentially-dangerous dynamic can be alleviated if everyone's view is respected and acknowledged through the use of open communication in dialectal sessions.

The leadership style revealed in this study tended to jump from authoritarian to democratic to *laissez-faire* (Bolman & Deal, 2008). Distributive leadership started out in the beginning of the school year by dispersing assignments, and then proceeded to an authoritarian position in relation to the ratio (of student demographics) and the production of education. Democratic action was seen among staff members in their own departments through collaboration; however, interdisciplinary collaboration was minimal to none. The jumping from one style to the next without logical and practical purpose adds to the

confusion of the culture and the environment. In this study, special education teachers were unsure of who to contact, or from whom they could obtain more information about special needs devices, as administration left them clueless without any direction. A plan needs to be in place to eliminate confusion as an issue arises when time for safe action is immediate. Ready and established plans should include contact numbers of individuals who handle specialized devices, training, and education. Since the administration did not follow through with an active response to requests for access to such environmental-navigation tools as Braille for vision-compromised students, their *laissez-faire* approach is unacceptable at best, and at worst, compromises student safety.

Autocratic leadership does not move toward an open communication: Instead, it closes the communication off. A more democratic leadership would elicit more communication and focus on participative decision-making. Fiedler describes a contingency theory that relates to the personality of the leader to the situation (Vroom & Jago, 1988). When analyzing participative leadership leaders who are open, build positive relationships, encourage motivation, and who are task-oriented, it is found that they will perform well in moderate situations. Autocratic leaders apparently perform well in extreme situations, but not as well in moderate to less extreme situations. This study coincides with the contingency theory whereby the leadership aspects are related to autocratic behaviors. Vroom and Yetton describe situational theory as one in which the situation dictates the style of leadership (Vroom & Jago, 1988). However, in this study, the fact that the leaders are autocratic interferes with participative decision-making and over-arches the advantages of the other leadership styles in such a way that they become minimal to non-existent.

Since health-care needs are unique to each student, this promotes a situational context to the collaboration that takes place between staff members within a department. As previously noted in Chapter 3, distributive leadership is in constant flux and changes according to the situation (O'Donovan, 2015); this can be seen in this study with the school nurses sending the signs and symptoms to the teachers. Since the teachers have not been taught about health conditions and care, they feel the need to adapt and research the information on their own, as they are responsible for the children being safe within the classroom. The situational demands promote evolutionary participation depending on the tasks that are required (Hollander, 1978; O'Donovan, 2015; Vroom & Jago, 1988).

Health-care and leadership bring forth situations in which leadership becomes more situational; however, the more health-care is well organized, planned, practiced, implemented, and evaluated, the better prepared the staff members become, a condition which will increase the quality of care and education to all students. Emergency rooms practice all the time with scenarios and what to do with each scenario. The same thing can take place within an educational institution serving a large number of special needs students. Proper planning and practice with such scenarios starts prior to student enrollment into the school.

However, productivity and effectiveness become hindered as goals become unachievable in an organization as a whole. In this study, teachers and paraprofessionals discussed frustration with the workload and the inability to perform the job correctly, while their voices to formulate effective solutions go unheard. The paraprofessionals in this study repeatedly requested to be educated with cardiopulmonary resuscitation and even when a critical incident arose, this request was ignored. The same thing occurred

with the student who was blind. These situations placed stress on the workers, who felt dependent and restricted by the organization. Nurses felt overloaded by the number of students coming down to the office, as if they were the ones who had to totally care for all of the needs of the students in a way that placed constraints on the delegation process. For example, the nurses were told by administration that it is their responsibility to take the students up and down from the second floor on the elevator. Here again, this increases the workload and minimizes the ability to become autonomous.

Vroom believed that identifying these factors could lead to issues with participation, a point that the researcher found to be true (Hollander, 1978; O'Donovan, 2015; Vroom & Jago, 1988). Interviews in this study on perceptions of participation were clearly isolated to each specific department because decision-making strategies only affected the people within the department. Participants discussed in interviews how collaboration took place between teachers, special education, and paraprofessionals working with each other. However, the organization as a whole did not elicit actual participation in decision-making, in the proper handling of doctor's orders, administration implementing supplements without orders and the avoidance on issues surrounding lack of resources. Since participation was not motivated by the leaders in this organization, the use of Hershey and Blanchard's Situational Theory was eliminated (Bass, 1990). Vroom suggests since staff members did not have input to the larger organization's operation, this coerced them to be silent participants. So, in essence, there are two entities, the departments collaborate with staff members strictly as an isolated unit from administration. Administrators, supervisors, and board of education members assigned new policies to the school without feedback from the whole organization. There needs to

be a connection between the two factions to work cohesively together. The state implemented the use of professional learning communities, which becomes a form of forced participation according to Vroom (Vroom & Jago, 1988).

Actual versus perceived participation with the organization in this study are unequal (Argyris & Schon, 1974; Vroom & Jago, 1988). Actual participation was evident through the collaborations that took place only within each department, resulting in good student outcomes; however, perceived participation in the organization is negative or nonexistent as it is influenced by administration's decision as well as the perceptions of staff members. No collaborations took place at a higher level with administration. Information must be taken to the principal or administration to be heard. If staff members cannot contact the administrator, interaction becomes nonexistent and avoidance takes place. The researcher was additionally subjected to the avoidance when attempting to schedule a meeting after school with the principal and was instead referred to another supervisor who could not answer the questions. The researcher saw other staff members standing outside of the principal's door waiting to speak with her.

The organization needs to move from an autocratic framework to a more participative one by formulating groups to make decisions (Vroom & Jago, 1988). One way to encourage group decision-making is to have several small groups of individuals gather to express their opinions about a problem. Then, the groups' representatives can come together to hear what each has decided and then go back to the original group and finalize a solution. In other words, the use of professional learning communities can be implemented for a bigger problem other than just within the department, and faculty meetings can be used to discuss these issues. Quality circles, self-managing groups,

quality of work life programs, and high-performance work teams are needed to increase productivity; these resemble the professional learning communities of today. Views can only be heard within a specialized group, but what about the workings of the school as a whole? What if there is a functional problem outside the department that needs to be addressed? In this study, the researcher witnessed individuals standing in line outside of the principal's door to speak with her. The staff meeting included several hundred individuals, which did not make it conducive to voice individual views and opinions. The meeting instead allowed only quick responses with minimal discussion.

In this study, the goal to all organizations is to become a transformational organization in which every staff member works for the greater good (Hollander, 1978). This study has the buy-in of all the staff members in which all personnel want to perform an exceptional job; however, the directions, instructions, resources, education, training are lacking, which prevent the organization from becoming fully transformational. Generally speaking about all leaders in education, educators want their community to value the same visions, not for them to face their own problems alone, but through community efforts (Heifetz, 1994). Resources are not the only way to succeed, because often there are other avenues to achieve the same goal, such as using other technology, as in audio devices on iPods, verses touch, as in Braille. Alternative resources need to be developed so that parents and students do not mistrust the school, or perceive that it is insufficiently staffed, inadequately supplied with resources, and that classroom workers are uneducated to handle special needs students.

When too many resources are ordered by doctors and administrators, or appropriate funds not available, such as inability to access resources, this adds to the

complexity of caring for special needs students (Taras & Brennan, 2008). In either case of resources, too much or too little can have detrimental effects on the teacher, paraprofessional, student as well as the family. This can be seen in this study with the Braille technology where the resource was recommended but education and training of the device was inaccessible. The parents and teachers became very frustrated in this study. As a result, to better clarify and monitor referrals and orders, a data base needs to be formatted so that the school system can monitor the progress of each health issue with the appropriate resolution. In this study, the public-school system uses Infinite Campus for grading and managing health issues; however, health issues can be flagged but tasks cannot be managed. Often, in many school systems, the computer system is not utilized to its fullest extent. Proper education and training of administrators regarding the protocols of the health services department in an institution is highly recommended, as this can add chaos to providing health-care to students with specialized needs. Furthermore, a specialized computer software adapted to Real-Time and Infinite Campus could help with managing resources, funding, and specialize technology.

In the emergency room, a data base is used to identify tasks completed or tasks undone, a function requiring constant updating especially with the high volume of patients, as such a database allows for an easier way to track tasks completed (Simpao, Ahumada, Galvez, & Rehman, 2014; Sulton, Hardisty, Bisterfeldt & Harvey, 1987). Task analyst systems used in computer technology can evaluate the quality of care through utilization review and quality assurance. Utilization review would justify interventions performed as well as interventions discontinued and assist in the adjustment of goals according to the needs of the student. However, in this study, there was no clear-cut way

to identify and evaluate tasks performed, as documentation was found to be minimal to none with paraprofessionals and teachers, and most of the documentation occurred in the planning stages with the referral.

A computer-generated task analyst system can assist with accreditations and maintaining quality standards as well as utilization review (Simpao et al., 2014; Sulton et al., 1987). A specialized database that can manage tasks is needed in all public-school systems, especially those with an increased incidence of students with special needs and health conditions. Staff members could be identified as educated and trained about the health issues, as well as the health problem, order, medications, signs and symptoms, diagnosis, treatment plan, interventions, resources, evaluation of the health issue, parental involvement, and interdisciplinary communication could be tracked: all with quick efficiency in the database. Computerized databases would allow for better management of nursing staff by supervisors and administrators (Nail & Lange, 1996). Supervisors would be able to locate and access quality and analyze specific data according to research variables found within each designated school. Computerized databases allow for easy access with quick results related to accurate critical health information whereby the administrator could track progress and identify areas of need. In this study, the school had 1,200 students with 150 disabled students, for which a database would easily track the progress of each issue so that no issue would go unnoticed.

The database would signal warnings on who would need education, training, resources, and interventions whereby each area can be flagged (Simpao et al., 2014; Sulton et al., 1987). The database could also identify collaborative efforts and interdisciplinary communication between departments. Consequently, administrators,

special education teachers, physical therapists, occupational therapists, teachers, paraprofessionals, and school nurses can access the databases and communicate the students' needs more clearly. The easy access to information indicates identifiable variables that need to be further researched, such as identifying outcomes that were, or were not obtained. Databases can also be used with each encounter with the student to provide documentation of the interventions performed and the results.

Referrals and orders are used to develop IEPs and 504 plans for a student's educational needs according to the health issue. However, all health issues can be addressed and monitored through the database so that a health issue does not go unnoticed due to lack of sufficient training. This would allow an administrator to identify an issue with a referral, so that educational goals can be accomplished in relation to the student's health issue. According to Taras and Brennan (2008) who studied "parental satisfaction with students' individualized education program, they found that the least satisfying IEP meetings for parents were those held for children with health impairments and that these were largely due to differences in parents' and school staff members' perceived needs of the child" (p. 390). In this current study, however, paraprofessionals were not allowed to be present for an IEP meeting. Paraprofessionals consequently felt uneducated about caring for the health needs of students. But by having them present during a meeting it is possible to clear up misconceptions and misunderstandings about the care needed for special needs students. This would open communication and provide continuity of care from the parent's view to the paraprofessional's view.

Federal-Government school policy suggestions. A criterion for paraprofessionals to be educated and appropriately trained in all schools should be established. Each individual state can adjust the criteria to meet the needs of each public school once a federal policy is in place.

Delegation school policy suggestions. Delegation is a complex issue, especially within a public-school system (National Council of State Boards of Nursing, 2016). In order for delegation to work effectively, a clear understanding must be established of who is accountable, responsible, standards to perform the procedure or task, knowledge of basic health-care standards, understanding how to analyze the procedure performed, and one's own roles related to state and/jurisdiction of the tasks performed (Mueller & Vogelsmeier, 2013). In this study, the school under investigation has no clear descriptions of, or standards to the paraprofessionals' roles.

Such lack of education on health-care creates a situation in which the school nurses become fearful and unsure of what to delegate, as the knowledge base does not work with situations related to the health-care conditions in the school system. This lack of knowledge has become a huge factor with inhibiting the effective process of delegation, as well as hindering shared governance within the institution. Teachers and paraprofessionals cannot fully-assess the health needs within a classroom and instead are forced to send all situations to the school nurse, thereby increasing the work overload for the school nurses (Rudel et al., 2009). The implementation of a better educational standard for the health-care needs of students will create a more transformational approach in the institution. Realistically, the school nurse needs to use the eyes and ears of the teachers and paraprofessionals to monitor the students and maintain a safe

environment, as a population of 1,200 students places a burden on the school nurse to an unsustainable point.

Policies for delegation of nursing care to teachers and paraprofessionals need to be devised, since there is not an appropriate policy for delegation in this research study for school nursing. Such a policy would need to promote the staff's abilities to identify a health issue and respond with appropriate interventions. In this research study, staff assignments showed areas of assessing student needs according to a health condition. Staff members should become the eyes and ears of the school, to assist in monitoring students' health conditions when a nurse cannot be present. But in order to implement a policy, proper training and education need to take place first. Professional development sessions prior to school starting can be used to educate staff members about the common health conditions and interventions they may be called upon to deal with if something were to happen. A framework to guide all staff members on their responsibilities of delegation and what is required of them should be developed and implemented (Spriggle, 2009).

The policies need to require appropriate interventions to be carried out by the teachers, since teachers have stated in this study that they only receive an indication of the signs and symptoms via email and documents, but often do not know what to do when an issue arises. In this study, emails, documents, and the energy program do not give explicit details on effective interventions for the teachers and paraprofessionals.

A policy also should incorporate the standards of care for nursing, and the state practice act of nursing (Henderson et al., 2006; Mueller, 2013; National Council of State Boards of Nursing, 2016; Spriggle, 2009). This will provide insight to administrators on

part of the ethics and legalities involved with delegation. A policy also requires the appropriate language, terms used, delegation resources, five principles of delegation, process of delegation with assessing, implementing and observing a task, critical incidence that requires assistance from the nurse, resources for delegation, and yearly competencies. The policy of delegation should describe the following in detail: language and terms used with delegation, clear roles and description, delegation resources on procedures and practices, communication techniques, five principles of delegation, the process of delegation with assessing, implementing and observing, stress critical areas that require assistance from the nurse, resources for training about delegation, and competencies that show effective delegation was performed. Also, the American Heart Association in response to Janet's law has recommended a Medical Emergency Response Team (MERT) to respond to medical emergencies in institutions of education; this is highly recommended within a policy in response to the critical choking incident in this study (American Heart Association, n.d.).

Mueller and Vogelsmeier (2013) indicate a decision-making tree can be used to determine whether or not the task being delegated is appropriate for any given staff member. This decision-making strategy identifies nine questions to address prior to delegating such as:

1. What is the nurses' scope of practice within the state?
2. What are the statutes and regulations that support delegation within public school system?
3. Does the institution approve of delegation according to policy?

4. Does the school nurse have appropriate education and training regarding delegation to become a competent delegator?
5. In order to clearly define safety, the delegator must identify the steps to the procedure, no adaptation to the environment or situation, no on-going interpretation for decisions, and the task will not cause harm to a student.
6. The delegatee must have the appropriate knowledge, skill, and training to perform the task.
7. Organizational policies must be in place for delegation to occur.
8. Does the task require direct or indirect supervision?
9. Appropriate documentation about the task needs to take place, which identifies decisions about delegation, interventions, and evaluation of the outcomes from the delegation process.

Researchers have noted that there are several factors that complicate, interrupt, and obstruct delegation from proceeding. These obstructions include a hierarchy organizational framework of the institution, skeptical thought process of delegate's aptitude, adversity to delegation, insufficient staff ratios, a garbage pail of abhorrent tasks, insufficient assignment of tasks, jettison of tasks, and avoidance (Bittner & Gravlin, 2009; Henderson et al., 2006). The researchers in a study involving nursing students uncovered components that were deficient in the nursing program such as the right task, right circumstance, right delegatee, right direction and communication as well as an ineffective planned strategy for delegation within curriculum (Day et al., 2014; Henderson et al., 2006). The researchers also noted that there is an insufficient supply of resources to teach delegation skills and recommended scenarios and simulations to rectify

this lack. The safety of all students within an educational institution transposes from an unmanageable and chronic condition to one in which all staff members play a crucial part through delegation

The school nurses in this study felt that the teachers and paraprofessionals are unprepared, lack education, and do not have the skill to fully understand delegation of health-care conditions. Their descriptions discussed their fear of delegating to teachers and paraprofessionals and how they were unsure of exactly what can be delegated in an educational institution. Their fear and how they attempted to control all tasks within the institution, even including the use of the elevator as per administration were discussed. The question becomes evident: Is it possible to control all health-care tasks within an institution of 1,200 students and 80 teachers and 20 paraprofessionals? Teachers are autonomous within their own classrooms and handle situations as they see fit even with health-care issues, especially since no directions are provided on intervention or follow through procedure. These nurses received their education during a time-period in which delegation was not sufficiently provided in the curriculum of their training. In order for delegation to fully work effectively, however, all aspects in the educational field from the school nurses to the teachers to the paraprofessionals must be taught. Educational training in the area of health-care will aid in the organization becoming fully transformational.

Several key components feed into the fear of delegation, such as fear of incorrectly performing the delegated activity, or feeling that relinquishment of duties is “dumping.” Other expressed concerns include degrading the ability or talent to perform a duty, incompetence and safety issues with performing the task, and the person not feeling adequate, skilled, or qualified to perform the duty (Lindstrom, 1995). These

psychological factors can hinder effective leadership strategies. The fear of motivation transfers into fear of being undervalued and depreciation of self-worth. For instance, a school nurse would need to be aware of how the phrasing of sentences in front of a delegatee might make them feel devalued.

Nurse 2 stated in this study, “Yeah it’s my license on the line.” However, the teachers also feel that their licensure is on the line, when they view safety within their classrooms. Another example from School Nurse 1 stated, “Mostly it’s silly things like for some reason if your shoe breaks that’s a nursing concern.” This shows that the entire school as well as the school nurse need to become uniformly aware of mutual expectations; these actions inhibit the process of becoming transformational, because everyone is working separately (Alexander, 2016; Lindstrom, 1995). Power struggles between the school nurses and staff are evident in different views about the importance of protecting the student. Educating staff members on common conditions, running through practice in emergency scenarios, and creating a uniform dialect between the members of the organization with clear goals will result in the organization functioning as a community in which everyone works together as a team. This will open communication to create an effective vision.

Nursing implications. The school nurse needs to become familiar with state laws and regulations on the scope of practice in a school setting and stay current on delegation and attend seminars, as well as connect with fellow school nurses. They should also review school policy on standards, job descriptions, and techniques of delegation to stay alert to changes. The school nurse must identify staff needs in regard to health conditions and relay information to administrators. Delegation can occur inadvertently through

written material as seen in this study, so written material needs to be explicit with appropriate interventions for the staff members to perform. For instance, monitoring signs and symptoms is not sufficient; teachers and other staff members want to know exactly what the school nurse wants the teacher or paraprofessional to be able to do when a sign and symptom occurs.

The researcher concluded from this study that school nursing programs must include educational standards regarding delegation within a school system in which the curriculum must curtail the following: practice scenarios, analyze the education of staff members, formulate educational sessions for professional development, understand which tasks can be delegated to whom; implement the process of delegation; recognize who is involved within the school system; employ a mode of delegation inferred and directive; clearly communicate appropriate interventions for staff members; review safety issues involved with delegation; understand the legal aspects to delegation; acknowledge the effects of administration; and become an active participant within a school system (Day et al., 2014; Henderson et al., 2006; National Council of State Boards of Nursing, 2016).

Communication. The core component to any delegation task is effective communication. “Mindful communication embedded in the framework of safety, and delegation offers as an opportunity to critique our existing beliefs and practices” (Anthony & Vidal, 2010, p. 7). Administrators and school nurses need to identify the educational need of the staff members who are caring for students with special needs and other health-related conditions. When communication is not delivered effectively to unlicensed assistant personnel, the quality of care is often adversely affected, resulting in

missed care, or care that was not performed (Bittner & Gravlin, 2009; Mueller & Vogelsmeier, 2013). Sentinel events can occur when the unlicensed assistant personnel or staff members does not have a clear understanding of how to perform a task, as reported by the paraprofessional in this study who was not properly trained in CPR and experienced a choking episode with a student. The study further revealed that paraprofessionals misunderstood their job descriptions and would not perform toileting or hygiene duties. One way to resolve such gaps is to create and implement a competency list that shows a demonstration of the tasks unlicensed assistant personnel may be called upon to perform. A focus group comprised of paraprofessionals, nurses, and teachers can be used to resolve misunderstandings about duties delegated, which also provides a pathway to view the nurses' perceptions about the duties performed.

Barriers to communication include the following: avoidance of administrators, complexity of task delegated, cognitive restrictions of unlicensed assistant personnel, imprecise language used, role confusion, lack of system support, and faulty interpersonal skills between nurse and assistant (Bittner & Gravlin, 2013). Communication dictated in an authoritarian or condescending manner will provoke negative behaviors from the unlicensed assistant (Adams, 1995). Clear-cut written information providing roles, scope of practice, job descriptions, terminology used with students in regard to a health condition, administrative support through focus groups and professional learning communities, effective areas are all useful for interpersonal communication to develop.

Education suggestions. Paraprofessionals monitoring conditions and health-related issues in schools require proper education and training that must include basic nursing care, basic physiologic parameters, environmental management, interpersonal

skills, reporting and documenting, collaboration, professional development, and specialized skills of care (Jenkins & Joyner, 2013). Teachers can also benefit from this training, as they will be a resource to the paraprofessional. The education must consist of basic nursing to promote health, healing, and well-being, including activities of daily living with feeding, hygiene, toileting, and special situations. Paraprofessionals interviewed in this study indicated feeding, hygiene, and toileting were a huge part of their daily tasks. Such education would also need to consist of basic physiologic parameters such as an appropriate respiratory rate and basic vital signs. This way, the paraprofessional will know the normal parameters to be able to identify the abnormal. The environmental management of the equipment and materials used for each student need to be taught; such as what to do with the feedings, vomiting, diapers, soiled clothing, and maintenance of a clean environment for special needs students. On a different note, when special needs students are mainstreamed into a public education, they are often placed into inclusion classes and have multiple health-care needs. Are public schools now simply facilities of day-care that offer relief for parents as a “side-line” to the primary function of providing an education? More research is needed in this area.

Education requires the development of interpersonal skills, as paraprofessionals will be in contact with other professionals, family, visitors, and team members. Education also needs to consist of reporting and documenting communication, observations, procedures performed, and changes in outcomes reported to the nurse. Paraprofessionals need to be educated on collaborative efforts and who to seek for help and assistance in any given situation. The continued growth and development in education required of any

professional must be fostered, as new methods and new conditions are learned. New complexities of care tend to develop with each new enrollment of a student who will require specialized care, indicating an on-going need for further education and training in the specialized skills.

In 1998, a college in Texas felt the need to educate unlicensed assistant personnel as these individuals were becoming more prevalent within the hospital setting due to the insufficient supply of registered nurses (Ashwill, 1998). The assistants during this time were called “patient care assistants” or PCAs. The curriculum was guided by the acuity of patients within the hospital coincident to the changing roles and duties of the registered nurse. This college used their state’s practice act of nursing to guide the development of the college courses which included “294 hours of theory, nursing care skills, and laboratory skills; 162 hours of clinical experience; and 60 hours of clinical hospital experience, didactic also included CPR training” (Ashwill, 1998, p. 128). The curriculum included the following:

- Introduction to Nursing Care
- Activities of Daily Living
- Vital Signs
- Health and Wellness & Infection Control Practices
- Body Mechanics
- Growth and Development
- Safety and Emergency Care
- Death and Dying
- Communication

- Intro to Anatomy and Physiology (alterations in the following: integumentary, gastrointestinal, nutrition, elimination, urinary, circulatory, respiratory, endocrine, musculoskeletal, urinary, neurological and sensory, reproductive)

Education and training of this type is needed to meet the high demand of health-care conditions and special needs students within public schools. As with any profession, appropriate education and training is needed in order to become competent professionals; this can be seen in Patricia Benner's Theory of progression from novice to expert (Bowen & Prentice, 2016). However, paraprofessionals in schools do not fall in, but under the novice category, because they have not been educated or trained. Bowen and Prentice (2016) indicate that a lower level of skill is utilized when new roles are created within health-care, such as paraprofessionals, because such roles have not been clearly defined. Children are precious gems and require the best of care in a hospital or educational setting. Safety should not be jeopardized due to a lack of knowledge, skill, and training; and yet, as suggested by this sample study, this problem commonly occurs in public schools across the United States to place all our children (special needs or not) at risk for injury.

Monitoring practices: Health-Care issues suggestions. In this study, teachers and paraprofessionals have used the following terms “awareness,” “attention,” “watch,” “observe,” and “monitor” in association with caring for student's health conditions (Slattery et al., 2013). Identification of the different phrases used to describe duties in monitoring a student points up the complexity of multiple roles, cognitive abilities, and career development goals (Stronach et al., 2002). Myra Levine (1971), a nursing theorist, defines observation as “guardian activity” (p. 17). This terminology emphasizes the roles

that have been linked to the following professions in this study, school nurses, teachers, and paraprofessionals. Levine further describes an observationist as a person who is actively involved. The term “guardian” suggests a form of fiduciary responsibility; but since knowledge differs among the professions given guardian duties, this interpretation makes it difficult to determine the best interest for the student according to the health condition. The ability to guide a student and promote health is based on active participation of therapeutic goals. The knowledge behind health and wellness allows for the nurse to make appropriate decisions that affect student care. According to Levine, the ultimate goal is restoration to complete health through adaptation and conservation of energy, so even the chronically ill can manage their illness to achieve a form of wellness. In other words, a diabetic cannot be cured, but can be managed and live a healthy life style. The problem with monitoring is that the teachers and paraprofessionals are not well-versed on the continuum of health, wellness, and therapeutic goals. This is where appropriate education is needed, so that effective monitoring can be safely performed. Teachers and paraprofessionals who take it upon themselves to research and Google website information are employing a minimal stop-gap measure toward health-care in a public school.

Myra Levine (1971) further describes assessment to develop an effective plan and interventions for the health condition, which is viewed through conservation of energy, structural integrity, personal integrity, and social integrity of the individual. In this study, the teachers and paraprofessionals monitored the students’ health conditions but were clueless about specific interventions needing to be performed when an issue arises. One way to properly educate staff members is to provide health condition guides that

explicitly define the condition, signs and symptoms, and interventions staff members should be able to perform. These can be given as a standard protocol in the form of a module for each health condition. Professional developments can incorporate such modules to address the most common health conditions found within the school system. Modules also can be uploaded to a website where all educators can access the module at home and complete an online seminar. Since this study's school did not have a standard copy of modules, administration could contact a nearby university and request modules to be formulated by the school nursing program. Professional development sessions could incorporate identification and protocol for critical incidents that define a true emergency. There are safety training seminars that can be held during a professional development in-service through an outside source, such as a university's nursing department or private agency such as the American Heart Association. A problem with funding out-side resources becomes a problem; however, school nurses and teachers who are CPR trained can become certified trainers in which they would be eligible to teach the staff during in-services. Also, school nurses are certified to teach a basic first aid course.

Discussion

This researcher was not expecting to find school nurses against delegation in the public-system. The nurses interviewed feared and were unsure of the appropriate tasks that can be delegated in a school setting to teachers and paraprofessionals. The focus on delegation started in 2003 with the National Council of State Board of Nursing research into the increased need to delegate to unlicensed assistant personnel. There are specific steps to follow to properly delegate a task; however, these nurses (who have been in practice longer than 10 years) did not receive any instruction regarding delegation

practices within their nursing program. Today, the five principles of delegation (the right faculty member, the right event, the right assignment, the right directional interaction, and the right assessment as well as instruction) are taught within the nursing programs (Plawecki & Amrhein, 2010). However, the education association has indicated that delegation of nursing duties to unlicensed individuals jeopardizes constraints placed on ethical, legal, financial, and state licensure of licensed individuals; a concern that effectively prohibits delegation in the public school. As more tasks are added to the ever-evolving career of school nursing, roles become increasingly confused as more jobs and duties come under the jurisdiction of school nurses, which in turn, increases the workload and decreases job satisfaction of these nurses (Gurmankin, 2006; Smith & Firmin, 2009). The safe and effective use of unlicensed assistant personnel would clearly require education for nurses to understand the delegation process, state standards, and the practice acts (Resha, 2010; Tilley, 2008).

Limitations

There were several issues that presented difficulties or hindered the research such as administration involvement with the initial start of the study, documents, supervisor, communication, terminology, setting, and mode of delegation. The administration would not let the researcher start at the original board approved timeframe. The researcher started a month later and entered the study during a faculty meeting where recruitment took place. The researcher requested documents such as 504 Plans, orders, treatment plans, and IEPs in which the administration selected copies with the names anonymous to the researcher. Even though the researcher was limited by what documents were given to her, the signs and symptoms of the documents were still evident to the research. The

researcher was even limited by the supervisor in charge of the nurses, as she did not have a nursing license and was a counselor. The context of terms was difficult in the beginning to relay information to the school nurses as the counselor did not understand the information, which complicated the communication and delayed the start of the research. The study of delegation was limited to the setting and mode of delegation, in which distribution occurred mainly through emails and documents in relation to school nursing. This study did not determine the effectiveness of leadership, but did show leadership issues associated with the study's school and school nursing practice. Even though delays and issues occurred within this study, views and perceptions were still described and interpreted as well as documents analyzed.

Validity

In a qualitative study, there are four components that guide the rigor and the trustworthiness of a study which include: credibility, dependability, confirmability, and transferability (Rubin & Rubin, 2012; Streubert-Speziale & Rinaldi-Carpenter, 2007; Teddlie & Tashakkori, 2009). There were 20 participants in the study and as the interviews took place, the participants verified common themes and issues, which added to the credibility. Also, the researcher used triangulation utilizing documents, emails, IEPs, 504 Plans, observations, interviews, and member checking. As a result, the following themes emerged *administration, delegation, monitoring health care needs, education, overload, and role confusion*.

Teddlie and Tashakkori (2009) describe credibility as an internal validity which relates to the ability to replicate the study. These researchers discuss that prolonged engagement, observation, triangulation, peer debriefing, negative case analysis, and

member checking add to the credibility. In this study, prolonged engagement involved the 20-30-minute interviews. Observations included the active visual identification of actions related to the field trip and instructor who was newly trained with an EpiPen, which the school nurse delegated the instructor to hold and administer as needed to the student, as parent and school nurse were not attending the field trip. Peer debriefing was used in this research to identify issues that were unclear and needed clarification. The researcher met with a humanities arts educator for a peer debriefing session. In this study, the literature review identified a different negative case analysis which was saliently different than the actual study. Finally, member checking was done through emails.

Dependability can also be described as the ability of a study to be replicated (Rubin & Rubin, 2012; Streubert-Speziale & Rinaldi-Carpenter, 2007; Teddlie & Tashakkori, 2009). The researcher documented a research matrix and design that was used in this study. Analysis, interpretation, and coding are also documented within this study for future research. In this study, dependability relates to the consistency of the interviews and the ability to achieve saturation.

In this study, transferability relates to the concepts that can be used in other disciplines and professional situations (Rubin & Rubin, 2012; Streubert-Speziale & Rinaldi-Carpenter, 2007; Teddlie & Tashakkori, 2009). The thick and rich description of the study adds to the transferability. Even the mode of delegation can be used in other professions as many businesses use emails to delegate tasks via written documentation. Written documentation of delegation can also be represented as physician orders and business perspectives through emails. The format of using written delegation of a task creates issues with misinterpretation that require clarification. By applying the basic

principles of delegation to the written requests provide a standard for accepting and performing these duties safely.

The transferability also relates to the idea surrounding the profession of crossing over into another profession (Rubin & Rubin, 2012; Streubert-Speziale & Rinaldi-Carpenter, 2007; Teddlie & Tashakkori, 2009). This can be seen with police and emergency medical technicians where the police personnel are now administering Narcan and providing emergency assistance. Another example would be a psychologist and a psychiatrist whose duties are very similar and have even been researched by the American Nurses Association (Kane, 2015). Their boundaries as to where one begins and the next ends are unclear. This study provides clues to understanding the standards and analyzing boundaries of professions.

In this study, confirmability relates to the criterion that identifies actions that took place within the school system via timing of interviews (schedule appointments), discussion participant situations that were discussed and were triangulated through interviews, observations, member checking, documentation, logical inferences, and audio recordings (Rubin & Rubin, 2012; Streubert-Speziale & Rinaldi-Carpenter, 2007; Teddlie & Tashakkori, 2009). Rubin and Rubin (2012) relate confirmability to the accuracy of transcription and the documentation of records.

Future Research

The boundaries of crossing-over into a profession has unclear demarcations, whereby a teacher is responsible for the safety of the children within his/her classroom. Such borderlines of nursing tasks in monitoring a health-care condition often leave teachers feeling confused on how to monitor health conditions within the classroom.

Teachers acknowledge that it is their responsibility to safeguard students within the classroom. Where does one line of professionalism between education and health end and the other begin? Are teachers licensed to monitor health conditions within a classroom? In this study, the teachers are responsible for the safety of their students, but does this also mean responsibility for health issues within a classroom? The teachers in this study felt the need to further research health conditions and stay attuned to the conditions regarding safety, but expressed a corresponding concern over their ability to do so. Further research is needed to define these boundaries legally, ethically, culturally, emotionally, religiously, socially, economically, and educationally through specific standards.

Many schools use a computer-driven database for grading and managing; systems such as Real-Time and Infinite Campus are common. Further research is indicated to determine how to adapt the software into a task analyst system for students with health-care needs. These systems would allow for easier management of tasks, tracking, and interdisciplinary communication. A computer-driven database is key to monitoring large numbers of students with health-care needs; this would allow for proper documentation for accreditation, legal issues, and improvement of quality standards. Teachers and paraprofessionals in this study reported that they were not trained with CPR or provided with basic nursing care skills they could be called upon to provide for the health care needs of their students. Certainly, a tracking system would reassure everyone concerned that staff members had been adequately educated and trained about the specific issues before students enter the classroom at the beginning of the year. This way, no staff member would go uneducated or untrained about a health-care issue of a student.

The theoretical constructs of school nursing have evolved to incorporate acute care needs of students by monitoring the conditions and applying interventions to these needs. The theory of school nursing is not singularly-focused on community or public health aspects, as has been documented in historical perspectives (Billings & Halstead, 2012; Brachman, 1999; George, 1995; Keller & Wickline-Ryberg, 2004; Levine, 1969, 1970, 1971; Wold & Dagg, 2001). The evolution of school health practice now involves acute care needs of students and delegation of these duties to staff members. Further research is needed to identify the grounded theory components that make up the framework specific to the practice of school nursing that must encompass delegation, acute and chronic care, a basic nursing framework like Levine's, in addition to public and community health practices.

Shared governance can be seen in this study by teachers researching and attempting to stay informed about the health-care issues of their students. Teachers are responsible for the safety of their students. The gray line is where "safety" merges with specific "health care" affecting both normal and special needs students in the classrooms. Shared governance brings forth interdisciplinary interactions between professions crossing over from one profession to another. Further research is indicated to identify boundaries and any implications from these boundaries. As our society becomes more complex, more professions will evolve with new duties and tasks, while old professions must develop new tasks that create a cross-over. Is it an imminent phase to the professional evolution process? Are we expected to perform more diverse duties as our profession evolves? This is somewhat inevitable with the advancement of technology, because the evolution of tasks becomes a complex process as professions collaborate and

disperse duties to help with the workloads with technological assistance. Even budgetary issues, shrinking resources, and limited number of nurses in the field, place constraints on the development of new professions as with the advent of paraprofessionals.

Paraprofessionals are limited to education and training due to budgetary constraints. Often, these budgetary issues place professions in a position where they must cross-over in order to sustainably meet the pressures of an increasingly diverse, insurmountable workload. This crossing over of the professions in essence forms a hybrid profession.

Summary

Autocratic leadership places a heavy focus onto the dynamics of the organization, as revealed in the analysis of the dynamics of administration in this study. Since professional learning communities are mandated by the state, the actions become a forced participation affecting study outcomes. In regard to health-care, collaboration takes place within departments; however, interdisciplinary and interdepartmental collaboration is minimal outside each department. Paraprofessionals and teachers collaborate on health-care issues and often research the condition in an attempt to understand the disease process and what to monitor in any given special needs student. Collaboration is not seen to be taking place between administration and staff members. Faculty meetings are too large to encourage group discussions. However, the use of professional learning communities along with faculty meetings can be incorporated to aid in formulation of policies, rules, and interventions.

This study revealed prominent issues in handling and delegating health-care concerns to teachers and paraprofessionals. Education and training for all staff members,

including school nursing, would allow the school to become more transformational, as staff members become more knowledgeable on the health-care conditions and the process of delegation. This would also allow for a reduction in the number of students sent unnecessarily to the school nurse. Therefore, the nurses' workloads would be reduced to increase job satisfaction. Proper education and training should encompass CPR and EpiPen training for all staff members. Technically, a staff member cannot monitor a respiratory status for EpiPen administration without being properly trained in CPR; this shows the complexity of the education and training that is needed to safe-guard all students. Clear-cut roles, job descriptions, and interventions need to be developed through emails, documents, policies, and energy programs; these must not only have displayed signs and symptoms, but also effective interventions. Staff members (especially paraprofessionals) need proper orientation and training with special needs students. Given the number of students at 1,200 and the acknowledgement by staff members that they feel uneducated regarding health-care issues, places these students at high risk for injury in this study school. Curriculum within the teachers' program must address common issues, and the curriculum within school nursing programs must practice delegation techniques, as these issues are not addressed in the current college curriculum.

Conclusion

In conclusion, every staff member in the public-school system has the responsibility to assure all students are safe. The critical incident with a child choking left the staff member present with minimal to no understanding on how to respond; such issues were not addressed until the incident had occurred. By the same token, a minimal number of staff members trained in CPR also jeopardizes students. During the critical

incident, there were no staff members who were CPR trained close by or within the designated area of the incident. Administration, board members, and physicians need to be aware of the legalities and the practices of school nursing in order to prevent unregulated policies and orders from being implemented.

Avoidance is also a problem, as administration ignored issues and did not follow through with interventions or appropriate resources. In order to resolve this type of issue, formulation of a software database to monitor tasks performed and duties completed would resolve issues ignored due to the large number of students enrolled, as there is no tracking system to identify completed tasks. However, administration has to stop “shutting down” the voice of school employees and cooperate with the delegation process or the computer-generated database would not have a chance, because staff members are not expressing their opinions which would add to confusion and misconceptions about the duties or tasks.

These issues between nursing duties and teaching duties are not just local to an individual rural public-school in northeastern U. S.; they are globally endemic, as noted in Chapter 1 and 2 (Chase et al., 2011; Croghan et al., 2004; Dang, 2010; Gordon & Barry, 2009; Johnson & Aveyard, 2004; National Association of School Nurses, 2015; Nwabuzor, 2007; Resha, 2010; Silvestro, 2000; Smith & Firmin, 2009; Spriggle, 2009; Wilt & Foley, 2011; Wolfe & Selekman, 2002). Further research is needed in the areas of theoretical frameworks for school nursing, professional boundaries, crossing over of professions, and development of task oriented software for public-school systems. Responsibility for the good health and safety of all students in the public-school system

must be a cooperative effort on the part of all staff members, as school nurses cannot do it alone.

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Appendix

Interview Protocol: Delegation Practices of School Nurses

1. Thank you for your participation. I believe your insight will add valuable knowledge that will provide a deep description of the roles of a school nurse from a multidimensional view. I believe your insight will provide perceptions to how the specific roles affect your daily routines. The research is completely confidential, and names will be omitted in the paper. The entire research process is volunteer, and there is no compensation for participating. If you choose not to participate, there will be no repercussions for not participating.
2. If you decide to participate in the study, you will be asked a series of questions during a face to face interview while being audiotaped. In addition, a survey will be given to you to provide further insight. The time frame for the face to face interview will last for approximately 30 minutes. The questionnaire for the survey will be supplied to the interviewee by the investigator. Observations will take place in the nurse's office during school hours.
3. There are no risks involved with the study.
4. The overall goal of the study is to help promote a collaborative effort through team work approaches.
5. Questions and concerns about the research can be directed to Sharon Schofield at 1-609-417-0587 cell. Questions and concerns about the research can also be directed to Dr. Thompson at Rowan University.
6. The signature below gives voluntary consent to participate in the study. Withdrawal from the study can occur at any time. Withdrawal from the study is completely your decision, and the relational effect will have no discourse on the institution that you reside. Below is the agreement to consent to the participation in the study. A copy will be given to you along with the signature of the investigator.

Signature_____

Date_____

Investigator's Signature_____

Date_____

Introduction: *(script)*

Welcome and again thank you for choosing to participate in the study. I am a doctoral student at Rowan University. The study is a requirement for the course work in qualitative studies. The interview will approximately last 20-30 minutes and will consist of fifteen questions. Your experience on the perceptions of a school nurse will allow for a better understanding of the context associated with these views. An audio recorder will be used in order to accurately understand and document information. However, if there is at any point through the discussion where you feel the need to terminate a portion or all of the discussion by turning off the recorder, please feel free to request the audio-recorder to be turned off. The purpose of this qualitative study is to understand delegation in school nursing practice through the eyes of teachers, paraprofessionals, and school nurses.

Again the study is completely confidential and voluntary. Please feel free to let me know if a break is needed. The process of withdraw can occur at any time without any repercussions. If there are any unanswered questions or concerns? Please feel free to let me know. At this time, we will begin the discussion format of the interview with your permission.

Research questions

1. Within a K-5 setting, what medical tasks are delegated to 25 participants, school nurses, teachers and paraprofessionals?
2. How is school nursing tasks delegated safely and effectively to 25 participants who are paraprofessionals and teachers within a K-5 setting?
3. What medical duties are delegated to paraprofessionals and teachers by administration within a K-5 setting?
4. As part of shared governance and participative decision making, what medical duties are implemented by teachers and paraprofessionals without the school nurse being informed occurring in a K-5 setting?

Demographic Questions:

1. How many years of experience do you have with the current school?
2. What is the highest level of education you achieved?

Research Questions:

3. Describe your professional role in the school.
4. How have the relationships within the school culture influenced changes in the roles of caring for special needs students?
5. Describe for me your typical day.
6. Define role ambiguity and role confusion through your perceptions of the meaning.
 - a. How does this relate to your profession?
 - b. How does it relate to a school nurse?
7. What tasks have been delegated to everyone as a result of a change in the health needs of students?
 - a. What tasks would be considered work overload (teacher, paraprofessional and school nurse)?
 - b. What tasks have been delegated to (teachers, paraprofessionals and school nurses) with the implementing of new technology in regard to the health care of a student?
 - c. How are school nursing tasks delegated safely and effectively to teachers and unlicensed professionals?
8. Describe your overall job satisfaction?
9. What challenges are present within the culture in relation to the roles of a school nurse?
 - a. How does this affect the (teachers' routine, paraprofessionals' routine, and school nurses' routine)?
 - b. What new roles have been developed due to the need of nursing care?
 - c. What role was further developed and what were the consequences as a result of the change?
10. How has participative decision-making influenced the type of medical duties that are implemented by paraprofessionals and teachers without the school nurse being informed?

Post Interview Comments and/ or Observations

A reflection on the research process will take place in a form of a discussion. This will allow time to summarize an understanding of a view.