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The role of school nurses and chronic illness

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THE ROLE OF SCHOOL NURSES AND CHRONIC ILLNESS

by
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A Thesis

Submitted to the
Department of Psychology
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In partial fulfillment of the requirement
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Abstract

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THE ROLE OF SCHOOL NURSES AND CHRONIC ILLNESS

2013/2014

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Master of Arts in School Psychology

With new technological developments, children who may not have survived birth or infancy are now living longer and healthier lives. These advances can be positive and negative to these children. Although the child has survived, they have developed chronic illnesses due to these advances. These conditions they must live with everyday and depending on how severe the illness may be, they will impact the child's social and educational life. The role of the school nurse should be to ease the stresses that the illness is having on the child. There are many techniques that have been shown to help reduce the child's stress and improve their understanding of their illness. However, not all nurses seem to think that it is necessary to provide emotional and social support to a child. This study explores the perceptions that the school nurses have of their role in the state of New Jersey. This study used a tool created by Rebecca Green and Jim Reffel (2009).

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Chapter 1

Introduction

General Background for the Study

This study's main objective is to establish the role the school nurse plays in physically supporting the child and emotionally supporting the child with a chronic illness. Children with chronic illness are constantly absent from school and when they are in school a school nurse must provide them with health care services. The school nurse is responsible for the care of the child while they are inside the school building. What is hoped to be learned from this study is the extent to which the school nurse will go to support their students. A child must feel various emotions when dealing with their illness. Whether the illness is acute or chronic, it will have an impact on the child on a social level. The knowledge that the nurse must learn due to rare chronic diseases that her students may have makes one curious to know if they will be both physically and emotionally active in the supportive care for the child.

Need for Study

This is important because there are children who know that they have a medical condition that prevents them from going to the playground and playing sports but, they do not fully understand why. The school nurse plays a role in their understanding, which will help the child and their family. They often fight their parents or withhold information from their parents so that they do not have to go back to the doctors. This study would help researchers in discovering away for children to feel fully prepared and understand their disorder, and therefore have a bettertrusting relationship with their support system. The emotional impact that the illness has on children is something that

should be studied. If a school nurse can provide adequate emotional support for the child, it can establish the relationship that will benefit the child.

Purpose

The purpose of this study is to discover the degree of care a child with a chronic illness receives from the school nurse.

Hypothesis

I believe that the role of the school nurse will not be expanded to include emotional support for children with chronic illness.

(Operational) Definitions

School Nurse: A school nurse is defined as a specialized type of professional nurse that advances the well being, academic success, and lifelong achievement of students (NASN, 2010).

Chronic disease: A chronic disease is an illness or condition that is habitual or continuous in its effects. It often requires hospitalization or multiple doctor visits.

NASN: The National Association of School Nurses was established in 1986 as the Department of school nurses and then transformed into what it is today. Its mission is to “advance school nurse practice to keep students healthy, safe and ready to learn” (NASN, 2014).

Assumptions

While conducting this study it is assumed that the school nurses meet the certifications that are needed to be a school nurse. It is also assumed that they have been educated in caring for children with chronic disease. It is also assumed that the school nurses have had experience with students that have a chronic illness. It is also assumed

that the school nurses who participated in this study have answered honestly to the questions in the questionnaire.

Limitations

A limitation in this study is the sample size. I have been limited to questioning the school nurses in the state of New Jersey.

Summary

In chapter 2 a literature review is discussed of past studies and research on the history of the role of the school nurse and of children with chronic illness and their coping strategies. Also, research explaining children's understanding and perception of their illness.

Chapter 2

Literature Review

Introduction

The review of literature will explore the definition of a school nurse and also explore the evolving role and responsibilities of the school nurse. Secondly, it will define the term chronic illness and explore the characteristics and how it is classified. Thirdly, the child's perception of their chronic condition will be explored. And lastly, the review will discuss the support a child receives for their chronic illness.

Define the Role of the School Nurse

The definition of the School Nurse according to the National Association of School Nursing, "school nursing is a specialized practice of professional nursing that advances the well-being, academic success and life-long achievement and health of students...school nurses facilitate positive student responses to normal development; promote health and safety including a healthy environment; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self advocacy, and learning" (NASN, 2010). The role of the student nurse is that of both an educator and a health care professional.

Lillian Wald, the founder of the term 'public health nurse', played a key role in establishing nursing in schools. She believed that nurses should "treat social and economic problems, not simply take care of sick people" (Fee, 2010, p. 1206). Even in the beginning stages of school nurses, there was the intention of a school nurse being more than just a medical professional, they actually cared for their children and wanted to

see them achieve. In 1897 there was an influenza breakout in New York City and children that may have been exposed to it or exhibited any symptoms of it were not allowed to come to school in fear of spreading the contagious disease. By not allowing the children in school there were very high absentee rates in the schools, and the children did not receive any treatment for the disease. When a child is absent for long periods of time it influences their learning capabilities. A study completed by Krenitsky-Korn (2006), showed that high absentee rates negatively impacted the students learning, especially in mathematics and in English. A child needs to be in school as much as they are able and the influenza outbreak was interrupting the student's learning.

Lillian Wald also believed that getting the children in school was the most important goal. Children need to be able to have access to an education, no matter if there is a health scare in the world. In 1902, she proposed to both the health commissioner and the chairman of the board of education that she place one of her nurses in several schools as an experiment that would last a month (Struthers, 1917). This was such a success that it spread throughout the nation.

The role of the school nurse has evolved and expanded since Lillian Wald first introduced it. A school nurse's duty was once to go from school to school and treat children there and even make house calls to those that were absent that day. In 1902, there were forty-four nurses assigned to one hundred and eighty-one public schools (Hawkins, 2010). Nurses went from treating episodic or sporadic illness, to treating both episodic and chronic illness (Rademacher, 2012). School nurses are now expected to provide services for long term treatment plans that children with chronic diseases require. These services include, but are not limited to: dispensing medicine, and storing and

providing tools for treatment. Examples of these tools include: inhalers, insulin, and epi-pens. Inhalers are used for individuals with asthma. Insulin is administered via a shot for individuals with diabetes. An epi-pen is a shot that is given to an individual who is having a major allergic reaction to something. All of these tools are used for various illnesses that a child within the school setting may need at a given time or situation. A school nurse is also expected to educate the students on the responsibilities of taking their medicine. It can also be said that the school nurse can educate the child on why they have to take the medication.

According to the National Association of School Nurses (NASN), there are seven core roles that the school nurse is responsible for doing. First, a school nurse provides direct care to the student. Secondly, the school nurse provides leadership for the provision of health services. Third, the school nurse provides screening and referral for health services. Fourth, the school nurse promotes a healthy school environment. The fifth role is that the school nurse promotes health by providing health education to the students. The sixth role of a school nurse is that they are leaders of health policies and programs. The seventh and final role a school nurse plays is a connection between the school staff, families, healthcare professionals, and the community. (NASN, 2003).

Definition of Childhood Chronic Illness

While the school nurses role has expanded, chronically ill children seem to take a lot of the school nurses time and effort. It has been reported that about 20% of school aged children, which are individual's under the age of 18 have a chronic illness or a disabling condition. Twenty percent of school age children are about twelve million individuals (Goodman, 2001). This number has increased vastly since the school nurse

was first established. This number has increased due to several factors. One factor is due to the improvement of diagnosing and treating individuals earlier. This has increased the survival rate of those who previously would have died. A second factor would be due to the increased amounts of premature babies surviving despite their low birth weight. A third factor would be due to an increase in the survival rate of infants who were exposed prenatally to drugs or alcohol that will result in neurodevelopment problems for the child (Fritts, 2004).

There are many varying definitions for chronic illness. Some emphasize the seriousness of the illness and others emphasize the length and duration of its effects by measuring the length of stays that one had to stay in the hospital. According to Mattsson, chronic illness can be defined as, “a disorder with a protracted course which can be progressive and fatal, or associated with a relatively normal life span despite impaired physical or mental functioning. Such a disease frequently shows periods of acute exacerbation requiring medical attention” (Mattsson, 1972, p. 801). The difference between an acute illness and a chronic illness is that it is treatable, but not curable. This means that the illness will need to be managed over a long period of time. Another difference is that responsibility of the management for the illness is shared between the child and the family. It takes the child and the family to work together to control the illness. (Wallander and Thompson, 1995)

Children with childhood chronic illnesses are termed as children with special healthcare needs. These children can be defined as those who “have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by

children generally” (McPherson, 1998, p. 138). Examples of chronic childhood diseases include, but are not limited to: asthma, cancer, cystic fibrosis, insulin-dependent diabetes mellitus, bleeding disorders, severe allergies, seizures, sickle-cell disease, and spina bifida.

Pless and Perrin (1985) describe six dimensions that are important for categorizing the various chronic childhood diseases. The first dimension is prevalence. Most chronic childhood diseases are rare, with the exception of asthma and typical allergies. This can be perceived as both good and bad. It is good because the rates of children with these illnesses are low, however the more common the health problem is the better care can be provided for the child. In the extreme cases of some illnesses the school system and the health care professionals are unable to fully deal with an illness if the cases are so rare, and they have no experience trying to maintain it. The second dimension is the age of onset. The age at which the child develops the disease will have different effects. A child who is born with a disease does not need to adapt to a different lifestyle because he or she is used to the medications and the treatments. However a child that develops the illness later in life must adapt and it is very disruptive and can be frustrating to both the child and the people around them. A third dimension is mobility-activity. If the child’s ability to move has been affected it can impact their ability to participate in typical everyday activities, including sports. It can be very frustrating to the child to be able to see his or her peers doing specific activities that they are incapable of doing. A fourth dimension is the course of the illness. Variations in the length of the illness can change as the child develops and ages. There are two conditions of an illness: a static condition and a dynamic condition. A static condition is fixed illness that is likely

to be life long, but it can vary with the developmental stages of the child. A dynamic condition is an illness that changes over time. A fifth dimension is the impact that the illness has had on cognitive functioning or the ability for the child to communicate due to speech, hearing, or visual impairments. The sixth and final dimension is visibility. Some illnesses can be seen visually on a person and other children may have a disease but appear to be healthy.

Child's Perception of Chronic Illness

Chronic illness may negatively impact a child's "psychological wellbeing, and also it may increase the risk for long-term emotional and behavioral difficulties" (Boyd, 1998, p. 330). This can be a result from lengthy or frequent hospital stays, which tend to increase anxiety in the children. This effect on the psyche of the child will vary based on environmental factors. Those without social support may not develop emotionally stable. Those with healthy and helpful supportive families and friends may be able to develop emotionally satisfied and have no behavioral issues.

As described by Pless and Perrin (1985), the dimensions to which their chronic illness is categorized will impact the child's perception of their illness. If a child's mobility is limited, they may feel inadequate compared to their peers that do not have mobility issues. Also, if a child appears to be healthy yet still cannot participate in certain activities, such as sports, they can feel left out or face negative peer reaction. It has been suggested that children with an illness that is visible to others than they have an easier time accepting and adjusting to their situation. (Pless B. and Nolan, 1991). Other children may not understand why they cannot play certain activities with a child with a chronic illness. This may start teasing and bullying to ensue. Children with chronic illnesses have

to deal with the stress from their medical diagnosis and still deal with the everyday stressors of childhood and adolescents.

To help aid children psychosocially, there are interventions that can be used to help the situation. These include: education of the illness, cognitive, behavioral strategies, social skill training, remediation and rehabilitation, family therapy, and group work (Goldman, 2001). It is important to educate the child on their illness. Telling the child the cause, course, treatment, and long term effects of the illness will help the child understand their condition. As long as it is explained to them in a language they understand. As the child grows and lives with the illness they will learn the more technical terms as needed. But having this information allows them to not misunderstand any procedures.

Understanding their illness also plays an important role on how a child will deal or cope with their illness. Bibace and Walsh demonstrated this with the 'Through the Eyes of the Child' (TEC) Model (Koopman H. M., Baars, R. M., Chaplin, J., and Zwinderman, K. H, 2004, p. 366). There are seven phases that a child goes through with understanding their chronic illness. This first phase is characterized by the invisible. Children cannot see what is not presented to them. They cannot answer the 'why' and 'how' aspects of their illness. The second phase is distance which is, "the child's views centralise on one single aspect. There is insufficient differentiation between the body and the outside world" (Koopman et. al, 2004, p. 366). The third phase is proximity. The child can describe and experience an illness in terms of people, objects and events in the direct environment. The fourth phase is contact. The child is not yet capable of differentiating between mind and body. The child cannot understand that both the mind and body can

play a role in causing an illness. They can understand the development of various symptoms and that their behavior can help cause an illness. The fifth phase is internalization. The child may understand the source of the illness, where it is in the body, and that taking their medication, will help with the illness and potentially cure them. In the sixth phase is the body process. The child can describe and explain illness symptoms in terms of organs and organ functions within the body. The final phase is body and mind. The child is capable of including the role of the mind and body in explanations concerning the development of disease.

Current Support for Children with Chronic Illness

Social support is one of the most important things that a child can have during the duration of their illness. This social network includes: parents, peers, siblings, health care providers, and the school system (Kyngäs, 2004). Parents are important because they provide the children with emotional and physical support. This support is very effective if their parents are open about their disease and are actively involved with learning about the child's illness. Children count on having their parents there to explain things and to calm their fears. Also, children depend on having their parents take care of them. Typically it is the parents who take the child to the doctors or hospital. It is the parents who will give medication to their children. In cases where a child has a severe allergy to something and it is activated a child must be able to know that a parent will be observant and react to the problem.

Siblings also provide emotional support to a child with a chronic disease. In most cases the siblings have gone through the process with the parents and their sibling. They go to every doctor's visit, so they know that their brother or sister is sick. It helps the

child know that their family is there to support them and that they understand. Also, many families participate in family therapy or group support groups. This allows all members of the family to vocalize their feelings or clarify any misinterpretations together. This has a positive effect on a child's management of their chronic illness and helps them improve their social skills (Goodman, 2001).

Peer support is important to have during a child's illness because it allows interaction with those that are either have the same condition as them or they are healthy individuals. Some may worry that children with chronic illnesses will become less social and not want to interact with other children or become socially awkward. However, according to Meijer, et al (2000), children with chronic illnesses develop their social skills similar to healthy children. Some may find it easy to be social, while others will struggle. Their disease, as long as it is not disruptive in their cognitive functioning, will not interfere negatively.

Health care providers provide physical support and social support for the child. The health care providers include the doctors and nurses who have helped treat the child during hospital visits or routine doctor visits. They help the child with treatment for the illness and provide information to help the child understand their condition.

School health care can be provided through the healthcare team, which consists of a school nurse and either a health assistant or a licensed practical nurse (LPN). School nurses also play a vital role in the process of treating a child. They will implement an IHP, which stands for an Individualized Healthcare Plan. These are evaluated by "reviewing the student's goals and outcomes, collecting data to determine outcomes, comparing actual outcomes to the desired outcomes, and documenting the outcomes"

(Canham, 2006, p. 186). It is important to establish these plans so that the care for the child is standardized. This will help with consistency so that the health care professionals can review what is working and what has not been working with the children's medical plan.

However, there is a school nurse shortage in the United States. In New Jersey, the school nurse to student ratio is 674 students to every school nurse. Despite the growing population and the high demand for school nurses, there does not seem to be enough nurses being hired for the job. About forty-five percent of all public schools in the United States have a full time school nurse that is in the building all day (RWJF, 2013). The school nurse distribution varies for each school site. A school nurse could be scheduled once a week to five days a week depending on the school's "enrollment, special education programs, number of students with complex health care problems requiring intensive nursing care, and the school principal's decisions about funding additional health resources" (Erickson, 2006, pg. 318).

Also, in cases that require special education needs, IEP's are often established. An IEP is an Individualized Education Plan. These plans must be established by a team of people, called the child study team, that may include the school nurse. "The IEP team must include the special education teacher, parent(s), general education teacher(s), related service personnel, local education agency (LEA) representative (principal or other administrator), and other professionals critical to the educational well-being of the student" (Diliberto, 2012, pg. 31). In cases that the child has a chronic illness, the school nurse should be present at the meetings. It is the responsibility of the school nurse to

ensure that an individual's healthcare plan is part of their individualized education plan, when appropriate (AAP, 2008).

It is very encouraging for the child with a chronic illness for these supportive individuals. They may also help make the transition from the hospital, back to school easier. Depending on the severity of the chronic illness, hospital stays may be frequent or few. It is estimated that 6.5% of children with a chronic illness have an illness that is severe enough to disrupt their normal school activities, and 1.5% of these children cannot attend school regularly due to their illness (Shaw, 2008). If there are many hospital stays and a child must miss school, coming back is always an issue. There are psychological and social factors that an individual feels when facing that transition. A major factor is missing academic work. The child has been absent from school, thus missing all the work that has been done while they are gone. When they return from school they must catch up to everyone else in their class. "Children who fall behind feel inferior and learn to dislike school. It is particularly important that the child feels he or she can achieve academically; this success helps young patients maintain a degree of control over life" (Ross, 1982, pg. 256). A child that has gone through so much of their life with no control over their body needs to have some kind of control over their life. This can help prevent feelings of despair and resentment to their situation. This also has social consequences on the child. The "acceptance or rejection by peers is influenced by the child's self confidence, sense of worth, and previous status in the group" (Ross, 1982, pg. 257). The child has to find their place amongst their peers again. This may prove difficult if they receive too much attention from the teachers or if they are seen as weak to the other children. Kids can be cruel and having a chronic illness can be potentially a target for bullying. This is the case

for many individuals whose chronic illness is visible to others. Changes in appearance, due to a child's chronic illness have negative impacts on their self-esteem. They have increased feelings of anxiety, depression, anger, and helplessness. They tend to take less risks than their peers, and date less than those of healthy individuals. (Worche-Prevatt, Heffer, Prevatt, Miner, Young-Saleme, Horgan, & Lopez, 1998)

Chapter 3

Methodology

Subjects

The participants in this study were certified school nurses in the state of New Jersey. Their school district and county for each of the school nurses is not known. Forty-five school nurses were asked to complete a questionnaire containing 25 statements. Of the forty-five distributed, eleven of them were received and were fully completed. I was able to make contact with a member of the New Jersey School Nurses Association (NJSSNA). I gave the link to the survey to the member and they sent the link through an email to the forty-five nurses. Only New Jersey Certified school nurses were asked to fill out this survey. The forty-five school nurses were picked at random by the NJSSNA member.

Instrumentation

An anonymous questionnaire composed of 25 statements was distributed to the school nurses. This survey was designed by Rebecca Green and Jim Reffel in 2009. The statements from the survey were derived from the National Association of School Nurse's "Issue Brief: The Role of the School Nurse" (NASN, 2002). The relationship of the survey and the NASN's brief provides evidence for the survey's validation. The survey has a strong reliability (Cronbach's $\alpha = 0.962$). I received permission through these individuals to distribute their survey. The statements on the survey pertained to their perception of the role a school nurse plays in an academic setting. The survey was distributed electronically using the online survey service, Survey Monkey.

Procedure

The survey by Rebecca Green and Jim Reffel (2009) was converted into an online survey distributor, Survey Monkey. A link was created in order to distribute. The link was sent to a member of the NJSSNA and then distributed randomly to the school nurses within the state of New Jersey. Those that chose to participate in the survey clicked on the link that was provided in the email that was sent to them. The link would take them directly to the survey. In order to start the survey, the individual would first have to agree to participate on the informed consent page before being able to continue onto the questionnaire. Participants were asked to rate each of the twenty-five statements on a 5-point Likert scale, which ranged from “Strongly Agree” (5) to “Strongly Disagree” (1). The participants were also given the choice of neutrality (3) with the statements. Once every question was answered fully, they would be able to exit the survey.

Statistical Analysis

A descriptive statistical analysis was conducted to compare the perceptions of the school nurses in this study.

Chapter 4

Results

In order to understand the results of the questionnaire, one must be acquainted with interpreting the 5-point Likert scale that is used. If a participant were to choose *Strongly Agree*, they would use the number 5 to represent that. If they chose *Agree* the number 4 to represent it. When the participant chooses a 4 or a 5 for the statement, they are showing that they agreeing with the statement. If neutral is chosen, it is represented by the number 3. This option is chosen if the participant does not agree nor do they disagree with the statement. If the participant chooses to disagree with the statement, the number 2 is chosen to represent it. If the participant chooses *Strongly Disagree*, they will use the number 1 to represent it. If a 1 or a 2 is chosen by the participant, they do not agree with the statement.

The results in Table 1 show the scores on 7 items on the survey that are related specifically to the care of students in the school setting. Numbers: 1, 2, 3, 7, 13, 23, and 24 are the items that are most relative to this study. The scores for the first statement show that most school psychologists are in agreement that the nurse provides direct health care to the staff and students in a school setting. 91% of the school nurses were in agreement. The same can be said for the second statement. The school nurses agreed that the school nurse provides emergency care to their students. It was a surprise to see the variability for statements 23 and 24. Only 54% of school nurses agreed that they serve as a liaison between school personnel, family, community, and health care providers. The school nurses in this study do not seem to be consistent in whether this aspect of their role. This shows that a nurse may not feel that they have to be personally involved in the

care of a child. Only 44% of school nurses strongly believed that they helped provide a smooth transition from home to hospital to school. However only 54% of school nurses *Strongly Agreed* that they supervised the management and treatment of chronic health conditions.

Table 1

School Nurse scores on Questionnaire

Item # on Questionnaire	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)
1. The school nurse provides direct health care to students and staff.	10	1	0	0	0
2. The school nurse provides emergency services including triage, illness and injury care, referral, and follow-up.	10	1	0	0	0
3. The school nurse supervises the management and treatment of chronic health conditions within the school setting.	6	3	2	0	0
7. The school nurse acts as a case manager, particularly for those children with special health care needs.	5	5	0	1	0
13. The school nurse is the health expert in the school setting. They have the educational knowledge and background to be actively involved in promoting a safe school environment.	8	1	1	1	0
23. The school nurse serves as a liaison between school personnel, family, community, and health care providers.	6	1	4	0	0
24. The school nurse helps to provide a smooth transition from home or hospital to school. A partnership among health care providers, students, and their families can be facilitated by the school nurse.	4	3	4	0	0

Note: Scores are rated 1-5, with 5 representing a strong agreement with the statement, and 1 representing a strong disagreement with the statement. The higher the number, the more positive reaction to the statement.

The overall Mean scores in Table 2 reflect all of the responses of the school nurses. Most of them *Strongly Agree* with the statements, however there are a few that are not as sure they agree, but they do not disagree. Survey item numbers 10, 11, and 17 include: “The school nurse encourages enrollment of students in state health insurance programs”, “The school nurse connects students, families, and staff with community health care providers”, and “The school nurse helps children and families in making responsible health-related choices that will affect their future, offering guidance for decision making, medical care, and community resources”. These three statements’ overall mean perception was shown to be *Neutral*. This means that the school nurses that participated do not agree with nor do they disagree with it. For the rest of the items they ranged between *Agree* and *Strongly Agree*.

Table 2

Overall Mean Scores

Item # on Questionnaire	School Nurse Overall Mean Scores
1	4.9
2	4.9
3	4.36
4	4.27
5	4.09
6	4.45
7	4.27
8	4.27
9	4.09
10	3.27
11	3.72
12	4.45
13	4.45
14	4.45
15	4.09
16	4.36
17	3.72
18	4.54
19	4.36
20	4.54
21	4.36
22	4.36
23	4.18
24	4.0
25	4.09

The results were not enough to support my hypothesis of not providing enough emotional support for children with chronic illness. While only 44% of the school nurses believed that they help provide a smooth transition from the hospital to school, only 54% of the school nurses said that they supervised the chronic health conditions. This could be due to various other reasons that will be discussed in Chapter 5.

Chapter 5

Discussion

Conclusions Regarding the Sample Population

Due to the type of study this is, no direct conclusions can be directly drawn about the specific care that a child receives from the school nurse. This study observes the perceptions of the role of the school nurse according to the school nurse. From this study we can see that the role of the nurse fluctuates from person to person and each nurse may feel differently in some cases. However, when comparing the responses to the NASN issue brief, the article from which the statements came from, most of the responses are in agreement.

This study's findings were similar to those found in Green and Reffel (2009). However the school nurses in their study seemed more in agreement on all of their statements than the ones in this case. The overall means in their study were mostly all towards the *Strongly Agreed* aspect on all of the items. This study had a few that were closer to *Neutral* and *Agreed*. It is not known if the difference is because that is how the school nurse truly perceives her job, or if they just did not agree with that aspect to be a necessary part of their job.

Limitations

There were many limitations to this study. The first limitation is the sample size. This sample is too small to be considered a true representation of the School Nurse's of New Jersey. A larger sample size would be necessary in order to be a true representation of New Jersey.

Another limitation would be the lack of demographic information. Since it was chosen to be an anonymous survey, there was no collection of any demographic data. It was unknown whether the school nurse was male or female, what district they worked in, how long they were a school nurse, and so on. Also, there was no record of the amount of children with chronic illness that they have been exposed to if any. Knowing this knowledge would help to determine if their responses reflected their experience or their school district community atmosphere.

Recommendations for Further Research

For further research I suggest finding or creating a specific instrument that will go further into the role of a school nurse. My research has not found that specific instrument being created yet. This will help show how children with chronic illness are being cared for while they are in school. It is a difficult time in a child's life to have to still attend school and deal with social factors as well as their chronic illness.

I also suggest comparing the perceptions of the school nurse to the perceptions of the parents of children with chronic illness. Parents are very involved with their child's chronic care and they should be aware of the emotions that their child is feeling during the course of their illness and education. The social effects of their chronic care will affect their education positively, or negatively. A child may not want to go to school for fear of being bullied for having to get a needle if they have diabetes, or have a severe allergic reaction to something.

Also, I suggest doing a case study with this topic. With consent, I would be interested in following a child with a serious chronic condition, an illness that often requires long hospital visits and transitioning from the hospital to the school sporadically

throughout the school year. This would help determine the care the child is receiving. The more cases we can study, the more we can determine the effects the school nurse can have on the child. The school nurse can be an asset to the parent and to the professional health practitioners as long as they are open to working together and communicating.

Chronic illnesses consist of various diseases. It would be interesting to learn about how school nurses deal with rare conditions that are not typically seen in their setting. This would determine the degree to which the school nurse will acclimate themselves with the illness to educate both themselves and the student.

Another suggestion for future research would be to try and access a nationwide database with access to school nurses throughout the country. The more exposure we have to different perceptions of the role of the school nurse, the more we can focus on making the roles more universal and see that they are being implemented by all school nurses. A school nurse should not feel that they have to go above and beyond their role to help educate and care for these children. They should feel that it is their duty to inform and support the child through their educational career.

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