

Taking Risks: The Provision of School Health Services by School Secretaries in a Rural State

Carl Hanson, Ph.D.¹, Ernesto Randolfi, Ph.D.¹, Vicki Olson-Johnson, R.N.²

¹ Professor, Department of Health and Physical Education, Montana State University-Billings; ² School Program Manager, Yellowstone City-County Health Service. 123 South 27th, Billings, MT 59101; VICKIJ@YCCHD.ORG

Corresponding author: Carl Hanson, Ph.D., Professor, Department of Health and Physical Education, Montana State University-Billings, 1500 N 30th Street, Billings, MT 59101; Phone: 406-657-2395; FAX: 406-657-2399; Email: CHANSON@MSUBILLINGS.EDU

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Abstract

English: The purpose of this study is to determine the role school secretaries play in the provision of health services in a rural state. A survey was designed to gather information on the extent to which school secretaries provide health services, how they feel about providing health services, whether they have received training in providing various health services, and if their schools have policies and procedures to guide their actions. Survey data from 133 schools in Montana revealed that only 42% had access to schools nurses with only two schools reporting full time nursing services. On a weekly basis, 73% reported to provide care for injuries or illnesses, 70% passed out prescription drugs, and 50% talked with parents about student health issues. Although the secretaries felt comfortable providing basic services, they reported a lack of training for dealing with serious injuries, and medical emergencies. Schools in rural states like Montana should carefully consider the role of the school secretary in the school health services program. Schools and school districts should also consider giving careful attention to training school secretaries in school health services and having policies and procedures in place for the provision of health services by non-health professionals.

Spanish: El propósito de este estudio es determinar el rol/papel que juega las(os) secretarias (os) escolares en proveer servicios de salud en un estado rural. Se diseñó una encuesta para recolectar información relacionada con la extensión de servicios de salud que proveen las(os) secretarias (os) escolares, como se sienten ofreciendo estos servicios de salud, si han recibido entrenamiento de como ofrecer estos servicios de salud y si existen en las escuelas que trabajan políticas y procedimientos que le guíen en sus acciones. Los resultados de una encuesta realizada en 133 escuelas en Montana, revelan que solamente 42% tienen acceso a enfermeras escolares de las cuales dos escuelas reportaron tener servicios de enfermeras escolares a tiempo completo. 73% reportaron que semanalmente proveen atención a lesiones o enfermedades, 70% dan medicamentos recetados, y 50% hablan con los padres sobre los problemas de salud de los estudiantes. Aunque las(os) secretarias (os) escolares se sienten cómodos/bien en proveer servicios básicos, ellas (os) reportan no tener entrenamiento para atender lesiones serias y emergencias médicas. Las escuelas en estados rurales como Montana, deberían cuidadosamente considerar el rol/papel de la(o) secretaria (o)escolar en proveer servicios dentro del programa de servicios de salud escolar. Las escuelas y distritos escolares deberían considerar el proveer entrenamiento las(os) secretarias (os) escolares sobre los servicios de salud escolar y tener políticas y procedimientos establecidos para el ofrecimiento de servicios de salud por personal que no es un profesional de la salud.

Keywords: School Nurses, School Secretaries, School Health Services

Introduction

School health services are a vital component of a functioning coordinated school health program. They include "that part of the comprehensive school health program provided by physicians, nurses, dentists, health educators, other allied health personnel, social workers, teachers and others" (Report of the 1990 joint committee on health education terminology, 1991). These services exist "to promote the health of students, staff and families" (Allensworth, 1994) by: insuring access to health services; preventing and controlling communicable disease; providing emergency care for injury or sudden illness; promoting and providing sanitary conditions in a safe school environment; and providing learning opportunities conducive to the maintenance and promotion of health (Report of the

1990 joint committee on health education terminology, 1991).

In rural states like Montana, school health services are as important to rural schools as they are to non-rural schools. However, rural schools face unique challenges that may not be a concern for health service programs in non-rural areas. In rural schools, students are more likely to be poor, have greater difficulty obtaining health care, and receive fewer school services. In light of the fact that many schools in states like Montana receive limited or no services from a school nurse, non-health professionals (i.e., school secretaries) are often placed in situations to provide important health related services. These non-health professionals are often overlooked as an important contributor to the school health services program.

The Purpose of the Study

The purpose of this study was to describe the provision of school health services by non-health professionals - school secretaries - in a rural state. This study addresses several important questions: (1) To what extent are secretaries in a rural state providing school health services? (2) Do school secretaries feel they are prepared to provide school health services? (3) Do secretaries feel they should provide health related services? (4) To what extent have secretaries received formal training in providing school health services? (5) Do schools have written protocols or guidelines for providing health services to students?

Significance of the Study

The school nurse often takes the leadership role in facilitating the school health services program. School nursing generally remains strong throughout the country with some 30,000 nurses providing these services (Bradley, 1997), many districts, including those in rural areas, attempt to cut costs by hiring unlicensed assistive personnel (UAPs) like uncertified nurses or health aides to replace nurses (Cowell, 1998).

Unlicensed assistive personnel "are individuals who are trained to function in an assistive role to the registered professional nurse in the provision of student care activities as delegated by and under the supervision of the registered professional nurse" (National Association of State School Nurse Consultants, 1996).

School secretaries have other duties and functions within the school setting but may often be called upon to provide care in the absence of UAP's or school nurses. Many schools, including rural schools, throughout the country do not enjoy the regular services of a school nurse or UAPs because of small school sizes and cost cutting within school districts (Cowell, 1998). This is especially true in rural states like Montana. As a result, non-health professionals (i.e., school secretaries) are often left to provide basic health services to students. The issue regarding the delegation of nursing duties has been debated and questioned (Sullivan & Brown, 1989). Generally, school health assistants appear to perform satisfactorily in districts where there is nursing supervision, but litigation is still more frequently filed against them for the provision of care when compared to nurses or school personnel (Fryer & Igoe, 1996).

School secretaries are rarely viewed as UAPs to which nursing services are delegated, however, the assumption is that secretaries in rural areas often provide critically important school health services. These services may include, but are not limited to such activities as taking temperatures; identifying and caring for medical emergencies, injuries, and illnesses; and distributing over-the-counter and prescription medicine. The idea that school secretaries have been involved in administering medications makes health professionals uneasy because secretaries are not normally trained to recognize the hazards inherent in many drugs (Francis, Hemmat, Treloar, & Yarandi, 1996). To date, very little research has been conducted to assess the

provision of health services in the schools by secretaries.

Methods

The purpose of this descriptive study was to explore the provision of school health services by non-health professionals - school secretaries - in a rural state. The 57-question School Health Services Secretaries Survey was constructed after reviewing the literature and conducting informal interviews with school secretaries. Interviews were conducted to assess what types of health service activities secretaries were currently conducting. Survey items were developed based on findings from the interviews. An expert panel of health and school professionals helped establish content validity for the survey. Likert scales and dichotomous response options were constructed to help answer the following questions: (1) How often do school secretaries provide specific school health services? (2) To what extent do secretaries believe they should provide school health services? (3) To what extent do secretaries believe they have the ability to provide school health services? (4) To what extent have secretaries received any formal training in providing school health services? (5) Do schools have written protocols or guidelines for providing health services to students? The study was delimited to a sample of school secretaries within the state of Montana in an attempt to better understand current attitudes and practice within the educational system.

The survey was administered by mail to a probability sample of 25 percent of the school secretary population in public elementary, middle and high schools throughout Montana. Systematic sampling was employed to identify schools (Neutens & Rubinson, 1997). Schools secretaries selected for the study were determined by identifying schools listed in a statewide school directory obtained from the Montana Office of Public Instruction (OPI). The first school in the sampling frame to be selected to receive the survey was identified randomly by selecting one out of the first four schools listed in the directory. The statewide directory lists 886 schools within the state. Every fourth school in the sampling frame was selected to participate in the study starting with the first randomly selected school.

Descriptive statistics (frequencies, percentages, means, standard deviations) were used to analyze the data. Data was coded from surveys into Statistical Package for the Social Sciences (SPSS) in order to perform the analysis.

Results

Table 1 presents the characteristics of Montana state schools and secretary participation in the study. Of the 219 surveys that were mailed, 133, or 61 percent were completed and returned. While schools sizes ranged from 9 students per school to 1700 students per school, the average school size for this study was 190 students per school.

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Table 1. Characteristics of State Schools and Secretary Participation

Descriptor	Number
Total Number of Schools in the State	886
Total Number of Mailed Surveys	219
Total Number of Returned Surveys	133
Average Student Population of Participating Schools	190

Cronbach's Alpha coefficients were calculated using study data in order to determine internal consistency reliability of the School Health Services Secretaries Survey. Cronbach's Alpha coefficients for "health services secretaries believe should be provided to students," "health services secretaries believe they have the ability to provide to students," and "health services secretaries have received formal training in providing" was .8408, .8694, and .8373 respectively. Secretaries in the study reported to spend an average of 9 percent of their time providing health related services to students. A total of 56 secretaries (42%) reported they did not have the services of a school nurse with only 2 schools reporting the services of a nurse 40 hours a week.

Seventy-three percent of secretaries reported to provide care for injuries or illness on a weekly basis. Seventy percent reported to pass out prescription medication on a weekly basis with nearly 50 percent talking to parents regarding the health of their child on a weekly basis. Table 1 presents the health services secretaries believe should be provided to students.

Table 2. Health Services Secretaries Believe Should Be Provided to Students

Services	Mean ^a	S.D.
1 Caring for injuries or illnesses (i.e., bruises, stomach ache)	3.15	1.44
2 Refer student to medical professional	3.01	1.60
3. Talk with parent regarding the health of their child	2.63	1.41
4. Taking temperatures	2.43	1.55
5. Passing out over-the-counter medications (i.e., cough medicine, Tylenol, etc.)	2.34	1.45
6. Passing out prescription medications (i.e., Ritalin, bronchodilators, etc.)	2.31	1.43
7 Identifying communicable disease (i.e., flu, cold, head lice)	2.28	1.31
8 Identifying serious injuries (i.e., broken bones, cuts)	2.08	1.31
9 Identifying medical emergencies (i.e., diabetic emergency, asthma attack, drug overdose)	1.92	1.15
10 Identifying dental problems	1.92	1.46

^aMeans range from 5 Agree to 1 Disagree

Mean scores on a 5-point Likert scale (where the score of 5 was agree and 1 disagree) revealed that caring for injuries or illnesses (3.15) and referring students to a medical professional (3.01) were the most important services secretaries felt they should provide. Table 2 presents the health services secretaries believe they have the ability to provide to students. Secretaries reported fairly high ability to perform most services with the exception of identifying dental problems, serious injuries, and medical emergencies (e.g., asthma attack, drug overdose, etc.).

Table 3. Health Services Secretaries Believe They Have the Ability to Provide to Students

Services	Mean ^a	S.D.
1. Caring for injuries or illnesses (i.e., bruises, stomach ache)	3.98	1.27
2. Taking temperatures	3.77	1.55
3. Refer student to medical professional	3.63	1.40
4. Passing out over-the-counter medications (i.e., cough medicine, Tylenol, etc.)	3.52	1.52
5. Talk with parents regarding the health of their child	3.48	1.34
6. Passing out prescription medications (i.e., Ritalin, bronchodilators, etc.)	3.43	1.58
7. Identifying communicable disease (i.e., flu, cold, head lice)	3.24	1.24
8. Identifying dental problems	2.78	1.28
9. Identifying serious injuries (i.e., broken bones, cuts)	2.77	1.35
10. Identifying medical emergencies (i.e., diabetic emergency, asthma attack, drug overdose)	2.03	1.27

^aMeans range from 5 High to 1 Low

Table 3 presents the health services secretaries have received formal training in providing. Secretaries reported they were less likely to have had formal training in caring for injuries and illnesses and identifying medical emergencies. In addition, less than 50 percent of secretaries reported having a first aid class in the past three years.

Table 4 illustrates the percent of schools with written protocols or guidelines for providing health related services to students. Results indicated that just under 25% of the schools did not have written policies or guidelines for passing out prescription drugs with 27.1% of the schools not having written policies or guidelines for passing out over-the-counter medications. With regard to caring for injuries and illness, 76.9% of the secretaries reported that their school did not have written policies or guidelines for administering this service.

Table 4. Health Services Secretaries Have Received Formal Training in Providing

	Services	Mean ^a	S.D.
1.	Caring for injuries or illnesses (i.e., cuts, bruises, stomach ache)	2.82	1.53
2.	Identifying medical emergencies (i.e., diabetic emergency, asthma attack, drug overdose)	2.64	1.54
3.	Passing out prescription medications (i.e., Ritalin, bronchodilators, etc.)	2.52	1.55
4.	Passing out over-the-counter medications (i.e., cough medicine, Tylenol, etc.)	2.46	1.54
5.	Identifying serious injuries (i.e., broken bones, cuts)	2.40	1.45
6.	Identifying communicable disease (i.e., flu, cold, head lice)	2.38	1.39
7.	Taking temperatures	2.38	1.64
8.	Refer students to a medical professional (i.e., school nurse, family doctor)	2.35	1.54
9.	Talk with parents regarding the health of their child	2.01	1.45
10.	Identifying dental problems (i.e., abscess, cavities)	1.51	1.07

^aMean range from 5 A Lot to 1 None

Discussion and Recommendations

In light of these findings, school secretaries in rural areas as well as urban areas must not be forgotten as important contributors to the school health services program. While the secretaries in this study report spending a significant amount of time providing various health services, they also reported that they felt inadequately prepared to provide many of these services. Ideally, the provision of health services within the schools is best provided by health professionals who have been licensed to provide these important services. While there should be a commitment by school boards and school administrators to provide school nursing hours, these representatives must balance educational services with health services in the face of budget challenges. As a result of the current economic climate, many rural schools go without the services of a full time school nurse (Heneghan & Malakoff, 1996).

The findings of this study suggest that school secretaries in a rural state like Montana routinely provide health services to students when health professionals such as school nurses are unavailable. While each state has their own statutes and rules in relation to nursing (including the delegation of nursing tasks), the models for delivering school health services vary significantly across the country (Johnson & Asay, 1993). School administrators and nurses are advised to revisit their State statutes and rules regarding the provision and delegation of nursing services in the

schools. In Montana for example, the law allows for the delegation of nursing responsibilities in the schools to a competent unlicensed professional but the nurse “retains accountability for the outcome” (State of Montana, 1995).

Table 5. Percent of Schools With Written Protocols or Guidelines for Providing Health Related Services to Students

	Services	Percent
1.	Passing out prescription medications (i.e., Ritalin, bronchodilators, etc.)	75.9
2.	Passing out over-the-counter medications (i.e., cough medicine, Tylenol, etc.)	72.9
3.	Identifying communicable disease (i.e., flu, cold, head lice)	41.4
4.	Caring for injuries or illness (i.e., cuts, bruises, stomach ache)	36.1
5.	Identifying medical emergencies (i.e., diabetic emergencies, asthma attack, drug overdose)	33.1
6.	Identifying serious injuries (i.e., broken bones, cuts)	31.6
7.	Refer students to a medical professional (i.e., school nurse, family doctor)	29.3
8.	Talking with parents regarding the health of their child	28.6
9.	Taking temperatures	18.8
10.	Identifying dental problems (i.e., abscess, cavities)	15.8

Non-health professionals providing health services in schools without clearly established protocols and policies increase their chance of “doing harm” to students. The greatest likelihood of this occurring is with the dispensing of medications where non-health professionals have not been trained to understand the dangers of these drugs. In these situations, it is imperative that the schools: (1) establish policies and procedures to guide non-health professionals in their decision making and (2) provide in-service training to non-health professionals. Medical professionals should write the protocols and guidelines and certified professionals should conduct in-service trainings. If state law and policies allow for the delegation of nursing responsibilities within the school, school districts and schools that have the services of school nurses might agree that school secretaries be trained as UAP’s. Schools and school districts that do not have the services of a school nurse are taking a risk by providing school health services (e.g., administering medications) when a licensed nurse has not delegated this responsibility. In schools and school districts where school-nursing responsibilities can be delegated, delegated nursing responsibilities should only be for tasks that can be safely performed without harming the patient/student.

Conclusion

Many schools, throughout the country do not enjoy the regular services of a school nurse or UAP because of small school sizes and cost cutting within school districts (Cowell, 1998). This is especially true in rural states like Montana. As a result, non-health professionals (i.e., school secretaries) are often left to provide basic health services to students. The purpose of this study was to explore the provision of school health services by non-health professionals - school secretaries - in a rural state. The findings of this study suggest that schools and school districts are taking risks by allowing school secretaries to provide health services without (1) the oversight of a school nurse, (2) in-service training, and (3) written policies and guidelines to direct practice. Ensuring the healthy future of our children in rural states such as Montana will require careful attention to the delivery of health services by school secretaries.

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