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“There was Only One Nurse for Everyone”: Student Reflections of a School Nursing Clinical Experience☆☆☆



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ABSTRACT

Purpose: Undergraduate nursing faculty face challenges when teaching pediatric clinicals. Changes to pediatric care and hospital admissions have contributed to a shortage of clinical sites where students can learn to care for children with varied nursing needs. The purpose of this study was to describe benefits and barriers of pediatric clinical placements with a school health component.

Design and methods: A qualitative analysis of 38 student reflective journals was conducted to identify experiences following student participation in school nursing clinicals.

Results: Three themes and three sub-themes were identified. Major themes included: *benefits of the clinical experience, suggestions for improvement, and an appreciation for the school nurse role* with subthemes of *greater responsibility than anticipated, resource constraints, and lack of support.*

Conclusions: School nursing clinical experiences allow nursing students to interact with children with broad range of ages, abilities, and health statuses, and preview a professional pathway they may otherwise never be exposed to. School nursing experiences also help nurse educators address the shortage of inpatient pediatric clinical site placements while facilitating student exposure to the impact of social justice and social determinants on child health.

Practice implications: Nurse educators are encouraged to incorporate school nursing clinical experiences in pediatric curricula. Partnering with school districts in which student enrollment reflects diversity in culture, socioeconomic status, and access to healthcare should be a priority so students may see first-hand the impact of social determinants on the health of clients and populations.

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Introduction

Changes to pediatric care and hospital admissions, as well as a shortage of clinical sites where students can learn to care for children with varied nursing needs present challenges to nursing students and faculty during pediatric clinical rotations. Due to advances in treatment modalities for pediatric illness, and a shift from hospital to community-based care for children with chronic and complex conditions (Pohl, Jarvill, Akman, & Clark, 2017), fewer children are admitted to hospitals (França & McManus, 2018; Mikalsen, Skeiseid, Tveit, Engelsvold, & Øymar, 2015; Witt, Weiss, & Elixhauser, 2014). In a survey of 344 undergraduate nursing programs in the United States, program leaders cited issues surrounding competition and securing high-quality pediatric clinical sites as barriers to providing comprehensive pediatric experiences to nursing students (McCarthy & Wyatt, 2014). Pediatric clinical instructors report that, in addition to low pediatric census in hospitals,

most children are admitted for exacerbation of respiratory illness. Conversely, instructors report other children admitted may be too fragile or complex for nursing students to care for.

To help students meet learning objectives in pediatric clinical courses, some schools of nursing (SON) are replacing or supplementing clinical time with simulation experiences (Darcy Mahoney, Hancock, Iorianni-Cimbak, & Curley, 2013; Lubbers & Rossman, 2016; Shaw et al., 2018). Other SON have used nontraditional clinical sites, such as schools, outpatient clinics, and home care settings. In a study of 79 pre-licensure nursing students, researchers determined there was no statistically significant difference in pediatric exam scores for students enrolled in hospital and community-based clinical rotations (Pohl et al., 2017). For 13 students completing clinical rotations at nontraditional clinical sites that did not have a nurse preceptor (e.g. a community center or daycare), the perceived value of such placements and ability to apply the learning experiences to nursing varied greatly (Studnicka & O'Brien, 2016).

Placement opportunities in community settings may not be commonplace in pre-licensure nursing education, and student perception of how valuable these placements are varied. However, the needs of pediatric clients as well as job opportunities for pediatric nurses are

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transitioning out of the acute-care setting and in to the community (Buerhaus, Skinner, Auerbach, & Staiger, 2017). SON will need to turn to nontraditional placements to meet the needs of the pediatric population and student learning objectives. Further, the National Academy of Medicine (formerly known as the Institute of Medicine) reports nurse educators must prepare students to work in the community setting (Institute of Medicine, 2011).

Clinical placements with school nurses are one way in which SON may overcome challenges associated with hospital-based pediatric rotations, and promote community-based nursing to students. The work of school nurses has evolved from a focus on improving attendance and disease surveillance to addressing the complex mental and physical health needs of students and the larger school community (Houlahan, 2018; Regan, 1976). The depth and breadth of school nursing practice today is such that a specialty framework has been developed (On behalf of the National Association of School Nurses, Maughan, Bobo, Butler, & Schantz, 2016). Using the framework, school nurses rely on standards of practice to direct care coordination, leadership, quality improvement, and community/public health principles to thoroughly meet the needs of their students, families, and entire school community. Given the changes to school nursing practice and the important role school nurses play in helping students be healthy, safe, and ready to learn, a specialty certification is available (National Board for Certification of School Nurses, 2019). Following 1000 h of practice, school nurses holding a bachelor's degree or higher are eligible to take a rigorous exam that demonstrates their specialty knowledge, competence, and professionalism as well as a commitment to school health (National Board for Certification of School Nurses, 2017).

Purpose

The purpose of this study was to describe experiences of undergraduate nursing students in a pediatric clinical with a school nursing component, as well as challenges and benefits of such placements. Identifying positive aspects, challenges, and barriers to student experiences may aid schools of nursing in successfully designing and implementing school nursing clinical experiences.

Methods

In this qualitative study, undergraduate pre-licensure nursing students enrolled in a pediatric nursing course participated in a pilot program of school nursing clinicals along with traditional clinical in the acute care setting. This study received institutional review board approval from the University of Massachusetts Lowell.

The school nursing component consisted of two days of school nursing clinical placements during the Spring 2018 and Fall 2018 semesters. During these two clinical days, students worked individually with school nurses in public K-12 schools in one Massachusetts city. Prior to student arrival, school nurses were informed of student skills, abilities, and expectations to perform care and learn about the role of the school nurse in promoting child health and wellness. With exception of one school nurse who was new to the district, school nurse preceptors were all registered nurses with a minimum of a bachelor's degree and two years of RN employment, and had achieved passing scores on state educator licensure exams per state regulations regarding preparation of school nurses (Massachusetts Department of Elementary and Secondary Education, 2018). Students reviewed detailed guidelines and expectations for their school nursing experience during a clinical orientation. Additionally, school nursing is discussed during the accompanying pediatric lecture course.

The pediatric nursing instructor assigned *reflective journals* to students enrolled in the pediatric nursing course. Reflective journals are a written assignment in which students report clinical activities performed, evaluate their progress toward clinical competencies, and think critically about how clinical experiences prepare them for practice

as a registered nurse. Students also reflect upon their own learning and growth as a student through the journals.

The first author visited pediatric nursing classes to inform students of the study, answer questions, and collect consent forms from interested and eligible students. Students were eligible if they were part of the pilot program for school nursing clinical placements. Thirty-eight students were eligible for study enrollment. Students were informed that the decision to participate or not would not affect their course grade, and if they decided not to participate the reflective journals would still be required as course homework. Throughout the semesters, the second author collected and reviewed student journals. All 38 students in the school nursing pilot clinical program consented to participation. The second author then blinded the participating student journals and sent them to the first author for analysis.

The approach to data analysis was a scaffolding of conventional and directed content analysis. The conventional approach includes reviewing qualitative data prior to coding to achieve immersion (Tesch, 1990). Using the directed approach, data are then coded using predetermined categories (Hsieh & Shannon, 2005). Blinded student journals were imported to NVIVO for Mac (QSR International (Americas), 2015) for analysis. The first author began analysis by reading the reflective journals thoroughly once without making highlights, writing notes, or pausing to evaluate possible themes. The journals were read for a second time, this time the first author noted possible emerging themes. Next, the content of journals was coded in to three categories shaped by the study purpose: *benefits*, *barriers*, and *school nursing experiences*. Journal excerpts sorted in to these categories was analyzed and organized in to more specific themes and subthemes. The second author reviewed the qualitative results to ensure textual evidence was consistent with the first author's interpretation.

Results

Following content analysis of the 38 reflective journals, three themes and three sub-themes were identified. Major themes included: *benefits of the clinical experience*, *suggestions for improvement*, and an *appreciation for the school nurse role* with subthemes of *greater responsibility than anticipated*, *resource constraints*, and *lack of support*.

Benefits of the clinical experience

Students saw value in the clinical time spent in the school health setting. Specifically, students thought the school nursing experiences aided their knowledge of typical and atypical child growth and development, noting "when it came to interacting with and recognizing different cognitive abilities and thus adjusting to those needs this experience provided a completely hands on experience". Such hands-on experiences helped students gain confidence in communication skills for children with a range of cognitive and chronologic ages. Conducting a clinical experience in the community also helped students see how nurses function outside of the acute care setting, commenting that the experience was "eye-opening" and "I got to see a different side of pediatric nursing". Students gained an appreciation for psychosocial concerns, as well as the impact of social determinants of health. One student reported "I felt that I was able to see a lot of diversity in the school systems... I was also able to see a lot of students who were in the low-income population and hear from the nurse about some of the struggles that the students face".

Suggestions for improvement

Some school nursing experiences did not meet the expectations of students. Namely, the pace of the day influenced student perception of this experience and school nursing. Some students noted the experience was laid-back, had a lack of skilled work, was slow, and "allows students to see the non-hectic job options that are available for after graduation or before retirement". Alternatively, other students were able to observe

duties school nurses have beyond providing direct care. One student reported “observing how the nurse works and what they do when there are no students coming in is beneficial because it really gave me a glimpse into what nursing is like in this setting”.

Other students suggested a change in the experience or more hours in the school setting. To maximize knowledge and skills related to caring for school-aged children, students advised splitting the placement between different age groups and students of different abilities. Students wrote “I would suggest allowing students to go to an elementary school one week and then a middle to high school next week to help build community health [knowledge] on a broader range of ages”, and “to improve this experience [students should] go to an elementary school one week and then a middle or high school another day, so [students] can see how the nursing approach changes for the different age groups”. Some students also thought the two-day rotation was too short, reporting “I would add one more day of school nurse experience into the pediatric rotation because the two weeks was quick, and I was just beginning to build relationships with some of the students”.

Appreciation for the school nurse role

Following the school nursing portion of the pediatric rotation, the majority of students gained an understanding of the broad scope, challenges, and responsibility to the community at large that the school nurse has. Students did not know school nurses had duties beyond applying bandages or providing water during the school day before this unique clinical experience. Many shared sentiments consistent with thoughts such as “one of the main objectives I took away from my experience is how important the school nurse is to her students. The students seek support, care and just somebody to talk to. Adolescents are at a time in their life when they are going through many challenges and discovering themselves. The school nurse helps to guide them in a direction that will be best for their overall health” and “[School nurse] knowledge and assistance in the management of the variety of chronic conditions in schoolchildren is extremely important when it comes to keeping these students safe and well. It is never as simple as quickly treating students coming in with stomach aches or bruises and I think people fail to understand this”. Given the business of the school health offices, students appreciated the variety of concerns and people the school nurse is responsible for, noting “[the school nurse] seemed to be the person everyone went to if they had any time of concern or question, ranging from what foods can someone eat to if they were able to participate in gym class. There were even times when parents and faculty would come into her office to vent or talk about their concerns”.

Greater responsibility than anticipated

Students’ new knowledge regarding the scope and depth of school nursing duties led them to conclude that school nurses carry much more responsibility than they thought a community-based nurse would have. Many students thought the school nurse performed tasks consistent with social work and teaching. Students observed the school nurse as an imperative component of healthy development for school children, reporting, “When people think of nursing care, many think of a hospital setting or a physician’s office. Many overlook or fail to recognize the importance of school nurses as a part of children’s everyday lives, as they spend half of five days per week at school”, and “school nurses have shown to be a key factor for some students whom lack all of the support that they may need, so the fact that they are always there from the beginning of the day until the end, they are a very important constant in student’s lives”.

Resource constraints

The school nurse responsibilities were made more complex by the limited availability of resources in health offices. Students observed the lack of physical space, reporting that offices were small, and that standard equipment such as oxygen was not available. Students thought the lack of other healthcare professionals in school buildings

contributed a great deal to the responsibility of school nurses. Many students reported the school nurses verbalized to them that they wished they worked with another nurse in the building. Students also expressed that, in their nursing education up to the point of this clinical experience, they learned that healthcare and nursing was a team effort, however there are no other nurses to help or give a second opinion in the school setting. “There is only one nurse for everyone”, one student wrote after reporting that many students waited to be seen in the school health office for minor and more serious concerns. Another student felt her presence was a relief to the nurse, stating, “the school nurse was able to delegate tasks and assessments to me in a way that made for smooth sailing when there were many students in the office... I can imagine it being a difficult task to handle it all by oneself on a day-to-day basis”.

Lack of support

Students were surprised that working with educators and parents presented challenges for the school nurses. Although students thought educators, parents, and nurses would work together to address needs of children, this was not always the observed arrangement. Students did not think teachers always used the health office appropriately, reporting “teachers will send students to the nurses office to get them sent home, but most of the time the child is sent back to class so the teachers become unhappy” and “many teachers will send ‘troublesome’ kids down to the nurse when they just ‘need a break’ from the child”. Communicating with parents was a significant barrier to school nurses helping children optimize their wellness. Language barriers, accessibility of parents, or a mismatch between the perceived and actual severity of the child’s health condition could hinder communication. Students shared experiences such as watching the school nurses make daily calls to multiple parents of children who needed emergency medications delivered to school, difficulty receiving paperwork or disclosure of diagnoses such as allergies and seizures and “parents don’t help or don’t try to get involved with their children’s lives and this is harder for [school nurses] to give [children] care” where school nurses felt like they were the only adult trying to better the health of the child.

Discussion

Results of this study demonstrate that opportunities for pre-licensure nursing students to spend clinical time in the community setting are valuable experiences. Although students may perceive the pace as slower than the workflow observed in the hospital setting, this experience allowed students to apply the nursing process to care of children in the setting in which they spend the most time, and children with a variety of conditions. Nursing students were also able to gain experience in chronic community-based management of the acute conditions children present with in the hospital setting. Additionally, students were able to identify and realize the impact of cultural practice and socioeconomic status on the health of schoolchildren. Many students were surprised by the extent of the school nurse’s role and where open to exploring this as an option for employment in the future.

Implications for nursing education

Nurse educators are encouraged to incorporate school nursing clinical experiences in pediatric curricula. Nurse educators have explored service learning as one way to teach social justice and expose students to clients with diverse needs (Barnes, 2016; Groh, Stallwood, & Daniels, 2011), clinical experiences with community-based nurses are another method for incorporating such concepts. Our University is located in a highly diverse city. For SON planning for school nursing clinical experiences, partnering with school districts in which student enrollment reflects diversity in culture, socio-economic status, and access to healthcare should be a priority. While coordinating community-based experiences so students may see first-hand the impact of social determinants on the health of clients and populations is

helpful, SON should prioritize framing all curricula with a lens of social justice and social determinants (Quinn, El Ghaziri, & Knight, 2019).

Participants of this study expressed a desire to spend time in two different settings, for example one elementary school and one middle school. While we understand students would like to experience more variety in their clinical experiences, visiting the same school during both school nursing clinical days has benefits. When students can apply the nursing process more independently on the second day, they will become more confident in their skills and abilities.

Some nursing students described the school health offices as having a slower pace than the hospital setting. While work nurses carry out in the school setting is different than work in acute care settings, it is not necessarily slower. SON forming partnerships with school districts for may consider conducting a short orientation or introduction for school nurse preceptors to describe the purpose of the student visits, objectives students are to meet, and expected roles. SON should also remind school nurses to share their work and responsibilities outside of direct care. For example, school nurses often carry out vaccine surveillance, community education, and other public health activities. Nurse educators may find it beneficial to assign readings regarding the work school nurses do outside of direct care, such as recently published articles describing the school nurses' role in anti-bullying efforts (Pigozi & Jones Bartoli, 2016), mental health care (Bohnenkamp, Stephan, & Bobo, 2015), coordinating care for students with complex needs (McClanahan & Weismuller, 2015), or policy statements and overviews about modern school nursing care (American Academy of Pediatrics Council on School Health, 2016; Lineberry & Ickes, 2015).

Future research priorities

Research regarding the balance between the numbers of clinical hours spent in the acute care setting and community setting is needed. For example, researchers have conducted a four-phase study to determine whether simulation may replace off-campus clinical time, while facilitating experiences for students that will lead to meeting course objectives and staying in compliance with state regulations (National Council of State Boards of Nursing, 2014). Any impact that school nursing experiences have on student success has not been studied. Ensuring that students can meet objectives and not realize any deficit in exam scores, NCLEX-RN pass rates, or other nursing education metrics following community-based experiences is a clear priority.

Limitations

Experiences described are specific to our single study site. A formal member check following data analysis was not completed. Comparisons of responses across participant characteristics (e.g. first or second degree, age, previous pediatric experience) were not completed, as demographic data was not collected. Results presented in this paper are the perceptions and views of student participants, and are not necessarily representative of school district operating procedures.

Conclusion

Beyond helping nurse educators address the shortage of inpatient pediatric clinical site placements, school nursing clinical experiences have the power to change the lives of nursing students and schoolchildren. School nursing clinical experiences allow nursing students to interact with children with broader range of ages, abilities, and health statuses compared to strictly hospital-based clinicals. School nursing experiences also allow nursing students to preview a professional pathway they may otherwise never be exposed to. Such experiences may motivate students to pursue careers in school nursing, which will ultimately benefit schoolchildren and the school community, as compassionate and professional nursing care is needed in the school setting.

CRedit authorship contribution statement

Brenna L. Quinn: Conceptualization, Methodology, Software, Validation, Formal analysis, Investigation, Data curation, Writing – original draft, Writing – review & editing, Visualization, Supervision, Project administration. **Diana McAuliffe:** Conceptualization, Validation, Investigation, Writing – original draft, Writing – review & editing, Visualization.

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