



National Association of School Nurses

ISSUE BRIEF

School Health Nursing Services Role in Health Care

REDUCTION IN FORCE

INTRODUCTION

Currently, two issues compromise adequate staffing for school health services. First, a nursing shortage affects all areas of nursing, including the specialty of school nursing. As a result, competition for nurses occurs among health providers, with some prospective employers offering higher salaries, better benefits, and sign-on bonuses to entice applicants. School districts rarely offer such enticements to recruit staff. Second, the economic climate affects funding available to school districts. As educational systems face decreased revenues and increased costs, local boards of education are searching for ways to meet budget constraints. Services that are not mandated by law, as is the case with some nursing services, are frequently cut disproportionately, regardless of their benefit to students.

BACKGROUND

The nursing shortage today is different from shortages experienced in the past. Fewer nurses are entering the field, and acute shortages are already evident in certain geographic areas. This shortfall is expected to grow more serious over the next 20 years. The aging of nurses and nursing faculty is one of the most critical problems facing the profession. Registered nurses who are less than 30 years old represent only 10 percent of the total working nurse population. The average age of employed registered nurses is 43.3 years (National League for Nursing, 2002). The latest National Association of School Nurses membership survey found almost half of the nurses responding were over 50 years of age (Johnson, 2002).

The primary federal agency responsible for providing information and analysis relating to the supply and demand for health professionals, the Health Resources and Services Administration, has made the following projections for registered nurses for the years 2000 through 2020, based on the National Sample Survey of Registered Nurses. The shortage of registered nurses projected to begin about 2007 was already evident in 2000. In 2000, the overall shortage was 6 percent and projected to grow to 20 percent by 2015 and 29 percent by 2020. The increase in demand for nurses by 2020 is a result of a projected 18 percent increase in population (resulting in 50 million more people who will require health care), a larger proportion of elderly people, and medical advances that will increase the need for nurses. By 2011 the number of nurses leaving the profession will exceed the number who are entering. Factors affecting the supply of registered nurses include a declining number of graduates from schools of nursing, an aging registered nurse work force, a decline in relative earnings, and the emergence of alternative job opportunities. According to the survey, more nurses are currently graduating from baccalaureate programs than from diploma and associate degree programs (U.S. Department of Health and Human Services, 2002). However, according to the American Association of Colleges of Nursing, baccalaureate enrollment itself fell 2.1 percent in 2000, for the sixth year of decline in a row (Sigma Theta Tau International, 2001). An increase in baccalaureate-prepared nurses would be advantageous for school nursing, as the National Association of School Nurses recommends a minimum of a baccalaureate degree to enter the specialty of school nursing.

There are almost one-half-million licensed nurses not employed in nursing. Only 7 percent of these nurses are actively seeking employment. It is not known whether the other 93 percent are not employed or are working in other fields. Salaries may contribute to the declining supply of registered nurses. Registered nurses have seen no increase in purchasing power in the last nine years, even though actual salaries have increased. And, in the year 2000, the average elementary school teacher earned \$13,600 more than the average registered nurse. Most of the wage growth for registered nurses occurs early in their careers and tapers off over time. As potential for increased earnings diminishes, nurses may become educated in other fields. Projections for school nursing include a decrease of about 4,600 school nurses between 2000 and 2020 or .7 percent of the school nurse workforce. The only other employment setting projected

to have a decrease in public health nursing. All other areas, which include hospitals, nursing homes, ambulatory care, home health, occupational health, and nursing education, have projected increases (U.S. Department of Health and Human Services, 2002). For the same time period, the number of children under age 18 in the United States is expected to grow from 72.6 million to 77.2 million. Even with the increase, children will form a smaller part of our total national population decreasing from 25.5 percent in 2001 to 24 percent by 2020 (Child Trends Data Bank, 2003).

In addition to the declining registered nurse work force decreasing the availability of nurses to be hired by schools, shortfalls or limited growth in state budgets are decreasing funding available for school districts to hire school nurses. In 2003, all but one state reported a deficit. Predicted aggregate state deficits may increase to \$60 to \$85 billion nationally in 2004. This may force states to cut billions of dollars from education. At the same time, school districts are pressured to spend more money on programs to ensure student improvement. The No Child Left Behind Act (the latest update of the Elementary and Secondary Education Act) adds many new requirements for state and district testing, teacher qualifications, and data systems that are expensive to fund. The Individuals with Disabilities Education Act is still only funded at 17 percent of full funding, forcing states and local school districts to make up the difference (Council of Chief State School Officers, 2003; National School Boards Association, 2001). School boards are, therefore, faced with decisions regarding programs and staff that are not mandated, and that often impacts school nursing programs and positions.

RATIONALE

School nurses are necessary in the educational system, whether they are hired directly by school districts, as were the majority (over 80 percent) in the 2002 NASN membership survey, or by other entities such as health departments or hospitals (Johnson, 2002). The school nurse has a central management role in the implementation of school health services (American Academy of Pediatrics (AAP), 2001). School nurses provide services to the entire school population, including infants, pre-schoolers, children with special health needs, traditional students, and school staff (NASN, 2002a). As authorized by federal and state laws, children with chronic illnesses and varying disabilities are included in the regular classroom. The school nurse ensures that students' individualized health plans and emergency health plans are written and included with individualized education plans and Section 504 Plans so the students' educational experience is maximized and health needs are adequately addressed (AAP, 2001).

A 2003 study supported by The Robert Wood Johnson Foundation found that American parents support health and health care in schools. Most of the parents surveyed thought schools were the only source of health care for uninsured students and felt care in school would help keep all students healthy (Center for Health and Health Care in Schools, 2003).

ROLE OF THE SCHOOL NURSE

School nursing practice must adapt to accommodate changes within the profession of nursing and financial constraints within local school districts. Community/school needs assessments can be done to assist in determining the most efficient and appropriate school health services for individual school districts (Igoe, 2000). School nurses have a two-fold duty to increase school nursing services for students. The first is to join the effort to increase the number of students entering nursing programs to increase the availability of future nurses, including school nurses. The second is to address funding for health services within school districts.

School nurses can contact their legislators at both the state and the federal level and ask them to support legislation to fund nursing education. The Nurse Reinvestment Act, which provides nursing scholarship money, funding to promote best practices in nursing care, public service announcements to encourage nursing careers, and funding for other initiatives, was signed by the President in August 2002 (American Association of Colleges of Nursing, 2003). It is important to maintain this funding.

School nurses have a unique opportunity to showcase their profession to the school community where they work. The day-to-day nursing services provided need to be visible to students, parents, and staff. Every opportunity needs to be taken to talk to students and communicate with families through newsletters and parent meetings regarding the many roles of the school nurse. School guidance counselors, in particular, need to be educated about the advantages and disadvantages of different nursing educational programs leading to a degree in nursing. Through their daily nursing practice, school nurses can model professionalism and commitment to the nursing profession, enthusiasm for the job, and caring for students (Denehy, 2000). In addition to helping recruit future nurses to the field, visibility has the added benefit of helping ensure job security. School nurses are less likely to be laid off during a budgetary crisis if they are highly visible.

Parents become strong advocates for increased school health programs when they know the valuable services provided by their school nurse (Brandt, 2002).

Current funding for school health programs, in addition to education dollars, may include tobacco settlement money and Medicaid reimbursement for administrative claiming and direct service (Igoe, 2000). The No Child Left Behind Act allows local uses of funds for programs to hire and support school nurses under "Title V, Innovative Programs", although many other programs and services compete for these funds (U.S. Department of Education, 2002). School nurses also need to explore other funding resources in areas such as nutrition and asthma. New school/community partnerships may need to be forged to access additional funding sources within communities (Igoe, 2000; Weaver, 2003).

School nurses who are involved in lawsuits resulting from downsizing efforts may be eligible for legal support through the NASN legal defense fund. This fund was established in 1986 to assist NASN members and affiliated school nurse organizations in legal cases involving school nursing issues of national significance. National significance is defined as having the potential for the issue to result in the setting of legal precedent or significantly advancing the practice of school nursing (NASN, 2002b).

The 52 million students in the United States need quality school health services. Failure to attain (at a minimum) or exceed (at an optimum), the nurse/student ratio at the recommended level will adversely affect many school health services programs. Many students will no longer have the chance to participate in wellness screenings such as those for hearing and vision, if they live in states that do not mandate these screenings. Health education provided by school nurses may need to be discontinued in some school districts. Students with chronic health conditions may receive inferior care without school nurse case management. School nurses need to use every opportunity "to draw attention to the work they do to keep students healthy and focused on learning" (Domrose, 2003).

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