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The Lived Experiences of School Nurses: Transitioning From Hospital to School Worksite

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Walden University
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Abstract

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Worksite

By

Irene Adekunbi Campbell

MS, University of Maryland, 2010

BSN, University of Maryland, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

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Abstract

School nurses who transition from hospital or clinic-based settings to a school-based work environment often lack sufficient transitioning skills and orientation to cope with the roles and responsibilities of school-based nursing. The result is a high attrition rate among school-based nurses. School nurses may leave their positions due to experiences of marginalization, including isolation, role confusion, and barriers to practice. In this phenomenological study, the lived experiences of 12 school-based nurses who transitioned from hospital or clinical settings were explored. Bandura's self-efficacy and Spreitzer's psychological empowerment theories were used in interpreting the findings. Data were collected via face-to-face individual interviews with nurses residing in the State of Maryland. The study findings revealed the difficulties experienced by these nurses during the initial years of their transition to school nursing. Multitasking was very challenging at the initial stage of transition for nurses who were new to school-based-practice. For nurses who were learning to navigate the school system, adhering to educational standards and protocols while setting appropriate priorities to provide quality nursing care for students was difficult. The nurses' understanding of health and wellness shaped and influenced their decision to continue with school nursing to help students reach their maximum health and academic achievements. This study may lead to positive social change by helping readers to better understand the transition process for hospital-based nurses who enter the school environment. With an improved understanding of this population, it may be possible to lower attrition and burnout rates among school nurses.

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Dedication

      This dissertation is dedicated to my savior JESUS CHRIST. To my immediate family, Akintunde Obafemi Ojo, Oluwadamilola Oluwasegun and Oluwatomilayo Oluwadamilare Ojo, who liberally encouraged me in my academic efforts; my parents, Samuel Olasehinde Campbell and Elizabeth Iyabode Campbell, for instilling in me the importance of education and providing support, and my siblings, Omotayo, Olajumoke, David Oluwasegun, Emmanuel Oluwabunmi, Solomon Akintunde, Elizabeth Olayinka, Juliana Adunola, and Elfrida Modupeola Campbell. My nieces and nephews, Olayide Campbell, Oluwayemisi Campbell, Oluwabusayo, Emmanuel Kehinde and Emmanuela Taiwo Campbell. My sister-in-law, Olamide Adegbite-Campbell, and Precious Adegbite.

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Chapter 1: Introduction to the Study

Introduction

School nursing has been in existence in the United States for more than 100 years. The specialty of school nursing was established for the sole purpose of disease prevention and elimination of medical barriers to student learning and academic success (Selekman, 2006). More than 53 million students attend nearly 129,000 schools and spend the majority of their day in school, and school nurses provide health services to these students (U.S. Department of Education, 2010).

School nurses are essential to the effort to create and implement comprehensive school health programs (Stolz, Coburn, & Knickelbein, 2009). Registered nurses work in various community settings. For example, registered nurses function as nurse researchers, executives, educators, legal consultants, flight nurses, and school nurses (Johnson & Johnson, 2005). Nurses in these career specialties require extensive education and the use of critical thinking and innovative cognitive skills to accomplish daily assignment (Campbell, 2014). The profession of school nursing is a specialty nursing, and registered nurses transitioning to school nursing lack school administrative support and resources for successful transition to a new setting (McIntyre, Tomlinson, & McDonald, 2006). This study is an original research contribution to the discipline of school nursing. Currently, there is no research on registered nurses transitioning to school based practice and the effect of psychological empowerment and self-efficacy. This construct is critical to the success of school nurses because these nurses are usually

supervised daily by school principals or administrators with no medical background or education (Campbell, 2014).

There is a critical shortage of school nurses in many states across the country, and with the growing number of school-age children with complex chronic physical and emotional health conditions, school districts do not have enough school nurses to provide health services to meet the needs of children and their families (Maughan, 2009; Nwabusor, 2007). The American Academy of Pediatrics Council on School Health (2008) indicated that "the school nurse has a crucial role in the seamless provision of comprehensive health services to children and youth" (p. 1052). Research has demonstrated that children's success in school and in latter years is not based solely on their cognitive skills, but also on their physical and mental health as well as emotional well-being (Hair, Halle, Terry-Humen, Lavelle, & Calkins, 2006).

Due to the school nurse shortage, the staffing ratio recommended by the National Association of School Nursing (NASN) of one nurse for every 750 students in the general population with reduced caseloads for student populations requiring daily professional nursing interventions is not met by many school districts (NASN, 2010). According to the current report from NASN concerning school nurse-to-student ratios, approximately 16 states and the District of Columbia meet this recommendation. Maryland is rated 22nd among states, with 1 nurse per 1,029 students (NASN, 2011). A survey conducted with 965 school nurses showed that 41% of school nurses complained about salary inequity, 12% complained about staffing inadequacy, and 11% complained about inadequate

nursing supplies (Terry, 2007). These factors may influence school nurses to return to acute-care settings and thereby increase attrition in school nursing (Campbell, 2014). High attrition of school nurses is costly and can be measured in terms of dollars, patient safety, quality of care, and loss of human resources (Beecroft, Dorey, & Wenten, 2008; Bratt, 2009; Friedman et al., 2011; Hatler et al., 2011; Jones, 2008; Krugman et al., 2006; Lee et al., 2009; Meyers et al., 2010).

In the United States, approximately 35.7% of states employ full time school nurses, and 50.6% employ part-time school nurses (Centers for Disease Control and Prevention [CDC], 2012). Approximately 55% of public schools in the United States does not have a school nurse or have only a part-time school nurse, with just 30% of public schools employing a full-time nurse (NASN, 2007). The demands placed on school nurses have increased in recent years due to increased incidence of medically complex needs in school-age children. Approximately 5.5% of children in the general population have no health insurance, and the school nurse is their only source of health care (CDC, 2012). School nurses are faced with the challenges of meeting students' emotional, physical, psychosocial needs, in addition to serving students with severe and/or recurring illness. Homelessness, communication barriers, neglect, abuse, isolation, and burnout are some of the factors affecting students' psychosocial needs (Council on School Health, 2008). The importance of school nurses to students' success has been well documented in research.

This chapter contains a description of the background of the study and relevant factors associated with the transition of registered nurses into school-based practice. This chapter also contains demographic information that allowed me to assess the group and gather meaningful data to support the study, as well as the nature and significance of the problem that prompted this research inquiry. Research has not indicated empowerment and self-efficacy in registered nurses transitioning to school-based practice, which prompted inquiry into the phenomenon and provided the foundation for this study examining the lived experiences of school nurses transitioning from hospital- to school-based practice.

Background

The review of literature revealed that transition from one specialty area to another requires supports and resources. The immediate ramifications of the problem of lack of support and resources are job dissatisfaction, stress, poor nursing practice, and failure of retention (Penn, Dodge, Wilson, & Rosseter, 2008). Literature on nurses' transition from one specialty practice to another indicates that transition to a new workplace can be difficult (Ellis & Chater, 2012; Manojlovich, 2005; Rosser & King, 2003; Schriner, 2007; Ziebarth & Miller, 2010; Zurmehly, 2007). Literature on the transition of registered nurses to school-based practice is neither current nor comprehensive; this research area has been overlooked. No previous research has been conducted to examine the transition of registered nurses to school based practice. This is an important gap to fill within related literature on the complexity of the transition and the requirements beyond mentoring to support professionals making the transition.

This study examined factors that may empower school nurses as they transition to school-based practice. Examination of these factors may lead to lower school nurse turnovers (Funk, Stajduhar, & Purkis, 2011; Salanova, Lorente, Chambel, & Martinez, 2011; Spreitzer, Kizilos, & Nason, 1997). Individuals transitioning into a professional practice experience the painful task of adapting to a new work environment. Orientation to school nursing is stressful, and shock may occur during the transition process (Campbell, 2014). The research addressed the trend of registered nurses transitioning to school-based practice and examined themes from lived experiences that influenced their transitions.

School nurses are not only responsible for first aid and medication administration; school nurses are part of a multidisciplinary team charged with promoting health, wellness, and safety; addressing existing and potential health problems; and performing health screenings (Schoessler, 2012). Due to the increased complexity of health issues in school-aged children, pediatricians are experiencing difficulties in managing care during school hours, and school nurses have become essential components of a comprehensive health system to manage children's health care needs while at school (Bloom & Cohen, 2009). A comprehensive transition orientation program would assist registered nurses transitioning to school-based practice helping them to practice effectively, and possibly increasing the retention rate and reducing high turnover among school nurses (Campbell, 2014).

Organizations are required to equip their employees with effective leadership tools that will enhance sustainability and influence retention (Spinelli, 2006). However, due to an inability to provide mentoring during the transition process, organizations are experiencing volatility in recruiting and retaining school nurses (Hartman & Crow, 2002; Martin, 2005).

This study is important because of the increased acuity of student health problems and the need for adequate staffing of school health personnel to provide essential and quality services for children while at school. Research literature on school nurses and transition is minimal. As evidenced by the literature review in Chapter 2, significant work is needed to identify factors that promote the transition of school nurses. The visibility of school nurses has been proven to improve school attendance, health and wellness, and illness outcomes (Allen, 2003; Foster & Keele, 2006; Hill & Hollis, 2012). There is a need to promote and preserve the integrity of school nurse programs. This research may provide school nurses, stakeholders, and parents with information that may be used to advocate for appropriate school nursing staff to provide essential nursing care (Campbell, 2014).

Problem Statement

School nurses are critical to the day-to-day operation of a school district; however, there is a high attrition rate among newly transitioned school health nurses, who may lack the skills required for successful transition from the clinical setting to school based practice (Kelsey, 2002; Roziers, Kyriacos, & Ramugondo, 2014; Smith & Firmin,

2009). In the United States, approximately 2.8% (73,697) of registered nurses work as

school nurse (Health Resources and Services Administration [HRSA], 2010). With a

small percentage of school nurses in the overall registered nurse population, school

nurses' issues are seldom noticed and addressed as issues in the larger health care

organization. Registered nurses working in educational settings constitute a minority

with very limited recognition (Campbell, 2014). Factors that contribute to school nurse

attrition include lack of support from school educators as well as school administrators,

and lower salaries than teachers with similar degrees. Additionally, poor public image of

the school nurse may serve as a deterrent against nurses entering the field of school

nursing (Robert Wood Johnson Foundation, 2013). Many states employed full time

school nurses and stationed them at one school. Other states employed school nurses on

part time or full time to oversee multiple schools; and use health aide as support staff to

manage the health room and support the nurse while the nurse attends to more critical

issues (Campbell, 2014; Moonie, Sterling, Figgs, & Castro, 2008).

Nurses transitioning to a school-nursing career may experience isolation, be

uncomfortable, and lack confidence in their clinical practice in this setting (Selekman,

2006). A nurse's first few years as a school nurse are critical to his or her success (Green

& Reffel, 2008). An individual's success in this role depends on the orientation process

and how the nurse transitions into the new role (Campbell, 2014). School-based nurses

often find themselves in a role that differs from what they have formerly experienced

(Simmons, 2002). The school nurse's perspective is often inconsistent with the reality of

nursing practice overall (Selekman, 2006). This phenomenon is due to conflicting and

unclear expectations of the school nurse's role held by school districts (Zimmerman et al., 1996).

Nurses transitioning from other nursing specialties to school based practice are surprised to discover the complexities of the school nurse's role (Harvey, 1998). For example, school nurses are responsible for completing health screening such as vision and hearing screening, scoliosis screening, and obtaining height and weight for BMI data. Additionally, school nurses may collaborate with local dentists to provide in-school dental health care after obtaining permission from parents; report or investigate suspected child abuse or neglect; coordinate health care services for injury or acute medical problems; manage control of communicable disease; administer medications for students; offer immunization clinics; consult with parents regarding children's health problems; develop health education for teachers, parents, and children; review health records; provide referrals for follow-up care; arrange athletic or work physical examinations; perform medical examinations for acute medical problems; develop and implements health plans; provide health counseling for staff; develop procedures for crisis intervention, acute illness, injury, and emotional disturbance; participate in home visits to assess the families' needs as related to children's health; and collaborate with team members to develop individual educational plans (IEPs) and 504 plans (NASN, 2011). All of these roles require transformation from an acute care setting perspective.

Research has been conducted to assess the knowledge and opinions of educators and parents of school-aged children regarding the role of the school nurse (Maughan & Adam, 2011). The results of a qualitative study on this topic showed that parents and

educators believed that school nurses were responsible for medication and first aid;
furthermore, parents were not aware that their children were receiving services associated
with many of the listed roles and responsibilities of the school nurse through the school's
health services (Maughan & Adam, 2011). With such preconceived attitudes, the highly
complex and specialized role of the school nurse may be misunderstood, which may
present a barrier to nurses who might pursue careers in school-based practice (Green,
2009).

 Furthermore, inadequate orientation, lack of preceptorship, inadequate mentoring,
lack of school administrator support, and low wages may cause dissatisfaction among
school nurses, causing them to return to hospital-based practice (Green & Reffell, 2009).
Due to these factors, school nurses "may feel marginalized in their practice" (p. 152),
which may significantly affect transition and retention of school nurses (Smith & Firmin,
2009, p. 153). Success in the transition to the school setting and retention of school
nurses in the school environment may be related to the development of mentoring or
residency programs for school nurses (Zurmehly, 2007).

 The development of mentoring or residency programs may help with retention by
allowing nurses who are new to a specialty area to advance their knowledge, skills, and
attitudes in order to effectively provide safe, quality care, and achieve an efficient
transition to practice (Institute of Medicine, 2011). Nurses understand that their expertise
is needed in schools and that they can receive a comparable salary as a school health
nurse if the budget allows (Maughan, 2003). However, budget cuts are impeding school
districts' efforts to attract and retain nurses from the clinical practice setting (Schwartz &

Laughlin, 2008). School nurses are experiencing heavy workloads due to the nursing

shortage and lack of school district adherence to the NASN student-to-nurse-ratio of

1:750 (Maughan & Adam, 2011). The nursing shortage adversely affects all healthcare

organizations, and school nursing is not an exception. Early discharge of students with

acute and chronic diseases from the hospital is contributing to school nurses' workload.

Sometimes, students who are sick are discharged from the hospital and returned to

schools earlier than normal and required care must be received at school (Fauteux, 2010).

The number of students with chronic conditions such as asthma and diabetes who require

nursing services at school has significantly increased (Van Cleave, Gortmaker, & Perrin,

2010).

Due to the shortage of nurses overall, some school districts are facing school

nurse shortages because they are unable to recruit qualified school nurses to staff their

schools as a result of nurses' attrition, and retirement, as well as competitive salaries from

hospitals and other medical care facilities (Wiggins, 2012). Due to inadequate staffing,

students' health care needs are neglected, which can result in poor student outcomes or

even deaths (Campbell, 2014). Inadequate staffing can also increase school nurse

turnover, increasing school districts' costs (Hoi, Ismail, Ong, & Kang, 2010).

Transition from one nursing specialty to another is not uncommon among nurses.

A nurse first transition experience is from student to staff nurse. Eventually, an

experienced nurse might transition into a specialty area, or transition to a new

organization (Ulrich, 2011). The process of transitioning from an acute care, ambulatory,

urgent care, or other healthcare settings to an educational environment can be difficult

and confusing; often, the school nurse lacks appropriate skills and personal qualities (e.g., empowerment and self-efficacy to transition successfully into the new role and the new organization (Green & Reffel, 2009). Transition is a process of learning and developing new skills, new responsibilities, and personal qualities. Transition from acute care or other healthcare settings to the educational environment requires a clear understanding of school nursing responsibilities, philosophy, and standards of practice in order to practice independently (Simmons, 2002).

Researchers have found that transition or role change in general can be difficult and that successful transition is influenced by factors such as mentorship, preceptorship, formal orientation, new skill acquisition, role development, positive role modeling, and interprofessional support (Barnes, 2015; Barton, 2007; Bauer, Bodner, Erodogan, Truxillo, & Tucker, 2007; Brennan & McSherry, 2007; Danielson & Berttson, 2007; Duclos-Miller, 2011; Ellis & Chater, 2012; Fero, Witsberger, Poronsky, 2013; Newton & McKenna, 2007; Roth & Johnson, 2011; Scott, Engelke, & Swanson, 2008; Wesmiller, Zullo, & Hoffman, 2008). Transition may be affected by the work environment, staffing, and resource deficiencies, role performance stress, moral stress, discouragement, shock, and disillusionment (Boychuk-Duchscher, 2009; Chestnut & Everhart, 2007; Cranford, 2013; McIntyre, Tomlinson, & McDonald, 2006; Rozier, Kyriacos, & Ramugondo, 2014).

To meet future school nursing workforce requirements, it is essential that school districts, health officers, and or health specialist understand the experiences of nurses transitioning to this new practice area. Since 1990s, nursing research on role or job

transition has indicated that difficulty in role transition into professional nursing practice continues to exist; transition to any new setting can be a challenge (Bauer, Bodner, Erodogan, Truxillo, & Tucker, 2007). Transition to school based-practice is no exception. There have been extensive studies involving nurses transitioning to practice in the operating room (OR), intensive care unit (ICU), and medical surgical unit, as well as ambulatory care (Brennan & McSherry, 2007). Additionally, research has addressed the transition from clinical roles to nurse educator, as well as from student to nursing practice. In contrast, little literature has pertained to the experienced nurse who transitions to a new practice setting or to school-based practice (Brooks & Anderson, 2004).

The literature I reviewed assisted me in understanding previous research studies and gaining an understanding of how experienced nurses' new to school-based practice perceive their transition experiences. The present study fills a gap in the literature by addressing what experienced registered nurses undergo as they transition from clinical to nonclinical settings. Further, it may improve the understanding of school-based practice.

Purpose of the Study

To date, no study has explicated the transition of registered nurses from other specialty areas to school-based practice. Given the challenges faced by nurses transitioning to the school nurse specialty area, the purpose of this qualitative study was to explore, gain meaningful insight into, and develop understanding of the transition process and lived experiences of school nurses. I explored strategies that practicing

school nurses in Maryland believed had helped them to transition, as well as what did not help them with the transition into school based-practice.

A qualitative phenomenological study was used to explore nurses' experiences as they transitioned to a new area of nursing school-based practice. Although there has been much research regarding the transition process of new graduate nurses entering the role of staff nurse, little is known about the transition process of the experienced nurse transitioning to other specialty areas. It is unknown whether experienced nurses transitioning to new specialty areas face challenges similar to those faced by new graduate nurses (Campbell, 2014). Through study, I sought to understand the transition process of experienced registered nurses as they moved into school-based practice. Evidence from the study may provide organizations with strategies for school nurse recruitment and retention.

Research Question(s)

The primary research question for the study was as follows: What are the lived experiences of school nurses who have successfully transitioned from a hospital, clinical worksite, or community health site to school-based practice?

The secondary research questions, which I used as prompts throughout the interviews, were as follows:

1. Tell me about your experience transitioning to school-based practice.

2. What made you decide to become a school nurse? Is there a particular reason that interested you to became a about school nurse?

3. What training do professional registered nurses need to effectively transfer their nursing skills and knowledge to school-based practice?

4. Can you describe your orientation training when you began school-based practice? Probe: Did it include an orientation manual? Training? Mentoring? How long was it? What resources were provided that helped you adjust to the role of school nurse?

5. What type of strategies did you use to help you adjust to your role as a school nurse?

6. What supportive measures did your school nursing employer provide during your transition to school-based practice?

7. What are the influences that facilitate the transition of the registered nurse to school-based practice?

8. What types of prior nursing skills contribute to the registered nurses' ability to transition successfully to school-based practice? Which hinder this ability?

9. How would you characterize psychological empowerment and self-efficacy in nursing practice in general?

10. In your career as a school nurse, what would you consider as the top three work-related stressors?

Conceptual Framework

The conceptual framework for this study consisted of Bandura's (1997, 2001) social cognitive theory of self-efficacy and Spreiter's (1995) psychological empowerment theory. Both theories highlight the importance of power in facilitating work engagement.

Bandura's theoretical work has been extensively used in nursing practice to facilitate the

transition from clinical care to academia. Spreitzer's theory has been used to understand

how psychological empowerment helps nurses to increase their skills and proficiency in

an expanded role (Sparks, 2012).

Self-Efficacy

According to Bandura (2005), *self-efficacy* is "the belief in one's capabilities to

organize and execute the courses of action required to manage prospective situations" (p.

1). Self-efficacy can simply be defined as belief in one's personal ability to succeed in a

particular situation (Bandura, 2005). Bandura indicated that such beliefs determine how

people think, behave, and feel. Individuals with a strong sense of self-efficacy view

challenging problems as tasks to be mastered develop a deeper interest in activities, form

a strong sense of commitment to their interests and activities, and recover quickly from

setbacks and disappointments (Salanova, Lorente, Chambel, & Martinez, 2011).

Individuals with low sense of self-efficacy avoid challenging tasks, believe that difficult

tasks and situations are beyond their capabilities, focus on personal failings and negative

outcomes, and quickly lose confidence in their personal abilities (Holcomb-McCoy,

Harris, Hines, & Johnson, 2008). School nurses are frequently employed as solitary

health professionals in an educational setting; thus, school nurse's experience can be a

demanding and difficult one (Simmons, 2002). The school nurse may experience

feelings of marginalization that can result in diminished job satisfaction (Smith, 2004).

The school environment can present barriers to the effectiveness of the school nurse

because of the confusion that exists among educators and the general public regarding the

role of the school nurse (Foley, Lee, Wilson, Young Cureton, & Canham, 2004; Maughan & Adam, 2011). Lack of administrative support, isolation, environmental issues, and time constraints can intensify feelings of marginalization for school nurses (Campbell, 2014).

Psychological Empowerment

The origin of psychological empowerment as a theory is the work of Spreitzer (Spreitzer, 1995). Spreitzer (1995) described *psychological empowerment* as an individual's experience of intrinsic motivation that is based on cognitions about himself or herself in relation to his or her work role. Psychological empowerment can simply be defined as employees' belief in the degree to which they affect their work environment, their competence, the meaningfulness of their job and their perceived autonomy in their work (Robbins, Judge, & Campbell, 2010). Psychological empowerment in a workplace may foster employees' motivation to be more engaged in their work and complete assigned tasks. Engaged employees have a sense of energetic and effective connection with their work activities and see themselves as able to deal completely with the demands of their jobs (Uner & Turan, 2010).

Examining the experiences of school nurses through Bandura's theory of self-efficacy and Spreitzer's theory of psychological empowerment may offer valuable insight into the transition difficulties experienced by school nurses. Psychological empowerment and self-efficacy have been shown to increase the ability of practitioners to empower their patients, and fulfill the goals of the organization where they practice, in addition to improving recruitment, retention, and job satisfaction, (Chang, Shih, & Lin, 2010;

Duffield, Roche, Blay & Stasa, 2011; Hardina & Montana, 2011; Li, Kuo, Huang, Lo, &

Wang, 2013; Panagiotis & Petridou, 2011; Salanova, Lorente, Chambel, & Martinez,

2011). Most professional nurses' careers are in healthcare organizations; in these

organizations, nurses work as a group, receive greater respect, and are valued by the

public. In contrast, the school nurse is the only healthcare professional in the educational

setting and is isolated from nurse colleagues (Campbell, 2015). School nurses may

experience isolation, discomfort, and uncertainty concerning their roles and

responsibilities, which may result in job dissatisfaction and withdrawal from the school

worksite (Houghton, 2003).

Nature of the Study

As noted earlier, the research study was qualitative in nature using Husserl's

phenomenological approach. The phenomenology research method is based on

understanding the lived experience of the participants experiencing a phenomenon.

Patton (2002) explained that qualitative inquiry is oriented toward exploration, discovery,

and inductive logic. This study was designed to employ a phenomenological research

paradigm to gain an in-depth understanding of the lived experiences of registered nurses

undergoing the transition to school-based practice. Individual interviews were conducted

with study participants to understand the phenomenon under study. The result may help

in developing a solution to the problem of the study. This approach was selected because

it supported the search for greater understanding surrounding the lived experiences of a

small number of participants who encounter the same phenomenon (Creswell, 2009).

The design allowed me to develop patterns, themes, and relationships of meaning through

prolonged engagement (Moustakas, 1994). Data for the study were collected via a series of in-depth, individual face-to-face interviews with 12 school nurses. Field notes were also used to provide insight into the perspectives of study participants.   Data analyses were completed using the Moustakas (1994) framework.

Definition of Terms

The operational definitions of terms used for this study were as follows:

Associate's degree registered nurse (RN): Someone who has graduated from an accredited 2-year nursing program in which an *Associate of Applied Science degree* has been conferred and has passed the Maryland state board of Nursing examination to become licensed to practice.

Autonomy: Registered nurses' ability to operate and make decisions independently in order to meet the medical and health-related needs of their patients (Simmons, 2002). Operationally, *autonomy* is defined as the study participants' ability to function independently and make decisions regarding their work activities.

Bachelor of Science in Nursing degree: Degree held by men and women who have graduated from an accredited 4-year college or university and have passed the state board of nursing licensure examination to practice in Maryland.

Competence: An individual's belief that he or she has the ability, skill, and power to perform work activities (Spreitzer, 1995).

Competency: The application of knowledge and interpersonal, decision-making, and psychomotor skills expected in the role of the school nurse (NASN, 2011b).

Diploma-certified registered nurse (D-RN): Applies to men and women who have graduated from a hospital-based nursing program, and received certification in nursing, and passed the Maryland state board nursing examination for licensure to practice.

Emergency Care Plan: A patient care plan that reflects the student's Individualized Health Plan (IHP) and provides faculty and other support staff with the necessary steps for action in case of an emergency (Selekman, 2006).

Efficacious: The ability to produce a desired effect. Individuals, who judge themselves as highly efficacious, find it easier to dismiss intrusive negative thoughts (Fisher, 2006). When individuals perceive themselves as more efficacious, they complete given tasks with greater effort to achieve favorable outcome (Chong & Ma, 2010).

Formal Mentoring Process: Structured organizational processes developed to assist novice employees in role transition (Tourigyny & Pulich, 2005).

Impact: Reflects the individual's perception that he or she can influence or control outcomes at work and make a difference (Spreitzer, 1995).

Individual Education Plan (IEP): A specially designed instruction plan specifically tailored to a student's special educational needs (Selekman, 2006).

Individual Health Plan (IHP): A health care plan designed specially by the school nurse to meet the health care needs of a student in relation to a medical condition within the school environment (Selekman, 2006).

Individuals with Disabilities Act (IDEA): This Federal law ensures that all children with disabilities have access to a Free and Appropriate Education (FAPE) that

includes specially designed education, and related support services designed to meet their individualized needs (Selekman, 2006).

Informal Mentoring Process: A non-structured methods or relationships usually established through convenience and mutual attraction to assist with learning skills, behaviors, and expectations for the role (Tourigyny & Pulich, 2005).

Job satisfaction: Employees' feelings about their workplace (Stamps, 1997). Operationally, job satisfaction is defined as study participants' positive perception of their employment as a school nurse.

Meaning: A general perceptual fit between work-role requirements and the individual worker's value system (Spreitzer, 1995).

Mentee: A novice employee willing to participate in a mentoring relationship (Grossman, 2007).

Mentor: An employee who is willing to coach, facilitate, and or/ advise a novice employee (Grossman, 2007).

Mentorship: The availability of resources, methods, programs, and sharing of learning experiences between a mentor and mentee to assist in the attainment of knowledge, skills, and behaviors vital for the school nursing role (Tourigyny & Pulich, 2005).

Novice school nurses: Individuals who have successfully completed their education and passed their registered nurse board examination and are new to school-

based practice. Operationally, this term applies to individuals with less than 2 years in the position of school nurse.

Organizational policies: Policies and procedures created to support the function of the organization (Stamps, 1997). Operationally, this term refers to study participants' attitudes regarding the management, and policy, and procedures.

Perception: Nurses' self-assessment and self-reflection of their competency with respect to their practice (Simmons, 2002).

Preceptor: A registered nurse who has been designated by his or her organization to orient new school nurses to the new role.

Psychological empowerment: A framework that allows the articulation of empowerment as intrinsic task motivation manifested in four cognitions that reflect their orientation to work. The four cognitions are meaning, competence, self-determination, and impact. These cognitions indicate an active, rather than passive, orientation to the work-role (Spreitzer, 1995).

Role ambiguity: Lack of expected behavior performance occurring as a result of inexperience, incomplete communication, or misinterpretation of communication given (Zimmerman, Wagoner, & Kelly, 1996).

Role conflict: Incongruity between knowing, predictable behaviors and responsibilities for the role, and personal values/beliefs leading to stress (Zimmerman, Wagoner, & Kelly, 1996).

Role transition: The process of acquiring the knowledge, skills, and behaviors necessary for meeting role expectations regarding performance, resulting in personal well-being and identity reformulation (Meleis, 2010).

School nurse specialists: Registered nurses who are employed as school nurse. Operationally, an *experienced school nurse* is defined as a study participant who has been employed as a school nurse for 3 years or more.

Self-determination: Involves the power of choice and reflects the individual's sense of autonomy over behaviors, processes, and decisions (Spreitzer, 1995). *Self-determination* and *autonomy* are used interchangeably.

Self-efficacy: An individual's belief that he or she can achieve an assigned task or goal. Bandura (1986) stated that *self-efficacy* is an individual's judgments that he or she is capable of organizing and executing courses of action required to attain designated work role performance.

Transition: Theoretically defined as a period in which the confidence develops and evolves; the process of change from a known area to a new area (Bridges, 2008). Operationally defined as a period during which the experienced nurse develops confidence and competence in school-based practice.

Assumptions

I assumed that the participating professional school nurses would freely and honestly describe their orientation and transition experiences in the host environment during the data collection process. I assume that the participants' responses would be

based upon their own knowledge, perceptions and understanding of the terms and variables presented. Finally, I assumed that the study participants would answer the study interview questions in an open, accurate, and honest manner.

Scope and Delimitations

In this study, I explored the transition experiences of registered nurses to school based practice in large mid-Atlantic urban public school districts. Data were collected from 12 school nurses using a convenience sample of available participants who were selected for this study. The study used multiple school districts for data collection to gain different school districts perspectives of school nursing operation.

The study excluded school nurses who were working in non-public school assignments such as nurses in private and parochial schools, because their experiences might be different from those of public-school registered nurses or registered nurses with associate degrees. Future research is recommended on school nurses who were outside the scope of this study and those who work in schools with diverse student populations.

Limitations

One limitation of this study was the data collection process; it was limited to public school nurses. Further, information obtained during the interviews largely depended on the interviewees and what they were willing to share. The nature of the information was limited by study participants' perspectives and lived experiences. Semistructured interviews usually produce new and unexpected information; the researcher encourages open one-way communication and encourages participant to further discuss and clarify their answers. According to Patton (2002), perceptual data are

in the eye of the beholder; however, data triangulation for this study was expected to help in verifying the results, and supporting the accuracy of the themes gathered from the interview transcripts. The study's small sample of 12 school nurses in Maryland was consistent with the nature of qualitative studies. The generalizability of the study is limited due to the use of a convenience, nonrandom sample. The sample size may not be representative of the experiences of school nurses in the remaining 49 states.

Given the size of the school districts represented by the participants, the findings may not be relevant to the lived experiences of other nurses transitioning to school-based practice. The experiences of school nurses in various school districts may be different due to the intricacies of multilevel bureaucratic organizational structures in large school districts compared to smaller school districts. Therefore, readers are advised to interpret the study findings with caution. Furthermore, it is important to remember that one mid-Atlantic school district may vary greatly from another mid-Atlantic school district; therefore, the speculation that the result of this study may be similar to the experiences of nurses in another school district is discouraged. The location of the study was restricted to Maryland. A study that included other regions of the country might offer more diverse and rich insight.

Another limitation of this study was that there was no comparison of the experiences of non-public-school-based registered nurses. Analysis of similarities and differences between two contrasting groups might provide sustainable and relevant information about the groups' transition experiences. Finally, the data were obtained from the Maryland Association of School Nursing; however, data from the Maryland

State Department of Education Office of School Health Services and Maryland school districts might have further informed the study.

Significance of the Study

The findings from this study may have a significant impact on future school-based nursing practice, research, and policies. Starnes-Ott and Kremer (2007) stated that optimization of nurse retention and productivity is achievable through early career success and work satisfaction. Lessening the attrition of school nurses may result in better accommodation of school-age children with acute and chronic health issues, allowing them to obtain comprehensive healthcare while at school and ultimately reducing school absenteeism and attendance-related missed days at work for their parents, thereby helping the overall economy to grow (Campbell, 2014).

Currently, there are ample research studies and scholarly articles focusing on new nurses transitioning to professional hospital-based practice, and experienced nurses as they transition into the role of advanced nurse practice such as nurse educator and nurse practitioner (Anderson, 2009; Culleiton, & Shellenbarger, 2007; Manning & Neville, 2009; Penn, Dodge Wilson, & Rosseter, 2008). However, studies on the transition to the school nursing specialty are limited. My literature review on this topic confirmed the research paucity of research on school nurse transition experiences. With this research project I addressed an under researched area on the difficulties that school nurses experience during the transition from hospital-to school-based practice. No U.S. studies were located involving qualitative designs that focused on the experiences of registered nurses transitioning to school-based practice as a professional nurse specialty and their

initial or current perspectives on their roles as a school nurse. Consequently, this study is an original contribution to the literature.

In regards to practice, this study is relevant to nurse educators, the nursing profession, nurse leaders, school districts, and nursing administrators and the information can be used to create changes in organizational practices to foster comprehensive orientation program for new nurses transitioning to the school nursing specialty.

With this study I hope to fill the knowledge gap regarding how the constructs of self-efficacy and psychological empowerment relate to school nurses' transitions. Additionally, the findings from this study may serve to inform school administrators with evidence in favor of strengthening the orientation process to improve school nurses' transition and reduce school nurse attrition. With the increase in the number of children enrolled with chronic health conditions, it is of paramount importance for school districts to sustain a school nursing workforce capable of providing health care to the student population.

Social Change Impact

This study may help school districts show leadership in organizing future initiatives to promote support for school nurses. At the same time, this study may reveal factors affecting the transition process and provide a better understanding of school nurses' transition. This study may also help to modify new school nurses' orientations and help with the retention of effective nurses in the school setting, which may impact

future school nursing services and benefits school-age children, their families and their communities.

Furthermore, this study may help to inform decision makers at the local, state, and federal levels in human and health services and education about the practices of school nurses in the school setting and their impact on academic achievement. The body of evidence gathered during this study suggests that transition in nursing requires an effective program planning for successful transition (Morris, 2005). The study may help current and future registered nurses to understand school-based practice roles and responsibilities, and know how to obtain support in a non-supportive environment. It may help create an environment of trust, feeling of self-confidence for nurses to function as a member of the educational interdisciplinary team and share their expertise. This study could help school nurses to effectively transfer their expertise and knowledge to serve their school districts, increase retention rates, increase job satisfaction among school nurses and decreased organizational costs related to new school nurses recruitment and training. Data from the research could provide evidence on how school nurses have used self-efficacy and empowerment to support themselves to impact school nursing services. Transition from one nursing practice to another requires support, confidence, and competence for practicing nurses to be relevant and significant in their practices (Waters, Rochester, & McMillan, 2012

School nurses are experts. When these experts can effectively and efficiently provide their expertise, they improve students' health, reduce absenteeism, and improve students' academic outcomes. This research may help school nurses' to understand the

framework of school health, time management, and professional accountability and may help to improve the recruitment and retention of school nurses.

Summary

As nurses' enter school-based practice, certain factors emerge that influence their transition into this new role (Simmon, 2002). It is crucial to understand how these factors may contribute to the successful transition of hospital-or clinic-based nurses to school-based practice. The literature review confirmed that the lived experiences of school nurses with regard to psychological empowerment and self-efficacy have been overlooked. Ample research regarding school nurses is available. However, there is minimal research assessing the transition of hospital- or clinic-based nurses to the school nurse setting. Nurses are prime candidates to transition from one specialty area to another to learn more and upgrade their skills.

Self-efficacy and empowerment in the worksite among school nurses who have transitioned from clinical practice to school-based practice have not been fully researched. Nurses in acute care or other specialty areas may possess excellent clinical skills; however, they may not be sufficiently equipped to work in the school setting (Houghton, 2003). This qualitative study was designed to add to the body of knowledge that school districts may use to design future effective school-based practice nursing orientation protocols. The results of this growing body of research may suggest ways in which districts can use school health services to educate nurses and build a stronger platform for nursing practice in the educational setting. Evaluating school nurses' experiences with self-efficacy and empowerment in the school environment may create

awareness of school nurses' efficacy and increase the recruitment and retention of school nurses who are transitioning from clinical care. The study could provide school districts and nursing administrators with information that may be used to generate and formulate strategies to change the organizational culture, promote the recruitment, and retention of school nurses, redesign robust new hire orientation programs for school nurses, and provide current staff with staff development training.

Chapter 2 includes a detailed literature review and analysis of studies focusing on various problems encountered by nurses during the transition from one specialty to another, especially the transition from acute-care hospitals to school nursing. This chapter also contains a review of the literature regarding methodology for this study and other studies using the methodology.

Chapter 2: Literature Review

Introduction

School nurses are essential to school districts' daily operations. However, there is a high attrition rate among newly transitioned school health nurses, who may lack the skills required for a successful transition from the clinical setting to the school environment including empowerment and self-efficacy (Roziers, Kyriacos, & Ramugondo, 2014; Simmons, 2002; Smith & Firmin, 2009). Health care is complex and requires system thinking, and school-age children have multiple health issues and require school nurses to meet their medical needs. Transition is an important part of life. When nurses are transitioning from one specialty to another, the experience can be difficult (Bauer et al., 2007; Fouad & Bynner, 2008; Meleis, 2007). Although some skills and knowledge are transferable, there is a need for new competencies, skills, and knowledge in the school worksite (Benner, 1984).

Expert nurses from other specialty areas may not necessarily be able to translate their knowledge to school-based nursing practice (Bauer et al., 2007). Registered nurses transitioning from the hospital setting to the nurse educator specialty may experience transition difficulty when there is no one to guide their practice (Schoening, 2009). Psychological empowerment and self-efficacy have been overlooked as potential factors in the success of school nurses' day-to-day practice. There is ample research on organizational empowerment and self-efficacy in various nursing occupation; however, acute care nurses who transition to school-based practice experience isolation and organizational limitations (Penn, Wilson & Rosseter, 2008). These nurses must become

emboldened and empowered to practice successfully in order to meet their clients' needs. In this study, I explored the transition of nurses to a new area of practice school nursing. The experience of transitioning to a new specialty area may have a positive outcome, in which the individual has a successful transition into the organizational culture or environment, or it may produce a negative outcome, in which the individual is not successful and is unable to accept the new organizational culture or environment (Bauer et al., 2007).

Psychological empowerment and self-efficacy are important topics for workers within various organizational settings. Teachers transitioning from the role of graduate student into the teaching career or profession, for instance, have been found to experience feelings of isolation; this is similar to what school nurses have reported (Broussard, 2007; Pyle, Wade-Wooley, & Hutchinson, 2011). Literature addressing the transition from professional nursing practice to specialty nursing practice is neither comprehensive nor current. A reviewing of literature on nursing transitions indicated that transition from one nursing specialty to another can be difficult (Ellis & Chater, 2012; Manojlovich, 2005; Rosser & King, 2003; Ziebarth & Miller, 2010; Zurmehly, 2007). The review of existing literature in this chapter solidifies the rationale for and supports this research study. In order to examine the complexity of the experiences of nurses who transition to the role of school nurse, it is important to understand the history of school nursing, and current professional school nursing practices.

This chapter contains an analysis of studies focusing on various problems encountered by nurses during the transition from one specialty to another, and especially

from acute-care hospitals to school nursing. I examine transition difficulties in school nursing, the history of nursing in the United States, the history of school nursing, the nursing shortage in general, the shortage of school nurses, nurse attrition in general, school nurse attrition and related issues. This section also contains a review of the literature regarding nurse transitions, preceptorship, mentorship, the nursing shortage, nurse attrition, school nursing staffing, school nursing ratios, and roles and responsibilities of school nurses, as well as the efficacy of psychological empowerment and self-efficacy among nurses.

Literature Research Strategy

The research strategy undertaken for this study was exploration of various research databases to gain insight from different research perspectives. The databases consulted were not limited to those pertaining specifically to nursing, but included health care, psychology, and education databases. PubMed and PubMed Central, Medline and Medline Plus, EBSCO, ProQuest, ERIC, OVID, PsychINFO, SAGE, the cumulative index to Nursing and Allied Health (CINAHL), and other databases relevant to the social and behavioral sciences were used to deepen and expand the literature searches. Journals such as those of the American Academy of Pediatrics and the Journal of American Medical Association, as well as the *Journal of School Nursing*, and *Journal of School Health* were also searched. Books related to research were obtained, and the key terms used for the search were *nurse transition and self-efficacy, nurses and self-efficacy, self-efficacy and job satisfaction, school nurses and empowerment, retention of school nurses, nursing shortage, job burnout, administrators and school nurses, power, autonomy and*

empowerment in nursing, power, empowerment and self-efficacy in nursing,

psychological empowerment and self-efficacy, and *school health*. The searches yielded

few articles addressing school nurses' psychological empowerment and self-efficacy.

However, existing literatures was found on self-efficacy and the delivery of health care

services by school nurses.

Theoretical Framework

The theoretical framework for this study was based on psychological

empowerment and self-efficacy. Various theories such as the Meleis's theory of nursing

transition, Schlossberg's transition theory and Duchscher's transition shock theory were

reviewed as an alternative theoretical construct that may apply to this study. School

based practice is an independent practice, and the nurses practice in a host environment

therefore psychological empowerment and self-efficacy is the ideal theoretical constructs

for this study. I sought to explore how psychological empowerment and self-efficacy

might influence registered nurses to transition successfully from acute care to school

nursing. Psychological empowerment and self-efficacy theories were used to frame the

study and to help me understand the data that were collected.

Psychological Empowerment Theory

Conger and Kanungo (1988) postulated that empowerment is a construct that

enhances psychological motivation. Psychological empowerment eliminates barriers that

can impede employees from providing their best in the workplace. It empowers

employees to have increased feelings of self-efficacy. Psychological empowerment

conceptualization is divided into five stages. Conditions that lead to the state of

psychological powerlessness are identified in Stage 1 as organizational factors, such as supervision, reward system, and the physical aspect of the work (Conger & Kannugo, 1988). Stage 2 highlights management interventions to provide corrective actions through the provision of participative management, setting of goals, constructive feedback, role modeling, rewards on competence-based achievement, and work-related enrichment to inject feelings of self-efficacy (Conger & Kannugo, 1988). Stage 3 uses four processes to expand self-efficacy: enactive attainment, verbal persuasion, emotional arousal, and vicarious experiences (Conger & Kannugo, 1988). Stage 3 process provides an opportunity for employees to experience increased self-efficacy. This leads to employees' empowerment in Stage 4, leading to employees' transformation to have control over their work and goal accomplishment in Stage 5 (Conger & Kanungo, 1988).

Self-Efficacy Theory

Humans need to have control of events that directly affect their lives, and such control allows individuals to produce favorable outcomes (Bandura, 1982). The self-efficacy theory of Bandura (1986, 1997) is a framework that can be used to examine the experience of school nurses in relation to self-efficacy. Self-efficacy is one of the major constructs of social cognitive theory; it is defined as "beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments" (Bandura, 1997, p. 3).

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Review of Literature on Psychological Empowerment

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Empowerment is a process that can be used to increase employees' personal growth and enhance their self-efficacy (Stander & Rothmann, 2010). Empowerment is a

catalyst of job autonomy and self-efficacy (Manojlovich, 2005). Empowerment can be perceived as social, cultural, psychological, or political in nature (Manojlovich, 2007). Affected individuals or groups can establish strategies for informed decision-making through collaboration and involvement in decision-making process to achieve social, cultural and political actions to meet their needs (Uner & Turan, 2010). Psychological empowerment is a continuous processes, allowing individuals to perceive themselves as an empowered through perceived control, competence, and goal acquisition (Spreitzer, 1995). Transition programs to enhance nurses' transition from one specialty area to another are essential for an effective transition process. Provision of adequate orientation, mentorship, and preceptorship could improve an organization's commitment to its employees and improve staff work ethics and output (Campbell, 2014). Provision of a formal, systematic transition mentorship program is beneficial to both employer and employee. It helps to improve employees' skills, and it increases patients' safety. To increase nurses' retention and productivity, employers must provide a systematic transition program (Hatler, Stoffers, Kelly, Redding & Carr, 2011). A proper orientation program can help employees navigate the organization easily, boost their confidence in relation to clinical skills, and improve their critical thinking skills for sound decision-making (Duchscher, 2008). The theories applied to this research were the Spreitzer's (1996) psychological empowerment theory and Bandura's (1977) self-efficacy theory. These theories supported the research and validated understanding of the phenomenon.

Thomas and Velthouse (1990) discussed empowerment in relation to changes in individual intrinsic cognitive motivation processes. They identified intrinsic task

motivation and a set of task assessments motivation construct.   Intrinsic task motivation is personal and depends on an individual's perception of his or her organizational roles and responsibilities. The theoretical framework of psychological empowerment is multifaceted construct reflecting employees' orientation to work. The four constructs used by employees to assess assigned tasks are impact, meaningfulness, competence, and choice.

Spreitzer's (1995) theory combined the work of Conger and Kanungo (1998) and Thomas and Velthouse (1990), who defined and advanced psychological empowerment as an individual motivational multileveled construct represented by four cognitive construct, meaning, impact, competence, and self-determination that can be used to empower workers. *Meaning* involves individual beliefs and values attached to work. *Competence* is an individual's confidence or self-efficacious level in performing assigned tasks. *Self-determination* is an individual's level of autonomy to complete assigned tasks without supervision. *Impact* is an individual's conviction to influence the organization or work environment for positive outcomes. These cognitive constructs increase employees' self-efficacy and feelings of empowerment (Spreitzer 1995, 2007).

Yang, Liu, Huang, and Zhu (2013) conducted a quantitative cross-sectional design to examine how professional empowerment impacted 750 full-time nurses in China using Kanter's structural empowerment. Due to lack of employees' commitment, there was high nurse turnover among Chinese nurses. The research demonstrated that structural empowerment produces a positive correlation between empowerment, professional practice, and commitment.

Maynard, Gilson, and Mathieu (2012) completed a multilevel review and analysis of empowerment in the last two decades. They reviewed literature on the antecedents and evaluation of psychological empowerment outcomes and found psychological empowerment to mediate antecedents and outcomes. Individual or team characteristics, structural empowerment, leadership, work design, and organizational support were used as antecedents; job performance and affective reactions were used as outcomes (Maynard, Gilson, & Mathieu, 2012). Structural empowerment is associated with organizational structure, and policies, and procedures, and psychological empowerment focuses on individuals or teams, who perceive that they have control of their assigned tasks (Maynard, Gilson, & Mathieu, 2012).

Trus, Razbadauskas, Doran and Suominen (2012) conducted a literature review to explore how work- related empowerment affects nurse managers' job satisfaction. Nurse managers are critical to the success of mid-level managers and staff nurses. Lack of empowerment affects nurse job satisfaction and can increase a nursing shortage. Trus et al. posited that empowerment at the theoretical level significantly affects job satisfaction positively.

Funk, Stajduhar, and Purkis (2011) conducted a qualitative study to explore 27 home care nurses' experiences of empowerment and their nursing practice. Empowerment was seen as an important factor helping home care nurses to respect patients and their family choices and decisions during their palliative experiences. The researchers posited that empowerment by other health care practitioners creates trust, support, and freedom of practice.

Psychological Empowerment of the Employee

Psychological empowerment is a motivation that allows individual employees to improve performance through increased participation and self-efficacy. Psychological empowerment has been linked to job satisfaction, stress, and work effectiveness (Spreitzer, Kizilos & Nason, 1997). Gilbert, Lashinger, and Leiter (2010) postulated that there is a correlation between health care professionals' worker empowerment and lack of empowerment, which could result in job exhaustion and job burnout. There is a strong correlation between psychological empowerment, job satisfaction, and staff organizational commitment. Empowered employees are committed to their organization and are happy to complete their assigned tasks (Uner & Turan, 2010). Hochwalder (2008) found that there is a mediating relationship between perceived work environment, job burnout, and depersonalization and psychological empowerment. Wells, Manuel, and Cunning (2011) reported that isolation, inconsistent leadership, and lack of on-the-job empowerment impact nursing output and patient care delivery.

Psychological Empowerment and the School Nurse

Psychological empowerment increases employees' levels of participation, and self-determination, and it promotes organizational quality improvement. Psychological empowerment has been studied in various organizations as a tool to mobilize nonperforming, and disempowered individuals or groups to improve individual or organizational outcomes (Uner, & Turan, 2010). The concepts of psychological empowerment in nursing have been used to evaluate transition of nurses from one specialty to another. However, research on empowering school nurses through

psychological empowerment is minimal. One study on school nurse empowerment indicated that school nurses perceived a limited sense of empowerment in various aspects of their employment, including pay and assignments (Broussard, 2007).

Many practicing school nurses have transferred from the acute-care setting, where the mode of practice is based on the medical model. The medical model approach involves the diagnosis and treatment of diseases by physicians. The physicians' main focus is the patient's defect and dysfunction, and they apply a systematic problem-solving approach. The prescribed treatment is based on patients' physical assessment, diagnostic tests and medical history for disease identification and treatment (Chesla, 2008; Woolf, 2008). The medical model can enhance and provide nursing care support in certain settings; however, the medical model is not appropriate in some settings because it has effects on nursing practice and assessment (Reed & Watson, 1994). The nursing model is focused on overall health and wellness of the patient within a holistic practice approach. Detailed patient assessment is completed to establish individualized patient care. Planning and evaluation are completed to monitor patient progress, to make sure interventions and goals are met, and to prevent the reoccurrence of illness (Manojlovich, & Laschinger, 2007).

School nurses experience several issues such as practicing in a nonhospital environment where education is primary and health is secondary and supervision by non-health-care administrators (Fleming, 2011). School nurse empowerment is critical to nurses' success in adapting to the school worksite environment. The school nurse is part of a multidisciplinary team, and the team seeks the nurse's expertise to provide effective

interventions for sick students daily. New school nurses are often overwhelmed by the enormous expectations of their role (Smith & Firmin, 2009). School nurses are in a position to advocate for others in the educational worksite. They must practice self-advocacy and empowerment to bring change in the oppressive institution environment, where they are employed to build professional relationships in order to serve effectively (Maughan & Adam, 2011).

Review of Literature on Self-Efficacy

Social-cognitive theorists have postulated that motivation is required for goals to be achieved and resiliency to be maintained during difficult times because without a belief, expected outcomes cannot be achieved (Holcomb-McCoy, Harris, Hines, & Johnston, 2008). Self-efficacy is a process that requires personal behaviors to be developed through personal, behavioral as well as constant interaction with the social environment. Within the healthcare system, studies on nurses and self-efficacy have shown that nurses who possess a high level of professional self-efficacy is associated with their improved job performance, improved patients care, and work satisfaction (Salanova, Lorente, Chambel, & Martinez, (2011). Self-efficacy has been used in schools of nursing as the theoretical basis for students' skills acquisition; it yielded increased motivation and confidence where students are able to render needed patient care in a complex environment (Pike & O'Donnell, 2010).

Self-efficacy theory is governed by four sources: enactive mastery experiences, vicarious experiences, verbal persuasion, and emotional support (Bandura, 1997). Individual's views and beliefs are shaped by these processes. *Enactive self-mastery* has

the greatest influence for gaining or losing information as related to self-efficacy for

completing a task (Bandura, 1997). *Vicarious experience* is the second process and it

involves observation in which a novice practitioner observes an experienced practitioner

completes a task. The third source is the affective state in which an emotional state is

induced in an attempt to use *verbal persuasion* to encourage someone to complete a task

(Bandura, 1997). The fourth process of the theory is *emotional support*; this is a source

of information that individuals can use to evaluate their level of self-efficacy (Bandura,

1977). Skills development in a non-threatening environment could reduce anxiety and

increase confidence. By improving physical and emotional states, individuals are

motivated, encouraged and individuals are likely to be successful completing assigned

tasks (Bandura, 1977).

Karabacak, Serbest, Onturk, Aslan, and Olgun (2013) conducted a quantitative

study to examine 100 undergraduate students' relationships between skills development

and self-efficacy. Self-efficacy was an important factor that helps students to acquire

basic nursing knowledge, skills, and personal behaviors to obtain the necessary skill

acquisition in psychomotor skills training to become proficient nurses. According to

Broussard (2007), school nurses reports that there is an increase of frustration getting

through the day, and lack of control of practice. With the highlighted problems it is

important to evaluate the theory of self-efficacy among this population (Broussard,

2007). Some of the frustration is related to difficulty in reaching parents to pick up

students when they are ill.

Self-efficacy construct demands that individuals should have high level of self-efficacy in order to set higher goals, strong job commitment, motivation, tenacity, and persistence to arrive at the desirable goal or outcome (Bandura, 1986, 1995).

Psychological empowerment and self-efficacy are related concepts and they can predict how acute care nurse transitioning to school nurse will negotiate the transition. Self-determination and commitment can contribute to the transition process through skill acquisition, personal knowledge and beliefs (Breeding, 2008). Psychological empowerment and self-efficacy are theoretical frameworks that will guide the study to explore the influence of self-efficacy and psychological empowerment on the lived experience of school nurses to gain meaningful insight of experienced phenomenon.

Literature Review Related to the Study Variables

History of Nursing in the United States

Nursing education was commissioned over 100 years ago; nursing profession in the United States established its first school of nursing in 1873 (Matthews, 2012). The hospital was the training ground for training nurses; hospital training for student nurses is a cost saving for health care organizations (Bullough, 1976). Hospital administrators were able to hire students under their tutelage as student nurse to provide care and keep the nursing labor force lucrative (Woolley, 2004). Nursing profession received practice recognition by creating standards of practice for nurses to adhere to through the National League for Nursing (NLN) and the American Nurses Association (ANA) (Bullough, 1976). National League for Nursing and the American Nurses Association worked together to establish professional nursing practice by creating standards, code of ethics,

and professional development for nurses to improve patient care and provide standardize

care (Matthews, 2012).

Nursing profession is the most prominent health care professionals in the health

care industry (American Nurses Association, 2015). Entry into nursing profession varies;

there are four mode of entry into the profession of nursing: the 3 year hospital diploma

program, the 2 years associate degree program offered at most community colleges, the

baccalaureate program offered at most 4 year colleges and universities, and entry is

opened to those with bachelor's degree in other fields and after completing the necessary

prerequisites can be apply for admission into the nursing master's program; typically

graduating with an advanced nursing degree (Billings & Halstead, 2009). Due to the

variety of professional entry, there is confusion among allied health care practitioners,

and the general public concerning nurses' roles with different educational backgrounds

(Billing & Halstead, 2009).

The nursing diploma program was established to train nurses in the late nineteenth

century as a hospital apprenticeship program to train student's to provide direct patient

care; the program is affiliated with colleges and universities to provide college credit

prerequisite for science course work (Billing & Halstead, 2009). The diploma entry

program is a cost effective program both for the hospital and the student's, the hospital

has opportunity to groom and grow their nurses skills (Mason, Issacs, & Colby, 2011),

and the student's gained employment and increase nursing knowledge, which increases

their potential for providing safe nursing care.

The Associate Nursing Degree (AND) program was established to combat the critical nursing shortage in response to the World War II; the nurse provides direct nursing care and were supervised by professional nurses with higher nursing degree (Billings & Halstead, 2009). Nurses with an associate degree in nursing can independently practice and apply to colleges and university to complete a baccalaureate nursing degree (Mason et al., 2011).

The baccalaureate nursing degree or Bachelor of Nursing degree (BSN) programs provides graduate nurses to have upward career movements. Nurses with bachelor's degree can work in diverse health care organizations and assumes different nursing professional roles (Mason et al., 2011). The baccalaureate curriculum program combines the diploma and the associate nursing program curriculum to provide students with an in-depth comprehension of research, leadership, and case management skills (Mason et al, 2011). The report from the Institute of Medicine (2011) asked for consensus on comprehensive nursing curriculum to adequately prepare graduate nurses to effectively practice as they transition from student to staff nurse. There is a push for bachelor of nursing degree as the minimal entry for nursing practice (IOM, 2011).

History of School Nursing

In the early 1900s, compulsory school attendance law was enacted. Massachusetts was the first state to value such legislation and pass it into law in 1852. Other states followed Massachusetts to institute the compulsory school attendance law (Stigler, 1971). Under this law, school age children between the age of 8 and 14 years old were required to attend school six weeks consecutively in a 3 months period every

year. Poor and disabled children and those who can demonstrate mastery of previous

mastery of classroom contents were exempted (Hawkins, Hayes, & Corliss, 1994). These

new requirements warrant the need for school health professional to address the spread of

communicable diseases at school (Selekman, 2006). School nursing was established in

the United States in the late 19th century after the British government passed the

Education Act bill of 1870 in which education was made mandatory for all school aged

children until 13 years old (Wolfe & Selekman, 2002). Some students were presented to

the school sick; the student's welfare generated the need for school health services

(Kelsey, 2002). Nurses were employed to provide health services to improve student's

health (Skeleman, 2006).

In the United States, student's high rate of school absenteeism prompted the need

for school nursing. The first school nurse was Lina Rogers, she was hired in 1902 to

meet economic and social issues of school age children however, school nursing has

evolved to a community health nursing (Zaiger, 2006). School nursing is a unique

nursing specialty and its primary purpose is to prevent illness and diseases (Selekman,

2006). During the nineteenth century, public education was mandated in the state of New

York, student's lives in a detrimental habitation. Children from the detrimental

habitation are required to attend school and were presented to school with various

communicable and infectious diseases (Selekman, 2006).

Prior to the inception of school nurses, physicians make house calls and upon

medical consultation, students were excluded from school. Due to lack of adequate

instructions, understanding of disease and prevention from the physicians, students were

kept at home and never return to school (Vessey & McGowan, 2006). Lilian Wald, a public health nurse, observed that the children were not receiving medical follow up and therefore were not returning to school (Wolfe & Selekman, 2002). In 1902, Lina Rogers was hired by four schools in New York City to conduct an experiment utilizing public health nursing paradigms to monitor health, identify risk factors, obtain resources, educate the community about the health issues and provide health related interventions to reduce outbreak. Within one month of Rogers's intervention and approach, the intervention proved to be successful and school attendance increase by 90% (Zaiger, 2006). Due to the favorable outcomes of Ms. Rogers's interventions, twelve additional nurses were hired for program sustenance and Ms. Rogers was advanced to an administrative position to oversee other nurses (Zaiger, 2006).

One hundred years later, school nurses are still providing health care services to students in public school systems in pre-k through twelve grades. With the advent of medical science and technology, there is decreased mortality of children with complex medical issues (Raymond, 2009). These children are enrolled in regular general education and their health care needs are met by the school health nurse. School nurses play a pivotal role in providing required health care intervention for the increased number of children with chronic conditions enrolled in public schools (Moonie, Sterling, Figgs, & Castro, 2008). School nurse availability has been identified as a positive link in school attendance and success in academic performance (Mason et al., 2011). Children with physical and mental health conditions were mandated by the United States Congress in 1975 to receive equal education by placing them in regular general education population

by passing the Education for All Handicapped Children Act of 1975 (Krause-Parello &

Samms, 2009). The school districts must adhere to the law and provide necessary

intervention that will help the students meet their learning needs and succeed in school.

These children enrolled in public school have legal right to a Free and Appropriate

Education (FAPE) (United States Department of Education, 2010). School nurses are

experts in the school setting. They coordinate and provide complex health intervention to

meet the need of acutely and chronically ill students that would have been managed in an

inpatient health care facilities (Lee, 2011). There are an upward increased rates of

children with chronic health conditions such as asthma, diabetes, and allergies (Egelke,

Guttu, Warren & Swanson, 2008). As the prevalence of chronic health condition in

schools continue to increase, school nurse's roles will increase and become more

complex in providing adequate care and safe nursing care to safe guard student's well-

being (Egelke et al., 2008).

General School Nurse Practice

School nursing is specialty nursing, the nurse is required to practice with

autonomy, independent, and critical clinical nursing judgment (Skeleman, 2006). School

nurses are essential commodities in school districts. The presence of a school nurse

increase student attendance and eliminates or reduces early dismissal (Lee, 2011). The

role of the school nurse has changed from providing band-aids and aspirin. School

nurses roles and responsibilities have changed drastically as many students with acute

and chronic conditions are presented to the school environment. The school nurse helps

strengthen healthy environment for students with health issues, improve and enhance

students' health and education outcome (Wicklander, 2005). Approximately 12.8% of school age children less than eight years old or about 9.4 million children are diagnosed with chronic health conditions requiring health care services while at school (Bramlett, Read, Bethell & Blumberg, 2009).

There is an increase in the percentage of school age children in federal funded programs for special education from 8.3% to 13.4% in 31 years with 62% increase (National Center for Education Statistics (NCES), 2011a). Children with acute or chronic health conditions increases by 60% from year 2002 to 2008 and these children must receive special education due to health impairment (NCES, 2011a). The survival of preterm babies is increasing and so does enrollment of school age children with moderate to severe disabilities, behavioral and learning conditions (Allen, Cristofalo, Kim, 2011). At the beginning of each school year, the preterm survival enters early childhood education, and kindergarten, the need for provision of healthcare services for medically fragile students on ventilators, medications, tube feeding, tracheotomy suctioning, urinary catheterization and other complex nursing care increases (Allen et al., 2011).

The obesity epidemic has increased diagnoses of type 1 diabetes among school age children Type 1 diabetes is an intrinsic and complicated disease requiring blood glucose self-monitoring and insulin administration (May, Kuklina, & Yoon, 2012). School age children cannot properly monitor blood glucose, it requires school health practitioners to monitor and provide adjusted dose of insulin administration at school (Wang & Volker, 2012).

The prevalent of asthma among school age children is on the rise, approximately seven millions, 9.4% of all school age children suffer from asthma (Bloom, Cohen, & Freeman, 2011). Research have shown that schools with full time nurses help students with asthma managed their symptoms better and they missed less school days in comparison with school with part-time nurses (Rodriguez et al., 2013). Children with severe allergic reaction to food and other chemicals are enrolled in school, approximately 8% of school age children have food allergy, and about 40% have history of severe allergic reaction (Gupta et al., 2011). Maryland enacted a law in 2013, mandating school districts to have emergency epinephrine for administration in case of fatal food or other chemical anaphylaxis (Painter, 2013).

Approximately 326,000 school age children with epilepsy are enrolled in school and about 30% are not adequately treated due to other co-morbidities such as cerebral palsy, mental retardation and autism (Epilepsy Foundation, 2010). Approximately 13% to 18% of elementary and middle school age children are diagnosed with chronic health issues (Cohen et al., 2011; Van Cleave, Gortmaker, & Perrin, 2010). Mental health condition is the top 5 health conditions that affect school age children in United States (Slomski, 2012). There is an increase in diagnosis of school age children with mental health (American Academy of Pediatrics, 2004). School nurses provide mental health services to school children (Foster et al., 2005). Approximately 18% of school age children between 12 to 17 years and approximately 14% children between the ages of 5 to 11 years old are on medications (Perrin, Bloom, & Gortmaker, 2011). School nurses are responsible for medication administration and approximately 4% to 6% of school age

children receive daily or as needed medication at school. Research shows that unlicensed school personnel are prone to make more medication errors than school nurses (Clay, Farris, McCarthy, Kelly & Howarth, 2008).

Due to the complex health issues of children enrolled in school, about 6% of school age children miss more than 11 days of school due to illness or injury (Bloom et al., 2011). Numerous research studies on the essence of school nurses shows that availability of school nurses decrease school absenteeism (Maughan, 2003). School nurses with the prescribed student to nurse ratio, and or increase school nurse to student ratio has proven to favorably affect student's attendance (Pennington & Delaney, 2008). Healthy students learn better, school age children deserve good health, and good education. Registered nurses employed in school settings have increased states compliant with immunization rates, decrease parents' exemption from immunizations, reduce vaccine preventable diseases, and prevent disease outbreaks (Luthy, Thorpe, Dymock, & Connely (2010).

School nurses play an important role in managing student's health through case management of chronic and acute illness for improved health and educational outcome. Approximately 50 million school age children in 97,000 public schools in the United States are served by school nurses (Rodrigue et al., 2013). School nurses responds to emergency service, provides student's health assessment, direct care, medication assessment and administrations, educational services, coordinate and collaborate student's care, referrals and follow-up care (p. 842). Many school age children are

diagnosed with asthma; hospitalizations of children below 15 years old are related to asthma especially among low socioeconomic and minority populations (p. 843).

Diabetes is another chronic condition that requires school nurses case management expertise. Approximately 18,436 school age children under 20 years old were diagnosed with type one diabetes in the United States in 2009 (Chiang, Kirkman, Laffel, & Peters, 2014). With the increase in prevalence of acute and chronic conditions of school age children, school nurses are in a strategic place to provide support for the community. School nurses are leader in the community where they work. They provide health care services to improve students' quality of life, communicate and collaborate with other healthcare providers, and improve academic achievement (Engelke, Swanson, Guttu, Warren, & Lovern, (2011).

Research has shown that availability of school nurses allow teachers to concentrate on teaching and less time on dealing with health issues, and there is increased safety confidence for timely health intervention for students with chronic conditions (Hill & Hollis, 2012). School personnel understand the importance of the school nurses in eliminating barriers that may impede student learning (Baisch, Lundeen, & Murphy, 2011).

In this study, I sought to explore through qualitative research how psychological empowerment and self-efficacy might influence the acute care nurses transitioning from hospital or other specialty to school nursing environment. Phenomenology is the appropriate method to use to gather the experience of school nurses. Phenomenological approach allows me to obtain participants comprehensive description of the phenomena,

and then provide reflective structural analysis to portray the essence of the experience (Creswell, 2009; Moustakas, 1994). I selected this research methodology because I am interested in capturing the lived experiences of school nurses through their perspective. Phenomenology is a relevant philosophical research methodology that can be used to describe the phenomena of acute care nurses transitioning to school nursing.

The most common and familiar qualitative research approach includes case study, grounded theory, phenomenology, ethnography, and a general approach. Phenomenology aim is to gain an in-depth understanding and experiences of population experiencing the phenomenon understudy (Patton, 2002). Grounded theory can be used to supports and develop new theory through explanations, interpretations, predictions and applications, and existing theory can be refined (Moustakas, 1994). It involves specific steps and procedures by which participants are selected. Grounded theory provides opportunity for researcher to build theory instead of testing theory by unraveling participants' experiences (Patton, 2002).

Ethnography in qualitative research method is the earliest qualitative research inquiry. Ethnography central focus is on cultural dynamics of the study participants; ethnography is used to study society and societal problems (Patton, 2002). It is useful for environmental degradation, technological diffusion, and understanding the gaps between the rich and the poor (Patton, 2002). The researcher is subjected to lives among the study participants to gain a deep understanding of the culture through direct observation in their natural environment (Ellis, Adams, & Bochner, 2012).

Other qualitative research methods were considered for this study; however, they would not suffice in providing necessary insight to understand the lived experiences of school nurses transition. Thus, the phenomenological research method will enabled me to understand logistics of the phenomenon and reach a conclusive interpretation of lived experiences.

Qualitative research provides various methods of inquiry to gather evidence such as interviews, observations, documents, and artifacts (Creswell, 2007; Leedy & Ormrod, 2010; Yin, 2009). There are plethora quantitative research on psychological empowerment and self-efficacy in health care and management literature, especially acute care nurse empowerment (Bonians, Bartram, Leggat, & Stanton, 2010; Bradbury-Jones, Sambrook, & Irvine, 2008; Brancato, 2007; Chang, Liu, & Yen, 2008; Chung, 2011; Lashinger, Skelton-Green, Bouthillette, & Suryaprakash, 2012; Manojlovich, 2007, Martin, 2007; Wagner, Cummings, Smith, Olson, Anderson, & Warren, 2010; Wong, Bigby, Kleinpeter, Mitchell, Camacho, Dan, & Sarto, 2011). Literature reviews on qualitative studies on this research topic are limited.

Wahlim, Ek, and Idvall (2010) a phenomenological study was conducted to describe the experiences of 12 Intensive Care Unit (ICU) staff in relation to psychological empowerment in Sweden. The study includes four registered nurses, four enrolled nurses and four physicians. Study participants reported that they feel empowered knowing that they are doing good, meeting individual's needs, knowledge and skills, self-esteem, and confidence, team work, and a good organization that foster conducive environment contributes to their empowerment (Wahlim et al., 2010). The

study concluded that impact of competence and meaning, as well as teamwork and supportive environment increases staff empowerment. The study suggested that management should encourage staff to increase their experiences of empowerment through supportive environment and good teamwork approach (Wahlim et al., 2010).

Bradbury-Jones Sambrook & Irvine (2010) conducted a phenomenology study to explore nursing students and empowerment in clinical practice. The study indicated that psychological empowerment is necessary in order for nursing students to develop their full potential as a professional nurse practitioner. The author also noted that students who were valued as a learner, valued member of the team, and valued as an individual have perceived high psychological empowerment (Bradbury-Jones et al., 2011). Students reported how factors such as supportive environment and effective mentorship significantly influenced and increased their sense of empowerment. Finally, the study indicated that feeling of devalued is associated with disempowerment and feelings of empowerment have a detrimental effect on students learning and their ability to complete their nursing education (Bradbury-Jones et al., 2011).

In addition, Manning and Neville (2009) conducted a qualitative research study to explore the experiences of staff nurses who transitioned into clinical nurse educator. The study includes eight certified nurse educator and study participants reported that transition from staff nurse to clinical nurse educator role was difficult and more complex than anticipated due to lack of orientation and preceptorship. Participants were committed to their new role and endeavor to demonstrate their skills and knowledge in their new role, however, they experienced increased stress and role strain due to lack of

needed skills to reach their potentials and complete their assignment (Manning & Neville, 2009). The authors indicated that incorporating strategies such as mentoring and networking could have helped support the nurses in their new role. Also, comprehensive orientation program should have been provided to enhance their skills and knowledge in their new role. Finally, the authors recommend that organization leaders need to support individuals during their transition periods and understand that transition phase is different for each individual. With this knowledge, nurses in transition would experience minimal stress level during the period of professional change (Manning & Neville, 2009).

Psychological empowerment is an individual nurse ability to assume control over his or her nursing practice and enable nurses to develop their full potential and satisfy their professional nursing roles and responsibilities successfully within an organization (Rao, 2010).

The above phenomenological research approach may be significant in uncovering relevant information on perceptions of acute care nurses transitioning to school nurses and provide strategies that could ultimately lead to increased recruitment and retention of acute care nurses transitioning to school health. This research is supported by phenomenological research approach through personal interviews and field notes as an appropriate research methodology for this research.

Transition to a Nonhospital Specialization

The problems with transitioning from one specialty to another specialty within a hospital environment or from one workplace to another are not limited to the nursing profession. Literature on transition to school health nursing is minimal. There are vast

literature reviews on new graduate transition problems and strategies for successful transition into the role of registered nurse. Roth and Johnson (2011) conducted a study to address new nurse transition in North Carolina. Strategies for achieving desired outcomes for nursing students transitioning to professional practice is well researched (Barton, 2007; Brennan & McSherry, 2007; Danielson & Bersttsson, 2007; Newtown & McKenna, 2007). Duclos-Miller (2011) reported that graduate nurses leave nursing practice during the first year of practice, creating a higher turnover for nurses and shortage of nurses. This study reported on problems and stressors new nurses encounter transitioning from student to new nurse (Fero, Witsberger, Wesmiller, Zullo, & Hoffman, 2008; Scott, Engelke, & Swanson, 2008; Ulrich et al., 2010). Friedman, Cooper, Click and Fitzpatrick (2011) conducted a study of new graduate nurse and retention rates and reported that it is a challenge for many organizations to retain graduate nurses. Transition is an event that moves someone from one state to another, and it can occur through relationships, situations, obligations, and assumptions (Anderson, Goodman, & Schlossberg 2012).

Transition from one profession or specialty to another requires support, assessment, and training regardless of the profession for successful transition to occur. Transition theorist Schlosberg (1981; 1988), Meleis (2000), and Benner (1982, 1984) postulated that transition involves many stages, and learning must occur during the transition phase. A well-grounded orientation with a positive mentor or preceptor could support the newly hired nurse and yield a positive experience and outcome (Campbell, 2014).

Barnes (2015) explore factors affecting registered nurse transition to nurse practitioner using Meleis's transition theory to describe the transition the registered nurse requires to progress to an expert nurse practitioner. The new nurse practitioner moves from expert to novice nurse practitioner through role development, new skill acquisition, positive role model, formal orientation, inter-professional support, practitioners possess mastery skills through these elements to gain expertise in order to effectively practice and increase recruitment and retention.

Mellor and Greenhill (2014) used grounded theory to evaluate the impact of clinical support for new graduate registered nurses transitioning from novice nurse to advanced beginner. These authors reported that new graduate nurses transition programs lack proper clinical support and participants reported feelings of amateur and unskilled to practice which can increase unsafe patient care. The authors identified three core elements that are relevant and unique to support transition process. The elements are leadership support, clinical supervisions and effective inter-professional relationships. The study confirmed the need for progressive preceptorship or mentorship transition programs for both novice and expert nurses during the transition phase. Providing staff orientation to new staff to gain the appropriate nursing skills that is required to function in the new position or environment will allow staff to have a smooth transition. The new nurse can then easily transition from a novice nurse to an expert nurse in the new specialty area with minimal challenges.

Roziers, Kyriacos, & Ramugondo (2014) suggested that transition or role change difficulties, lack of confidence, orientation and nurses work load in developed and underdeveloped countries face similar challenges. The authors conducted a qualitative study to explore the role transition experience of new South African graduate nurses to community service nurse. Sense of achievement, uncertainty and fear about the transition process, and reality shock were the three themes that emerged from the research. The authors reported that participants reported sense of achievement, excitement, and anticipation of role change prior to the transition process. Lack of role clarity created uncertainty, fear, stress and vulnerability, and reality shock was experienced by the novice nurses as the experienced nurses where non supportive and were involved in unprofessional behaviors. The study confirmed the need for authentic leadership to provide preceptorship, mentorship and role modeling, socialization and inter-professional relationships that will ease the transition process.

Cranford (2013) conducted a study to determine predictive relationship of role strain and transition to academia among nurse faculty and intent to stay in academia. Clinical nurses possess advanced clinical skill and knowledge to attend to the needs of their patients, however, these nurses transitioning into academia may not have the necessary set skills to provide pedagogical skills and knowledge to prepare students for career in nursing. Lack of formal orientation to prepare nurse educators for faculty role is creating role strain and stress for experienced nursing faculty because they are not able to retire. There is shortage of nurses because nursing students are turned away due to shortage of experienced nursing faculties to keep up with the high students' enrollment.

The author utilized Schlossberg's transition theory and identifies factors such as interpersonal support and personal characteristics contributes to how clinical nurse successfully transition to academia.

Poronsky (2013) conducted a study on the transition of registered nurses to novice family nurse practitioner has not been well established. Transition to family nurse practitioner from registered nurse requires role development and role change from bedside nursing to prescription of patient care. Novice nurse family practitioners enter into practice with nursing skills and knowledge about patient care. However, there is a need for acquisition of new skills and knowledge to accurately function and practice (Poronsky, 2013). The author utilized Schlossberg's transition theory to evaluate phases and stages of registered nurse to family nurse practitioner transition to help nurses transition easily to reduce anxiety, stress, and role ambiguity. The proposed strategies provided awareness for family nurse practitioner to seek support and resources to enrich their professional development and their proficiency as they transition into practice (Poronsky, 2013).

Schoening (2013) detailed the problems encountered by expert nurses transitioning into academia as nurse educators. The author used the Nurse Educator Transition (NET) model to establish that lack of formal pedagogical preparation, adequate orientation, mentorship, and preceptorship are challenges faced by nurse educators. These challenges increases educators stress level and job burnout (Schoening, 2013). The author then suggested strategies such as structured orientation and mentoring

program to strengthen university commitment to expert nurses transitioning to nursing

faculty position. These strategies will increase nursing faculty recruitment and retention

(Schoening, 2013). Although the study participants were nursing experts in their own

right, however, transitioning to academia brought them to the novice state. Despite

participants advanced skill acquisition, they were novice transitioning to academia

settings; there is a parallel role strain and stress for new graduate nurses transitioning to

the clinical environment.

Ellis and Chater (2012) demonstrated that expert nurses who transition to

community health nursing practice encounter transition difficulties such as culture shock

and changes in nursing roles. Although these nurses have knowledge and skills that can

be used to function; however, there is problem with adaptation and adjustment to their

new roles (Ellis & Chater, 2012). Community health nurses move from a supportive and

structured environment to become independent health care practitioner where support is

limited (Ellis & Chater, 2012). The authors provided some transition strategies that can

be used to ease the transition process including role development, role modeling,

mentoring, applied competencies, orientation, preceptorship, advanced skill and

knowledge, continuing education, and conferences for career advancement (Ellis &

Chater, 2012).

Ziebarth and Miller (2010) explored parish nurse and the advanced educational

training available for expert nurses to transition into parish nurse practice. The authors

used role insufficiency and role supplemental theory to describe and interpret the overall

curricula available to parish nurses through a qualitative descriptive research (Ziebarth &

Miller, 2010). The authors demonstrated that there is few educational training available

to parish nurses to obtain the additional skills and knowledge needed to effectively

practice as a parish nurse (Ziebarth & Miller, 2010). The nurses reported sense of

deficiencies and inadequacy providing spiritual interventions and lack of community

nursing knowledge (Ziebarth & Miller, 2010). Furthermore, the nurses report lack of role

modeling, mentorship and limited practice hours as factors contributing to parish nurses'

role transition challenges (Ziebarth & Miller, 2010). Expert nurses transitioning to the

role of parish nursing practice and novice nurses transitioning to professional practice are

facing similar problems (Ziebarth & Miller, 2010). Although study participants are

expert and professional health care practitioners who are educationally prepared and have

nursing skills and knowledge to practice, however, the lack of experience in parish

nursing and support and training inadequacy made it impossible for the nurses to have a

smooth transition into parish nursing and practice successfully.

Newton and McKenna (2007) reported that transition of new graduate nurse into

nursing practice during the first year of practice is stressful. The first year of practice is a

time for graduate nurse to develop personal and professional identity (Newton &

McKenna, 2007). Although graduate nurses have the educational preparation to practice,

transition into nursing practice is not easy.

Zurmehly (2007) conducted a case study to investigate factors associated with

transition from acute care to community nurse practice. There are challenges that nurse

who transition from one practice area to another face. The study found that transitioning

from acute care to community health practice is difficult and nurses must be competent in clinical skills and knowledge (Zurmehly, 2007) to practice successfully. Furthermore, there is a need for systemic support, orientation and continuing education programs for successful transition. Factors such autonomy, independence, confidence, education, client and family were used by nurses to assist them to transition into community health (p. 165).

Rosser and King (2003) conducted a study to explore the transition of experienced nurses into hospice nursing through mentorship program. The research focus is on transition and mentorship of novice nurses into palliative nursing. The study shows that nurses transitioning to hospice nursing reported emotional responses and required support during the transitional period to develop palliative nursing care knowledge and skills (Rosser & King, 2003), despite their prior nursing skills, experience and knowledge.

Manojlovich (2005) sought to understand the effect of self-efficacy on structural empowerment and nursing leadership for nursing practice behaviors. It was noted that structural empowerment and self-efficacy positively affects professional practice behaviors. Work environment and personal traits are important factors for nurses to develop professional practice behaviors and this is in accordant with social cognitive theory (Manojlovich, 2005).

Nursing Shortage in General

The United States added approximately 212,927 nurses to workforce over a period of 4 years with an increase of 7.9% of registered nurses (American Nurses

Association, 2015). The Bureau of Labor Statistics (BLS) projected that approximately

582,000 new jobs are expected to be created by 2018 from 2008 to 2018 to increase the

demand for registered nurses by 22% due to the aging population and advanced in

medical technology (Dolan, 2011). Nursing shortage is not confined to one region of the

world; it is a global problem. Canada nursing shortage projection is 113,000 by year 2016

(Basu & Gupta, 2007). There is a critical shortage of healthcare workers in sub-Saharan

Africa. According to a recent report, 2.4 million doctors and nurses are needed for the

population to access healthcare, (Naicker, Eastwood, Plange-Rhule, & Tutt, 2010).

The nursing labor workforce is divergent and requires different skills and

activities. Nurses can gain employment in the following settings such as acute care or

hospital, ambulatory care, nursing home, home care, community or public health or other

type of setting.   In 2008, it was projected that 62.2% will be employed in hospital or

acute care, 10.5% in ambulatory care, 7.8% in public or community health, 6.4% in home

health agency, 3.8% in academia, 5.3 in residential and extended care and 3.9% in other

health care (HRSA, 2010). Approximately 18.3% of nurses were employed in

community health in 2000 (American Nurses Association [ANA], 2009).

The above statistics indicated that community health nurses declined by 7.3%.

School health nursing is in the category of community or public health and with these

statistics, school nursing practice will be impacted. In the United States, approximately

64,800 school nurses were employed in public or parochial schools in 2003 (HRSA,

2004). In 2007, about 56,000 registered nurses were in practice as school nurse (NASN,

n.d). The research will attempt to identify factors explaining community and public

health workforce reduction. The current United States nursing shortage contributes to the

current school nurses shortage, as well as nurse-to-student ratios (Maughan, 2009).

Shortage of School Nurses

There is a critical shortage of school nurses in school districts across the United

States (Robert Wood Johnson Foundation, 2013). Approximately one quarter of students

enrolled in public schools lack access to a school nurse. Only 45% of all public schools in

the United States have an onsite full time school nurse every day, and 30% of the public

schools have school nurses that work part-time and oversee more than one school

(NASN, 2011). There is a statewide disparity of school nurses among school districts in

the United States. School nurses are responsible for providing health care services to

nearly 50 million students in approximately 100,000 public schools nationwide (United

States Department of Education, 2008). Horovitz and McCoy (2005) conducted a study

on the impact of school nurse shortage and students health outcome. The authors

indicated that approximately 56,000 nurses are employed full time at a school. That is

one nurse for every 950 students, a ratio below the United States Department of Health

and Human Services of one nurse per 750 students (Horovitz, & McCoy, 2005). The

National Association of School Nurses also recommends the ratio of one school nurse to

750 regular education students in healthy populations; however, the ratio changes when

students with disabilities are included (Nwabuzor, 2007).

Nwabuzor (2007; Robert Johnson Wood, 2013) conducted a study to examine

factors contributing to the critical issues of school nurses shortage in public schools in the

United States. The study indicated that lack of federal legislation mandating school nurses in public schools across the United States is contributing to the school nurses shortage (Nwabuzor, 2007, Robert Johnson Wood, 2013). The author also indicated that the use of unlicensed assistive paramedical personnel is another factor contributing to the shortage of school nurses. School districts use these personnel since there is lack of legislation mandating school nurses in every school in the United States (Nwabuzor, 2007). Among the 50 states, only 33 states provide school nurses. Fourteen states have enacted laws on student per school nurse ratios, and 5 states have enacted laws for numeric ratios for school nurse to students (Taliaferro, 2005). Each state is left to make the decision if school nurses are warranted in their public schools. Currently, there is dearth of literature on school nurse staffing with the most available literature on school nurse staffing are anecdotal (Maughan, 2009).

Approximately 58% of the registered Nurse workforce will be employed in home care and long-term organizations, an increase of 45.3% from 12.7%. Hospital setting employed the highest number of registered nurses, 73% of registered nurses work in hospitals however, Bureau of Labor and Statistics is forecasting that only 56% of registered nurses will be employed in the hospital setting by 2018 (Dolan, 2011). The nursing shortage can be attributed to lack of qualified nursing faculties. Students who are interested in nursing as a profession were turned away due to lack of available nursing faculties. In 2011, nursing schools in the United States rejected 79,659 applicants who were qualified for undergraduate and graduate nursing programs due to lack of qualified nursing faculties, clinical preceptors, clinical facilities, and budget cuts (AACN, 2012).

Early exits of recently qualified professional nurses affects recruitment and retention of school nurses due to hospitals seeking to hire more experience nurses with enticing incentives (Campbell, 2014). School district's budget cuts make it impossible for school districts to attract and hire qualified school nurses (Christenson, 2003). Some school districts were willing to hire new nurses with no experience due to the budget constraints; however, due to the low paying salary, it was difficult to retain the nurses (Leachman & Mai, 2013).

Kovner et al. (2007) conducted a study on the high turnover of newly qualified registered nurses and why they quit their nursing profession within one year. Study participants were female with age average of 32, 58% hold an associate degree, 37.6% hold a bachelor's degree, 35% were never married and 55% have no children. Approximately 13% of new nurses changed jobs during the first year of licensure, while about 37% are considering changing their job. Approximately 51% of the participants reported working overtime due to staffing shortage and 13% were scheduled to work involuntary overtime. Verbal abused were reported by 61% nurses, 25% reported on the job needle sticks injury and musculoskeletal injury was reported by 39% nurses (Kovner et al., 2007). The study analysis is consistent with other research studies on nursing job dissatisfaction (American Society of Registered Nurses (2009).

School support services such school nurses are often the first target when school districts budgets are reduced due to the unavailability of revenue (Maughan, 2009). The Department of Education completed a survey of United States school staffing in 2012

(Department of Education, 2012). The survey indicated that 81,410 full-time and part-time nurses were employed in all U.S schools in 2012. In comparison, a survey completed in 2008, showed that 90, 910 nurses were employed showing a downward trend in school nurses employment (Department of Education, 2012).

The nursing shortage affects organizations mission and vision to provide the optimum health care services. Registered nurses are critical to the organization to effectively provide high standard care and accomplish its goals. Registered nurses are the largest healthcare worker in the healthcare organizations. In 2012, approximately 2.7 million jobs were held by registered nurses (BLS, 2014). Shortage of nurses in the school district can be attributed to nursing workload, staffing inadequacy, awareness of subordinate compensation with similar degrees, and poor allocation of nursing (Maughan, 2009).

Nurse Attrition in General and Related Issues

Each healthcare organization goal is to have the unit well-staffed and there is competition to recruit the most experience nurses to join their team (Campbell, 2014). Healthcare organizations provide incentives for nurses to return to the bedside through various incentive programs (Campbell, 2014). School district does not have available resources to compete with large health care organization in regards to hiring incentive programs.

Healthcare organizations in the United States are facing labor shortages as the 60 to 65 labor forces nears retirement. The American Association of Colleges of Nursing

(AACN, 2011), has projected that nursing shortage will increase due to the retirement of baby-boomers population and healthcare consumption increases. Nursing attrition is costing the healthcare organization to reinvest in another nurse to fill the vacant position. Currently, it costs healthcare organizations $65,000 to retrain and retain a nurse (Wieck, Dols, & Landrum, 2010). Healthcare organizations are faced with these challenges due to lack of retention of nurses and factors such as poor nursing leadership, high patient to nurse ratios, work place verbal abuse, and inadequate staffing (Delaney, 2003; Duchscher, 2008; Hodges, Keeley, & Troyan, 2008; Maben, Latter, & Clark, 2007).

The high attrition rate of nurses in the healthcare industry affects patient outcome and patient satisfaction especially in pain control management, cultural efficiency or awareness, and attending to patient personal care (Buck & Letvak, 2008). There is a need for more research on nurse attrition rates and how it impacts patient satisfaction (Buck & Letvak, 2008). The authors studied factors that influence staff nurses' productivity and their intent to continue their nursing practice. The authors predicted that 36% of professional nurses planned to leave their position by the year 2020. A cross-sectional 323 voluntary survey of registered nurses in three teaching hospitals was conducted with a return rate of 23%. The results of survey noted that 16.3% of the participants mentioned retirement as reason for leaving and 28.4% of nurses reported stress as the reason for moving to another profession in the next five years (Buck & Letvak).

Wieck, Dols, and Northam (2009) conducted a correlation study to determine the relationships between nurses' perceived stress level, incentives, intent to stay in practice

and floating to other units. Perceived stress scale was used to gather opinions from 1,559 nurses about the incentives given by employers' such as paid time off, childcare, and health insurance (Wieck et al., 2009). The result of the study indicated that young nurses goes through the most stress, and are more likely to quit their practice. Overtime, double pay for weekends and holiday schedule, and premium pay were reported as incentives to continue their practice (Wieck et al., 2009).

Milliken, Clements, and Tillman (2007) conducted a study to understand factors affecting nursing attrition rates. The study findings highlighted the following factors contributes to nurse attrition including individual commitments versus professional commitments, generational differences, physical environment, job insecurity, on the job bullying, unpredicted workloads, and lawsuits possibility (Milliken et al., 2007).

School Nurse Attrition and Related Issues

Terry (2007) a study was conducted in which 965 nurses were surveyed, 746 school nurses were included in the study. The result of the study indicated that 41% of school nurses responded that there is salary inequity, 12% stated that there is staffing inadequacy, and 11% stated that nursing supplies were inadequate. School nurses have become dissatisfied and discouraged with their jobs due to lack of time and resources to diligently perform and complete their assigned responsibilities (Taliaferro, 2005).

Other factors contributing to school nurse attrition is lack of available equipment and supplies. Acute care nurses have medical supplies readily available in the hospital making it easier for them to provide needed care for their patients. Unlike the hospital

environment, the budget allocated for school nurses to maintain the health room is limited (Campbell, 2014; Griniene, & Luitaite, 2009). In order for school nurses to provide health care services such as medication administration, or other complex nursing intervention such as blood glucose monitoring, tube feeding and other necessary nursing care, medical supplies must be available (Campbell, 2014). In the school setting, it is the responsibility of the parents or guardians to provide the necessary items (Campbell, 2014). When students are sent to school without the necessary supplies or medications, schools may face problems when life-threatening condition occurs. The issue of professional liability is another factor contributing to school nurse attrition (Collins, Murphy, Winters, Van Cleve, & Minchella, 2008).

Armstrong-Stassen and Cameron (2005) conducted a similar study among community health nurses in Canada. The study identified four critical areas of concerns such as staffing inadequacy, patient care acuity level, increased complex of patient health, and dealing with difficult and hard to please patient and family members. The findings of the study suggested that nurses who experience any of the above identified concerns may not be able to attend to students' needs which could impede student's academic success (Arnstrong-Stassen & Cameron, 2005). Nursing shortage creates a threat to quality patient care and healthcare worker safety (Buerhaus, 2012).

Brooks and Anderson (2004) conducted a simple random sample of 1500 registered nurses to explore registered nurses' quality of life. The study reveals that issues with supervisory and management contributes to registered nurses attrition.

Furthermore, lack of recognition, heavy work load, lack of time to complete assignment and inability to participate in decision making affects nurse's job satisfaction (Brooks & Anderson, 2004).

Davis, Ward, Woodall, and Shultz (2007) conducted a study to investigate job dissatisfaction and intent to leave current practice. Approximately 121 nurses were studied and the results indicated that no statistical significance existed between medical-surgical nurses and critical care nurses; the alpha level of 0.29 and 0.78 was noted (Davis et al., 2007). The authors concluded that the essence and rates in which nurses leave nursing practice may be associated to nursing specialty area, a topic that needs to be investigated further in other to reduce nurse attrition rates and turnover (Davis et al., 2007).

Registered Nurses are leaving nursing profession for another occupation. In the United States, approximately 9% registered nurse position was vacant (AACN, 2010). The nursing turnover causes financial burden to healthcare organizations (Li & Jones, 2013). There is direct and indirect cost associated with nurse turnover, the direct costs includes advertising and recruitment, unfilled positions, and costs of hiring new staff (Gustavsson, Hallsten, & Rudman, 2010). Indirect costs associated with nurse turnover includes hiring expenses such as orientation and training costs as well as decreased productivity and customer satisfaction of the recently hired nurses (Gustavsson, Hallsten, & Rudman, 2010).

Another study by Jones (2008) examination of nurse turnover revealed that an associated cost of nurse turnover includes pre hire and post hire costs. The costs associated with pre hire includes advertisement, hiring, using nursing agency to staff position temporarily for vacant position, overtime expenses, and beds and units closure for safety reasons (Jones, 2008). Post hire associated costs include orientation, mentorship, training for new employees and loss of productivity (Jones, 2008).

The nursing shortage has become a chronic issue, school of nursing are producing nurses to go into practice, however the novice nurses are not staying to help combat the nursing shortage. Kovner et al. (2007) conducted a study on the high turnover of newly qualified registered nurses and why they quit their nursing profession within one year. Study participants were female with age average of 32, 58% hold an associate degree, 37.6% hold a bachelor's degree, 35% were never married and 55% have no children.

Approximately 13% of new nurses changed jobs during the first year of licensure, while about 37% are considering changing their job. Approximately 51% of the participants reported working overtime due to staffing shortage and 13% were scheduled to work involuntary overtime. Verbal abused were reported by 61% nurses, 25% reported on the job needle sticks injury and musculoskeletal injury was reported by 39% nurses (Kovner et al., 2007). The study analysis is consistent with other research studies on nursing job dissatisfaction (American Society of Registered Nurses (2009). Job dissatisfaction is the reason cited for leaving nursing profession and their intent to leave. The study provides evidence that new graduate nurses require additional support to easily

transition from student nurse to clinical practitioner (Kovner et al. 2009). Required

supports can be provided via a small patient workloads, prolong mentorship or

preceptorship, and optimal unit orientation program (Houghton, 2003).

Impact on Staff Retention and Job Satisfaction

Worksite job satisfaction has been extensively researched. Curtis (2008) job

satisfaction is defined as "an attitudinal variable that reflects how people feel about their

jobs overall as well as various aspects about them" (p. 174). De Milt, Fitzpatrick, and

McNulty (2010) conducted cross-sectional descriptive study on nurse practitioner's job

satisfaction and anticipated turnover. Their findings confirm that expert nurses

transitioning to a new role or specialty are faced with transition difficulties. However,

nurse practitioners' with perceived increased autonomy are empowered and are able to

possess control of clinical practices and outcomes (De Milt, Fitzpatrick, & McNulty,

2010).

Chang, Hui Shih, and Man Lin (2010) a cross sectional survey was conducted to

explore the influence of psychological empowerment on school nurses job satisfaction,

and organizational commitment in Taiwan. The research outcome shows that

psychological empowerment does not affect organizational empowerment and job

satisfaction. However, there is a positive correlation on empowerment, organizational

commitment and job satisfaction. The author suggested that school districts and their

administrators should improve school nurses' job satisfaction to gain their loyalty and

commitment (Chang, Hui Shih, & Man Lin, 2010).

This study is important to school nursing practice for many reasons. Registered nurses in the school environment are the only health care practitioner and are responsible for making swift autonomous clinical decisions (Houghton, 2003). Healthcare organization aim to have the unit well-staffed and there is competition to recruit the most experienced nurses to join their team (Mayo & Nohria, 2005). Healthcare organizations provide incentives for nurses to return to the bedside through various incentive programs. School district does not have available resources to compete with large health care organization in regards to hiring incentive programs (Campbell, 2014). School nurses return to the acute care setting due to higher pay and other incentive programs. Although many nurses want to remain in school nursing due to the flexible work hours and no weekend assignment, it is important for the school districts to provide competitive funding for salaries and equipment so that qualified health care professionals are employed to provide safe and optimal care (Campbell, 2014; Maughan & Adams, 2011).

Summary of Literature Review

In summary, preliminary review of literature provides significant evidence of the positive relationship between psychological empowerment and self-efficacy at individual, team, and organizational level. Psychological empowerment and self-efficacy outcomes among various disciplines has been well documented to increase job satisfaction, creativity, self-confidence, self-determination, organizational commitment, reduce stress, burnout and increase employee commitment and engagement (Arogundade & Arogundade, 2015).

With the impending shortage of nurses and high nursing attrition rates, it is important for healthcare organization to provide nurses that are new to their organization, the appropriate orientation programs for smooth transition to the organization for organization to obtain optimal benefits from their investment. Availability of school nurses allows school age children with complex medical diagnosis to attend school and be part of the community (American Academy of Allergy, Asthma, and Immunology, 2010). Job satisfaction among hospital nurses is related to quality patient care and better patient outcomes (Choi, Bergquist-Beringer, & Staggs, 2013). The nursing shortage will adversely affect community health nursing (HRSA, 2007), increased stress and workloads has been linked to job dissatisfaction (Buerhaus, 2012). Job dissatisfaction among school nurses has been linked to poor salary, lack of clinical supply and staffing inadequacy (Terry, 2007).

The literature review has demonstrated the importance of school nurses to meet social, psychological and emotional needs of students through provision of nursing services, advocacy and education. Furthermore, the literature has proven that there is limited research on transition of clinical care nurses to school health nursing role. This study is important to school nursing practice in Maryland State; it will provide awareness about the experiences of psychological empowerment and self-efficacy of school nurses, barrier to practices, and the strategies that they have used to successfully transition into school nursing practice. In a systematic review of the literature, the literature review provides information on transition of nurses from diverse clinical area as it relates to

nursing profession, however, there are minimal research studies on school nursing transition.

All research study should incorporate a solid theoretical foundation. The theoretical framework for the dissertation project is Psychological Empowerment and Social Cognitive Theory self-efficacy. Psychological empowerment is an employee intrinsic task motivation to complete assigned tasks. The basic components of psychological empowerment are competence, impact, meaning and self-determination (Leggat, Balding, & Anderson, 2011). Self-efficacy is someone capacity to organize and execute courses of actions as required to complete assigned tasks. It has been proven that workers with high self-efficacy are committed to complete assigned tasks. Self-efficacy influences nurses to engage in extra role performance (Salanova et al., 2011).

The literature review indicated that there are gaps in experienced nurses' transition to school health nursing from acute care setting to educational setting to address the increased students' health complexity. The literature also revealed that lack of adequate formal orientation, role modeling, mentorship, role clarity, and support affects the transitional process. Constructivism approach is an active process of constructing meaning and reflecting on experience (Fenwick, 2008). School nurses were interviewed to share their experience and knowledge. Phenomenological approach was used to understand the true statements about the successful transition of school nurses from hospital to educational setting. Results from this study could be used to generate new construct of knowledge to address the research gap.

Several of the factors associated with transition are discussed in topics within chapter two. The topics included are (a) theoretical framework, (b) transition, (c) nursing attrition, (d) nursing shortage, (e) nurse turnover, (f) staff retention, (g) job satisfaction, (h) history of nursing, (i) history of school nursing, (j) school nurse practice and roles and responsibilities.

Chapter two includes the available relevant and most current literature in relation to school nursing and transition. The chapter also provided information on relevant studies that described the importance of school health nurses and their influence on health of the student population they serve. Literature review on the methodology is included in this chapter.

Chapter 3 provides detailed information about the methodology that was used for this study and the rationale for its use.

Chapter 3: Research Method

Research Design and Rationale

The purpose of this qualitative phenomenological research study was to gain

meaningful insight into the work experiences of registered nurses working in host setting

as school health nurses and to understand their experiences as they transitioned from

acute care or other nursing specialties to school-based practice. The qualitative research

approach is an effective research methodology for examining the study phenomenon (i.e.,

school nurses' transition). Registered nurses who participated in this study had lived the

experience of transitioning from hospitals or other specialty areas to school-based

practice. They shared factors associated with the phenomenon that had enabled them to

successfully transition to the new role of school nurse. The school environment is

different from the hospital environment, where nurses have supports that are usually

unavailable to school nurses such as social, emotional, physical and functional supports

from the unit secretary, clinical coordinator or charge nurse, nurse educators, nurse

manager, and the hospital nursing supervisor (Bratt, Baernholdt, & Pruszynski, 2012).

Transition is an event in which an individual makes a change and then adjusts to

the change (Fouad & Bynner, 2008). Transition is an event that moves someone from

one state to another, and it can occur through relationships, situations, obligations, and

assumptions (Anderson, Goodman, & Schlossberg 2012).

In this chapter, I describe and elaborated on the philosophy and method of

phenomenology and review key concepts involved with phenomenological research

studies. I also provide detailed information on the methodology that was used for this

study. Furthermore, I discuss the methodology I used to collect, describe, and analyze

data on the lived experiences of school nurses in transition. Specifically, I address the

research design, research questions, roles of the researcher and study participants,

procedures for recruitment of study participants, and data collection instruments, ethical

procedures implemented to ensure data trustworthiness, validity, research credibility, and

data analysis.

<p style="text-align:center">Research Design</p>

This research was designed to determine how psychological empowerment and

self-efficacy may have contributed to the transition experiences of registered nurses who

successfully transitioned to school-based practice. I sought to explore strategies that

future registered nurses transitioning to school-based practice might use to develop in

their role as a school nurse. A phenomenological research method was most appropriate

for this research study to capture the lived experiences of participants from their

perspectives and develop themes to address the research questions (Creswell, 2009). The

phenomenology approach is a method of qualitative research that grants researchers the

opportunity to unassumingly examine the lived experiences of research participants and

steer away from any presuppositions, depending instead on the responses of the

participants under study (Moustakas, 1994).

According to Creswell (2007), qualitative research questions should be organized

into one central, overarching question followed by multiple sub questions. The following

was the primary research question for this study: What are the lived experiences of school

nurses who have successfully transitioned to school-based practice with respect to

psychological empowerment and self-efficacy?

The following secondary questions were used to prompt participants in the event

that these topics were not covered, in order to receive rich data from participants:

1. What made you decide to become a school nurse? Is there a particular thing

    that interested you about school health nursing?

2. What is the recruitment process for gaining employment as a school nurse?

3. How would you describe your period of orientation to school-based practice?

4. Can you describe your transition experience to school-based practice?

5. What type of strategies did you use during your period of transition to the

    school nurse role?

6. In your career as a school nurse, what would you consider the top three work-

    related stressors?

7. Can you describe measures that you use, if any, to reduce the role strain

    associated with your new role as a school nurse?

8. What are the experiences of registered nurses new to school nursing as they

    transition to school-based practice?

9. What are the influences that facilitate the transition of the registered nurse to school-based practice?

10. What is or are transition issues encountered by acute care nurses transferring from hospital- to school-based practice?

11. In your district who is responsible for school nurse supervision and evaluation?

12. Based on your experiences as a professional school nurse, what advice would you give to a registered nurse who is interested in becoming a school nurse?

13. What types of prior nursing skills contributed to registered nurses ability to transition successfully to school-based practice?

Central Concepts or Study Phenomenon

The qualitative research method was used to understand some social phenomena from the perspectives of those experiencing the phenomenon. The perspectives of those involved were required to address issues, and contextualized their particular social, cultural, and political milieu, and sometimes it may be used to transform or change social conditions (Glesne, 2006). The use of qualitative research increased in the latter half of the 20th century; researchers have used it to address inequality and social justice issues (Creswell, 2009). Qualitative research can be used to explore, examine, and understand the meanings that individuals or groups ascribe to a social or human problem (Creswell, 2009). Research meanings and data interpretations in qualitative research are negotiated

with human data sources; human subjects are the realities that the researcher attempts to reconstruct (Merriam, 2009).

Qualitative research allows researchers to seek, understand, and interpret how study participants in a social setting construct the world around them (Glesne, 2006). Qualitative research is useful for empowering individuals to share their experiences by telling their stories and others can learn from their struggles. "Qualitative researchers are interested in understanding how people interpret their experiences, how they construct their worlds, and what meaning they attributed to their experiences" (Merriam, 2009, p. 5). Van Manen (1990) indicated that individuals develop a perspective or a worldview that is determined by their environment, which includes the people themselves, as well as their culture, race, and situation.

Qualitative research investigators conduct research studies to understand the contexts in which participants address a problem or situation (Creswell, 2007). Qualitative researchers are interested in understanding how humans arrange themselves and their settings, and how inhabitants of these settings make sense of their surroundings through symbols, rituals, social structures, and social roles (Berg, 2004). Qualitative research studies are appropriate when there is literature paucity. Quantitative research studies evolve around research problems with an abundance of literature (Creswell, 2003). Because there is a dearth of literature on registered nurses transitioning to school-based practice, I determined that a qualitative research method would effectively capture the lived experiences of the participants in this study.

Phenomenological Research Tradition

Phenomenology research is an interpretive research methodology; it is designed to capture the essence of lived experiences of a phenomenon as perceived by the participants (McMillian, 2004). Phenomenological research methods are necessary to discover the underlying meanings of shared lived experiences to arrive at a deeper understanding of the phenomenon under study (Van Manen, 1997). Through the lens of the participants, qualitative phenomenological methods capture participants lived experiences.

Edmund Husserl (1859-1938) was the leader of the phenomenological movement. The philosophy of phenomenology is centered on the idea of examining an experience by getting to its very essence without any preconceived assumptions or presuppositions (Moustakas, 1994). Phenomenology research grew out of concern over scientific research that did not consider the individuals experiencing the problems or situations and the connections between the human consciousness and objects that existed in the material world (Moustakas, 1994). Because I wanted to better understand the transition of registered nurses to school-based practice, I selected a phenomenological approach is for this study. I expected that it would provide an opportunity for me to examine and describe the lived experiences of school nurses from their perspectives.

Use of a qualitative approach and its methodology provides a richer account of a phenomenon than a quantitative approach could (Polit & Beck, 2010). Qualitative research methods can be used to obtain intricate details about a study phenomenon, such

as thought processes, feelings, and emotions, which would be difficult to extract or understand through quantitative research methods (Strauss & Corbin, 1998). The aim of this study was to examine the lived experiences of school nurses with respect to psychological empowerment and self-efficacy during the transition to a school-based practice and the phenomenological approach was ideal for examining this phenomenon. A phenomenological inductive approach allows room for participants to tell their stories, allows discussion and provides opportunities for follow-up questions on the issue of school nurse transition (Creswell, 2009). The qualitative research approach is based on world views and acceptance of various realities; and reality is based on the perceptions of the participants (Burns & Grove, 2009). Qualitative research data are holistic and flexible in nature because obtained data are unique to each participant (Campbell, 2015).

Broussard (2004) stated that school nursing is a specialty within nursing that is very demanding. Registered nurses transitioning to school nursing face the major challenge of translating their acute-care skills and experience to effectively practice in educational setting. There is a need for a philosophical shift in the transition process. Registered nurses transitioning to school-based practice must understand that there is a philosophical change from the clinical and emergency nursing intervention to illness prevention and health promotion (Harvery, 1998). Simmons (2002) conducted a qualitative study to examine school nurses' perceptions in relation to autonomy in practice. Simmons indicated that comprehensive orientation and mentoring programs are critical for nurses to successfully transition to the school nursing specialty. The investigator further stated that novice school nurses should be mentored by experienced

school nurses during the first year of practice in order to experience a sense of fulfillment (Simmons, 2002).

The hermeneutical phenomenological design guided the school nurses discussion of their transition experiences at the school worksite. Hermeneutics drew on lived human experiences and how those experiences are interpreted by participants (Burns & Grove, 2009). The objectives of qualitative research are exploration and discovery (Johnson & Christensen, 2008).

The goal of this study was to examine the lived experiences of school nurses who had successfully transitioned from a hospital, clinic, or community health site to school-based practice, with respect to psychological empowerment and self-efficacy. This study follows hermeneutic methodology because the plan was to conduct individual interviews to gather data on the perceptions of school nurses regarding successful role transition and skill acquisition in relation to psychological empowerment and self-efficacy.

Rationale

This phenomenological research design allowed me to accomplish the goal of examining the relevance of registered nurses' transition from hospital- to school-based practice. The chosen method fit appropriately with the phenomenological method, because through qualitative studies and research problems, researchers may gain new knowledge about phenomena under study (Creswell, 2003).

Moustakas (1994) stated that "the method of reflection that occurs throughout the phenomenological approach provides a logical, systematic, and coherent resource for carrying out the analysis and synthesis needed to arrive at essential descriptions of

experience" (p. 47). Larkin, Watts, and Clifton (2006) supported Moustakas phenomenological research method and noted that, "researchers must approach their data with two main objectives; to understand their participant's world and to describe what it is like" (p. 104). Knowledge of the above objectives gives a researcher the ability to present data as "itself or on its own terms" (p. 108). Thus, the phenomenological research method enabled me to understand the phenomenon and reach a conclusive interpretation of lived experiences. Furthermore, procedures for this study were consistent with the philosophy of phenomenology and were chosen to provide in-depth, rich insight into the phenomenon under investigation (Creswell, 2009). In essence, phenomenology research was the best fit for exploring and understanding school nurses' views, attitudes, and barriers in relation to the transition to a school worksite.

Creswell (2013) indicated that phenomenological research affords a researcher the opportunity to use ordinary members of society to make meaning in the world around them and to seek the importance of participants' lived experiences. The themes that emerges across all participants in qualitative research provides detailed information on how the participants make sense of their personal and social perceptions of the phenomenon, as opposed to the statistical interpretation in quantitative research (Donalek & Soldwisch,2004).

Leedy and Ormond (2001) provided information on the differences between qualitative and quantitative research inquiries and posited that, qualitative research inquiry is "typically used to answer questions about the complex nature of phenomena, often with the purpose of describing and understanding the phenomena from participants'

point of view" (p. 101). Quantitative inquiry is "typically used to answer questions about relationships among measured variables with the purpose of explaining, predicting, and controlling phenomena" (Leedy & Ormond, 2001, p. 101). Leedy and Ormond's description of the qualitative approach supports my rationale for choosing the qualitative approach to explore and describe the lived experiences of nurses in school health services. As previously noted, there is a paucity of literature about nurses transitioning to school-based practice, and the lack of research on the phenomenon was an additional reason why the qualitative phenomenological research method was the most appropriate for this research.

Role of the Researcher

As the principal researcher in this study, I had the role of ensuring that the data collection and analysis were conducted in a manner whereby they were free from bias and personal opinion and to make sure that the study was conducted in accordance with Walden University ethical guidelines. In qualitative research, the investigator becomes the research instrument through observation, fieldwork, and data collection and must be aware of any beliefs, personal opinions, and bias that could interfere with the authenticity of the research findings (Streubert & Carpenter, 2011).

Personal and Professional Relations

As the researcher, I needed to take the stance of an outsider-etic-view, and remove any bias that might hinder my study, given that I was affiliated with the culture under study (Richard & Morse, 2013). Adopting an insider standpoint, emic-view advocates believe that being immersed within a culture can ensure an authentic account

of data collection and interpretation (Richards & Morse, 2013). Maintaining a bias free stance was very important in this study, as I had over 15 years of nursing experience in various fields. I had medical-surgical experience at three different acute care hospitals and previous teaching experience with one university and one community college in the metropolis. I had also served in the capacity of school nurse for more than10 years.

Within the last 15 years, I have gone through a number of transitions in my life. These transitions have included moving to different states, starting a new career, changing jobs, establishing and ending relationships, as well as beginning and completing college programs. Some of these transitions were relatively easy, and others were difficult. My transition from nursing student to new graduate nurse to the role of experienced registered nurse was not difficult, as I had originally thought it would be. The organization that hired me had a very good internship program, and I was able to thrive. I understood the changes that must occur, such as changing my preconceived notions about what I knew. I went into the program with an open mind because I wanted to grow and expand my knowledge base through the learning process of preceptorship. My preceptor/mentor during the internship program took time to teach me all I needed to know to be a successful nurse. My preceptor supported and empowered me. The empowerment that I received from her provided me with skills to deliver safe patient care during my transition. I was very fortunate to have such a wonderful preceptor/mentor. Some of the members of my program cohorts left the program due to poor mentorship and preceptorship.

Some of the difficult transitions I experienced were transition to school health and academia. The transition to school health was very short; orientation was less than 2 weeks including preceptorship orientation. The empowerment that I received from my previous preceptor was used to sustain me during my transition to school-based practice as a school nurse. The supports that I received from the unit secretary, nurse manager, unit educator and charge nurse was lacking. The school administrator in my assigned school was my immediate supervisor. This is someone with no medical background or education. During my master's program, I completed my internship at a community college department of nursing. Post-graduation, I was employed by one University and a community college as an adjunct faculty. As I started my academic career, I realize that transition is going to be difficult. One day organizational structured orientation was provided, with opportunities for experienced faculties to share their knowledge and talent. Afterwards I met with the head of my unit for coaching and to discuss how to accomplish assigned tasks and clarify responsibilities.

As a school nurse during the back to school orientation, most of the nurses that started with the school district during the last school year were gone. At the community college and the university, during the new school year staff orientation, those that I have established acquaintances with did not return; based on this high turnover of nurses, I wanted to understand the transition issues affecting these organizations. Furthermore, there is a lack of quantitative or qualitative research on the transitional experiences of school nurses' psychological empowerment and self-efficacy. When school districts

better understand the experiences and coping strategies of their nurses, they may utilize their coping strategies for recruitment and retention of their nurses.

In this research study, I assumed an outsider stance during the observation, interviewing, and data collection process of the study. It is imperative that researcher's past experience is bracketed prior to the data collection process.

Researcher Biases and Other Ethical Issues

Data collected through observation and interview should only reveal study participants reality within their culture (Barton, 2008). Therefore, I used bracketing to explicate prior experience or knowledge about the phenomenon. Bracketing is a process whereby the researcher suspends or set aside bias, thoughts, perceptions, feelings, and accepted theory or beliefs to examine the study phenomenon under a different objective lens and gather data as revealed (Streubert & Carpenter, 2011). It is important for me as the researcher to understand how imposition of my personal beliefs could affect research data collection and analysis. I took every precautionary measure to make sure I report research findings through the lenses of study participants.

Another process that helps researchers to remain cognizant of their feelings and prejudice on the subject matter is epoche. Epoche is a process whereby the researcher is aware of prejudices (Patton, 2002). The manner in which questions are worded can affect interview outcomes. Using bracketing and epoche allows me to refrain from making assumptions and judgments about the phenomenon based on personal experiences. I located key phrases from participants that affect the phenomenon in question, interpret

the meanings as an astute reader and ask the participants for clarifications (Streubert & Carpenter, 2011). Epoche and bracketing is a deliberate exercise allowing researcher to put aside experience or belief about the subject under study, so that the researcher can gleam a fresh knowledge concerning the study phenomenon (Creswell, 2007).

Methodology

Population

The targeted populations for this study were registered nurses who are currently employed in educational setting in the states of Maryland and who transitioned from a hospital or other clinical settings to school based setting. What makes these registered nurses unique is that they will have to learn how to work in an environment that is totally different from their norm (i.e. the school environment). This is an environment with less support and where non clinician personnel are their supervisor. Many of these nurses lack the additional training such as curriculum development and development of Individual Educational Plan (IEP). These experienced nurses will have transitioned into school based practice as a novice nurse. Entrance into school nursing specialty according to National Association of School Nursing is a baccalaureate in nursing.

Sampling Strategy and Rationale

The research sample size for this study was determined based on prior qualitative research study utilizing thematic analysis. Previous qualitative research has indicated that saturation in qualitative research may be achieved with a small sample size and a small sample size is allowable (Loiselle, Profetto-McGrath, Pilot, & Beck, 2007). For

this study twelve participants were recruited to provide the study with the rich data outcome needed for the study. In some studies, a sample size of four participants has been reported as acceptable for a qualitative study (Creswell, 2003). Morse (1994) recommended that the ideal sample size in phenomenological studies should be at least six participants. To obtain sample homogeneity, Kuzel (1992) recommends six to eight participants. Guest, Bunce and Johnson (2006) conducted a research on how to determine the appropriate sample size to reach saturation in qualitative research. The authors used data from sixty in depth interviews to document the degree of data saturation in thematic analysis (Guest, Bunce & Johnson, 2006).   The authors concluded that after six or twelve interviews, emerging themes remains the same after interviewing sixty participants and posit that data saturation occurred by the time they analyzed the twelve interviews (Guest, Bunce & Johnson, 2006). I recruited 12 registered nurses to participate in this study. A purposeful, criterion-based sample was selected from the list of professional registered nurses who are active members of the Maryland Association of School Health Nursing (MASHN). Purposeful sampling allows the researcher to select participants that can contribute to the research by providing information that will best answer the research questions. Sampling is an essential element and the key to obtain research validity and generalizability of research findings in qualitative research (O'Brien, Bayoumi, Davis, Young, & Strike, 2009). It is critical that qualitative researchers' set boundaries and define aspect of the study in order to connect the study to the questions to enable them to create framework that can be used to uncover and confirm quality of the study (Miles, Huberman, & Saldana, 2014). A letter with description of the

study was sent to the association and potential study participants (see letter of intent

Appendix B).

Criteria for Inclusion

The population targeted for this study includes registered nurses who hold school

nurse positions in the state of Maryland. The Maryland Association of School Health

Nursing was the sources for gathering information on potential study participants. To

participate in this study, a minimum of one-year qualifying experience in their position as

a school nurse was required. The proposed characteristics of the study participants

included registered nurses with a Bachelor of Science in Nursing (BSN) or higher who

currently maintained licensure issued by a state board of nursing that grants permission to

practice as a registered professional nursing in the United States (U. S. Department of

Labor, 2006). Participants have current licensure in the state of Maryland; and employed

within the state of Maryland States Department of Education (MSDE) public educational

systems, this allow culturally and contextually data to be collected. The sample for this

study included male and female of any age, race or gender residing in Maryland.

Participants were contacted by e-mail or direct written correspondence for invitation to

participate in the study. Due to the intent of the study, the definitive criteria for exclusion

are registered nurses who are not in possession of a registered nurse licensure and non-

public school nurses.

Recruitment Procedure

The phenomenological approach requires the investigator to use a series of methods and procedures to satisfy the requirements of systematic, disciplined and an organized study (Moustakas, 1994). The following procedures were used to guide this research in the recruitment, informing participants, data collection, data analysis, and validation of research findings. I contacted the president of Maryland Association of School Health Nursing via telephone or e-mail. I sent detailed informative letter about the nature of the study to inform the association and request assistance in recruiting study participants (see Appendix B). I requested that the association president distribute research announcement and letter of invitation to members in Maryland to solicit participation. Members who were interested in the study contacted the researcher directly. Members who contact the researcher to volunteer for the study were selected based upon the predesigned criteria. Once IRB permission was granted, research participants were contacted and scheduled for face-to-face interviews, interactions; social media, via phone or through gatekeepers to receive information about the study (see Appendix B). Appropriate interview location was discussed and interviews took place at a neutral mutually agreed upon location or via the telephone. Prior to initiating the interviews, each participant was required to execute a consent form, in which there is a description of the study and a clause, which allows the participants to discontinue their participation. A demographic survey form was completed after obtaining the consent form.

The initial in-depth face-to-face interview was a one-hour meeting time with the participants, and longer for participants who wishes to continue the interview. The setting for the interviews took place in a mutually agreed neutral location. I reviewed the purpose of the study, procedures, risks and benefits, and confidentiality recruitment letter with each participant. I verbally explain the informed consent form with each participant to make sure that they understood the purpose of the study and they agree to participate. After the explanation, I asked the participants to sign the consent form to acknowledge that they fully understood the study. I collected the completed biographical data prior to the interview, I engaged the participant in an informal conversation by reviewing biography data information. I shared my professional backgrounds and mutual interest in school nursing to facilitate a smooth transition and enhance both the researcher and the participant comfort level.

Sample Size

The study participants in this study consisted of 12 school registered nurses selected through purposive sampling based on their level (local school districts, county or state). My goal was to select the appropriate sample size in this study for identification of a well-defined group of school nurses serving large urban, suburban, and rural regions of the state. Although qualitative inquiry has no rules for sample size (Patton, 2002). Boyd (2001) indicated that a minimum of 2 to 10 participants are suitable for saturation to be reached in qualitative research study. Sampling was determined based on the availability of suitable participants that meet the criteria for inclusion in the study. The method used to sample the participants for participation is "based on their particular

knowledge of a phenomenon for the purpose of sharing that knowledge" (Streubert & Carpenter, 1995, p. 43). Homogenous sampling was employed based on three key characteristics the participants must possess in order to be selected to participate in the study. A homogenous sample is when the researcher purposefully selects study participants based on their membership in a subgroup with defining characteristics (Creswell, 2008).

<div align="center">**Instrumentation**</div>

Demographic Questionnaire

The demographic information of the school nurses transition was obtained from the demographic questionnaire that participants were required to complete. After providing the participants with written informed consent and receiving consents for participation to be interviewed and audio-taped, each participant was asked to complete a demographic information form that includes their age, race, education, number of years of practice as a nurse, specialty area, number of years as a school nurse, position title and responsibilities, training and practice characteristics, income range, work site characteristics, practice location and number of hours work per week (see Appendix C).

Interviews

In order to obtain reliable data, the interview protocol was reviewed by research professionals to achieve consensus validity of interview protocol prior to using it with the study participants and was modified and refined as necessary. Expert panel was used to juried, critiqued, and examine interview protocols and make recommendations to ensure research validity. Utilization of the expert panel does not require IRB approval. Expert

panel was selected at the national level in the area of school health to help focus the study

and provide guidance or recommendations (Metzler & Davis, 2002). Prior to submitting

the research proposal plan to IRB approval, I completed an expert panel review for the

demographic form and for the interview questions. The demographic form and interview

questions was emailed to expert professionals in the field of school nursing to invite them

to review the proposed demographic form and the interview guiding questions and

provide feedback, based on their expertise in the field of school nursing. After the email,

I made a follow-up phone call to discuss any questions or concerns about the items. The

expert panel was Erin Maughan, R.N., PhD.

  The primary aim of qualitative research studies is to allow researchers to gather

information from participants' perspective which, originates from structure data forms

utilized during the interviewing process (Creswell, 2002). The researcher in qualitative

research does not initiate "data collection with a set of instrument to measure distinct

variables" (p. 55). Therefore, the researcher in qualitative research study is the

instrument tool for collecting necessary data for qualitative research studies. The research

questions that will be used during the interview process to generate data into the

examination of lived experiences of school nurses enable the researcher to discuss all

relevant topics in the study (Burnard, 2004). The list of research questions generated by

the researcher is the primary research instrument tool utilized to obtain necessary data

from research participants. It is critical for the qualitative researcher to be knowledgeable

formulating and creating well-articulated instrument that yields reliable data (Agee,

2009). The qualitative research design starts with an assumption, "the possible use of a

theoretical lens and the study of research problems, inquiring into the meaning that

individuals or groups ascribe to a social or human problem" (Creswell, 2007, p. 36).

Pilot Study

I conducted a pilot study using the interview questions listed in (Appendix B)

with 3 school nurses after the IRB approval prior to using the questions with the study

participants to add rigor to the study design and help to ensure study validity and

findings. The process of conducting a pilot testing involves using a small scaled test of

the study procedures and revision of the procedures based on the pilot test results

(Neuman, 2006). The interviews will be conducted after receiving the Institutional

Review Board (IRB) approvals from Walden University, and permission from MASHN

to utilize the organization mailing list to distribute the research announcement. The pilot

test participants have current licensure in the state of Maryland; and employed within the

state of Maryland States Department of Education (MSDE) public educational systems.

The study employed semi structured open-ended taped interviews to evaluate the

interview questions on the lived experiences of school nurses transition to determine its

usefulness and appropriateness.

Data Collection

Data collection for this study was completed using audiotape, face-to-face

interviews and field notes. To achieve meaningful data collection, this study used semi

structured open-ended taped interview. Standard open-ended interview consist sets of

questions carefully crafted and arranged with the intention of taking each participant

through the same sequence and asking each participant the same questions without changing any words (Patton, 2002). The data collection process includes the use of interview guide format in a structured taped interview session.

Inclusion Screening for Eligible Participants

To participate in this study, the nurses have completed a nursing education from an accredited university, and graduated with a bachelor's degree in nursing or higher, with current licensure in the state of Maryland; and employed within the state of Maryland States Department of Education (MSDE) public educational systems. Nurses received a letter requesting their participation (see Appendix D).

Informed Consent

Informed consent forms ensure protection of the participants' rights through the research process, each proposed participants complete an informed consent form even when the study poses minimal threat (Creswell, 2007). The informed consent forms indicates that (a) study participation is voluntary, (b) the study involves no risk or minimal risks, (c) the participants have no associated cost (d) participants' identification and responses was confidential, (e) participants can withdraw at any time without penalty, and (f) school nursing and other general nursing community may benefit from the results of the study. The participants were asked to sign informed consent forms acknowledging their understanding of the study and the participant criteria (see Appendix E).

Demographic Survey

A demographic form will be utilized to gather participants' demographic information (see Appendix C).

Interview and Protocol

The interview protocol was established to answer research questions and sub questions (see Appendix F). The following questions were used as interview protocol to answer the research questions: Could you please tell me about what it was like when you transitioned as a nurse to your school?

1. Please tell me as much as you are willing to share how you came to your current role as a school nurse.

2. What are some of the things that your school districts are doing well to meet the transition of school nurses? Prompt: Think about your specific transition experience

3. What are some of the challenges you face as you transition to school nursing? Prompt: Please describe in detail as much as you would like your challenges.

4. If you could make any change to improve registered nurses transition to school based practice, what would that change be?

5. Is there anything we have not discussed that you would like to share to help us understand your transition experience and strategies that may be use to improve school nurses transition experience?

Audiotape Recording

Audiotape recording is the most familiar method of gathering data during phenomenological research studies to measure participants lived experiences. Consent forms were signed by the participants prior to conducting the interviews. Consent forms were obtained during the recruitment process of the study (see Appendix E). Interviews were audio recorded after obtaining participant's permission, researcher took notes during the conversation and major non-verbal cues observed were recorded. An electronic audiotape interview is an appropriate instrument to generate data. It allows researcher to capture the essences of the research by providing "a close approximation to what occurred and a permanent record that others can review" (Neuman, 2003, p. 386). Research interview guide and interview questions were utilized to capture the lived experiences of research participants (See Appendices A and F). The research interview protocol consists of sets of common questions that was provided to all participants. Furthermore, included in the interview guide are background questions about the participant and open-ended questions that provide the participants an opportunity to discuss in detail and raise some of the issues that are not included in the interview guide (Patton, 2002).

Field Notes

Field notes were used during the data collection process of this study and direct quotations from the participants were included to provide insight into the perspectives of study participants. According to Patton (2002), field note is useful and can (a) assist the researcher to formulate new questions as the interview progresses, (b) allow researcher to gain early insight that can potentially be used during the next interviews, (c) helps facilitate data analysis with important quotations, and (d) it is a backup tool in the event tape malformation or recording error.

The use of in-depth interviews and field notes allow researcher to explore the boundaries of a problem, obtain context for a problem or an issue, and evaluate potential solutions, manage the research process, and support interpretation of study results (Patton, 2002). Open-ended semi structure questions enable the researcher to gather rich information from participants. It allows respondents to describe their lived experiences, attitudes, motives and beliefs about the phenomenon under investigation. The standard open-ended interviews are the most popular for if interviews used in qualitative research to generate data (Creswell, 2013).

Data Analysis

Data analysis in qualitative research study allows the researcher to search "for patterns in data, recurrent behaviors, objects, or a body of knowledge" (Neuman, 2003, p. 447). The data analysis for this study was conducted using the Moustakas (1994) framework of thematic content analysis. After reviewing several data analysis presented

by Moustakas, this framework is the most appropriate for this study. The Moustakas modified version of the Stevick-Colaizzi-Keen method of analysis was used to analyze the data. Researchers using the Moustakas must follow the recommend step-by-step process for phenomenological data analysis. The Moustakas (1994) was modified by Creswell (2007) and this method follows six steps.

The first step involves the gathering of the full description of the experiences of the researcher in relation to the phenomenon under study. This allows the researcher to separate personal experiences from the experiences of study participants. The second step involves the researcher to record significant statements relative to the phenomenon under study. The textural descriptions may include direct quotes from the transcripts. The third step lets the researcher record how the participants experience the phenomenon and write a structural description of their experiences.

During the fourth step, the researcher records and develops relevant statements that are significant to the phenomenon made by the participants related to self-efficacy and psychological empowerment into meaning units. Step five allow the researcher to categorize the statements or meaning by grouping or clustering all significant statements into themes. Finally in step six, the researcher writes a composite description of the phenomenon, incorporating both textural and structural descriptions (Creswell, 2007). The Stevick-Colaizzi-Keen method of analysis allows the researcher to organize data, reduce the data into themes, coding and condensing the codes and develop major themes (Creswell, 2007).

The demographic and interview data was transcribed onto an Excel spreadsheet and Microsoft word to organize and code the transcribed data. Data analysis of the audio taped and interviews were transcribed to identify and compile similar categories of statements or themes and count the number of statements or themes that aligns with identified categories. This study used coding techniques to compare and contrast themes for further data analysis and themes comparison. A third party who completes a confidentiality agreement (see Appendix G) was utilized to independently transcribe the audio recordings. Research assistant after signing the confidentiality agreement independently code and develop themes for the study, and the developed code and themes was compared with researcher code and themes in order to come to an agreement, concordance about the research findings. This provides evidence of the overall school nurses transition experiences and increases research rigor and validity.

Debriefing

Reflexivity is a critical way for the researcher to reflect on how past practice could influence the interview questioning, interpretations, and analysis of the lived experience of school nurse transition; this self-reflection begins prior to entering the research field. I kept a fieldwork journal to help me to examine and understands how social background and assumptions can intervene in the research process (Frels, & Onwuegbuzie, 2012). Debriefing is a critical part of qualitative research, I used structured or semi structured verbal conversation to address and discuss various issues with the participants about the study. After completing each interview, I thanked the participant and provided a reminder about the intent of the research and the

confidentiality associated with their responses. Also, participants were provided contact information about who they may contact if they have any questions, comments or concerns about the study.

As the researcher, immediately after the interview and debriefing with participant's, I went back to my field notes to check if I have recorded all nonverbal communication, such as gestures, facial expressions, eye contact, tension. Debriefing after the interview helps me clarify issues or comments and explain anything that is confusing to provide valuable insight for others to interpret the transcripts easily. I looked at the interview questions to make sure that they are working well to address the research question. I noted any information that contradicts or confirms data obtained in previous interviews. I used the debriefing notes to adjust and improve next interview sessions, and inform the third party transcriber.

Issues of Trustworthiness

To maintain the spirit of qualitative inquiry, verification of research findings rather than validation is critical (Lincoln & Guba, 1985). Therefore, the findings of this qualitative research will be verified rather than validated. Lincoln and Guba (1985) indicated that procedures for findings verification should include peer review, persistent observation, triangulation, clarification of researcher bias, negative case analysis, rich and thick descriptions, member checking, and or external audits. This research utilized clarification of researcher bias, peer review, member checking, triangulation and rich, thick descriptions to established research credibility.

Peer Review

This dissertation chairperson and other committee members reviewed the study and the procedures incorporated and provide feedback, comments, and or questions for clarification. This approach helps to increase and maintain credibility of the study. The peer review approach reduces the probability of researcher personal bias and prevents research findings inaccuracy and conclusions. Other research professionals such as expert panel may be used to review the interview protocol in order to increase study consensus and result validity.

Triangulation

In qualitative research, triangulation helps improve the rigor of data analysis by evaluating researcher data interpretation integrity different vantage point (Lincoln & Guba, 1985). Triangulation was used to improve research validity; it involves corroborating information from different individuals, types of data, or methods of data collection in descriptions and themes in qualitative research (Creswell, 2002). Triangulation allows the researcher to use data from participants to build coherent justification for themes (Neuman, 2006; Patton, 2002). It is imperative that the researcher attempt to validate data, this was completed by allowing the participant the opportunity to "review and confirm or alter the research data to correspond to his or her perception of the experience" (Moustakas, 1994, p. 110). To preserve data accuracy of information obtained from the participants, all the participants were given the opportunity to review the transcripts of their interview. To ensure that data collected were valid and accurate, audit trail, and member checking was also employed.

Audit Trail

I collaborated with the research assistant during the data analysis process identifying meaning of units from the transcripts and convert data into themes. I incorporated an audit trail whereby I provided the Research Assistant (RA) with raw data, process and analytical notes. The research assistant systematically examined and reviewed how data, processes, research findings, and conclusions were documented and confirm the appropriateness, integrity, and dependability of the data analysis process (Lincoln & Guba, 1985).

Member Check

Member checks are the most critical techniques used in qualitative research study to establish credibility (Lincoln & Guba, 1985). After completing data transcription, study participants were offered a copy of the transcript for data accuracy. Participants were contacted through a follow up telephone call for an opportunity to voice concerns, issues, provide corrections or ask questions. Member checks were conducted in this study by providing the participants the opportunity to read and review completed transcripts from the initial interview. This approach allows the participants to critically analyze research findings and makes necessary comments or correction on collected data. The participants' affirmation that summary of the research findings reflects their views, feelings and experiences support research findings credibility (Maxwell, 2012). Transcripts were read by the researcher once again to glean more understanding. A thank you note was sent to all participants for their participation.

Rich Data

Finally, rich data was used in this study to verify findings credibility. Thick rich description is critical for achieving external validity (Lincoln & Guba, 1985). For this study, the researcher described and provided detailed information about the phenomenon, the extent to which the drawn conclusions can be generalized to other situations, settings, times, and population can be evaluated (Maxwell, 2012). I listened to the audio recording of each interview repeatedly to become familiar with the words of the participants in order to develop detailed, comprehensive and holistic data (Maxwell, 2012). This procedure provided a full understanding of the phenomenon and revealed a true picture of what was going on and the processes involved (Maxwell, 2012).

Discrepant Evidence

Discrepant evidence in qualitative research is important in validating research findings. These are data that are contrary to themes or categories (i.e., data was reported; however, the data did not have an expected outcome, Maxwell, 2012). It is plausible to include discrepant evidence because it increases research study validity, also it allows readers to evaluate the evidence and draw their own conclusions (Maxwell, 2012). Discrepant information that does not coalesce with the research themes may occur due to the composition of data from different perspectives. To identify and analyze such data, I critically examined both the supporting and discrepant data to determine whether it was plausible to retain or modify the conclusion, I was cognizant of the pressures to discard or disregard data that do not coalesce with my conclusions (Maxwell, 2012). Furthermore, I sought feedback from the expert panel concerning my research conclusions, if there was

any bias and assumption; this was a valuable process because it allowed me to identify

my biases and assumptions, and note flaws in my methods or logic (Maxwell, 2012).

This data was included in the analysis to ensure that all data analysis represent all

participants' perspectives.

Transferability

Transferability or external validity is concerned with extent to which the findings

of a study can be applied to other situations (Merriam, 1998). For this study,

transferability of the research findings could benefit all healthcare practitioners such as

nurses, social workers, psychologist and counselors within school setting, hospital

setting, and other organizations. To ensure transferability sufficient contextual

information about the fieldwork site was provided to allow the reader to make such

determination (Lincoln & Guba, 1985). Furthermore, provision of rich thick description

of the phenomenon under study was provided to ensure that readers have an

understanding of the phenomenon to enable reader to compare phenomenon described in

the research study with those that emerges in their situations (Lincoln & Guba, 1985).

Confirmability

In qualitative research, investigators are responsible for keeping research

objectivity through confirmability (Shenton, 2004). Confirmability is researcher moral

responsible to admit personal predispositions and study perspective (Miles & Huberman,

1994). In this study, researcher's personal beliefs and perceptual lens is lessened by

formulating questions that described the participants' lived experiences of school nurses

as they transition to school based practice as related to psychological empowerment and self-efficacy to enhance and support collected data (Maxwell, 2012). To lessened research biases, I admit my predispositions to remain objective and report research findings based on the experiences and ideas of the participants. Results of this study were not based on the characteristics and preferences of the researcher (Miles, Huberman, & Saldana, 2014). Furthermore, I provided detailed description of research methodology and why I adopted the underpinning research approach for this research, and explained why other approach were not suitable for this research (Miles, Huberman, & Saldana, 2014).

Dependability

Dependability is the extent to which research findings or results are consistent with data and the research could be replicated. In this study, the researcher ensure that interview transcripts, raw data, and research findings were conducted, and analyzed to conform to the standard and procedures for phenomenological research study (Maxwell, 2012). I reported in detail, the processes I used while conducting the study, such as the research design and its implementation in which I described and how I executed my research, operational detail of gathered data in which I addressed the minutiae description of field work during data collection, and reflective appraisal of the project in which I evaluated undertaken research inquiry process and its effectiveness (Lincoln & Guba, 1985). The study analysis from the third party transcriber or research assistant was compared to the researcher's categories and themes to establish additional rigor and

increase dependability. Completion of these techniques enables other researcher to replicate this study; however, they may not necessarily gain the same result.

Ethical Procedure

Conducting this study required access to research participants. Therefore, I requested and received permission from the Institutional Review Board to collect data from both the pilot study and main studies. Ethical concerns in research studies are serious issues that must be given utmost attention. It allowed me to distinguish between right and wrong and follow the code of professionalism in research to distinguish between acceptable and unacceptable behavior (Resnik, 2011). Ethical issues are imminent in research studies and researcher must be ready to protect the rights of research participants (Campbell, 2015). In this study, I respected the rights, needs, values and desires of all participants (Creswell, 2013).

Institutional Approval

Walden University Institutional Review Board was responsible for monitoring research studies. To ensure rigor for this research study, prior to initiating the research for this study, I submitted an IRB application to Walden University. I understand that data collection for the research study; both the pilot and main studies cannot commence until the Institutional Review Board (IRB) approval was received. Once permission was granted, the participants were contacted via face-to-face interactions, social media, via phone, or through gatekeepers to receive information about the study (see Appendix D).

Confidentiality, Privacy, and Data Storage

Any information provided by the participants in this study that could identify them, such as name, and other personal information, will be kept confidential. All identifying information was removed from the transcripts, so that within written reports or publications, no one is able to identify them. The participant's identity was protected and they were identified through assigned aliases such as Study Participant1, SP2 etc. I was careful not to bring any harm to study participants in this study. However, due to the nature of the in-depth interviews, the study hold the potential to be intrusive. Careful consideration was utilized throughout the data collection process of this study to protect the rights of the participants. The samples for this study were matured school nurses who have the right to choose to participate or not participate in this study. The participants were provided information about their rights to withdraw from the study at any given time. Participants who decided to withdraw and not participate at the onset of the study were informed that there are no repercussions for their decisions to withdraw from the study. During this study, if participants experience any psychological distress, they were provided information on counseling services in their geographical location (National Institute of Health, 2009). However, no participants experienced any psychological distress during this study. The study participants in this study were only identified by their educational credentials, years of experience in the field of nursing, age, gender, and geographical locations.

Obtained data was arranged by creating alphabetical files for the transcribed interviews; files, tape recordings and transcripts were stored in a locked file cabinet in my

home office. Additionally, electronic audio recordings and their transcripts were saved

on a protected computer with a secured password, and a backup copy on a secured

external hard drive. After each interview, I transcribed all digitally recorded interviews

immediately to ensure that all pertinent information was reported for data quality and

accuracy. Collected data will be maintained for 5 years on an encrypted external hard

drive only accessible to the researcher. All hard copies will be destroyed by shredding

and all electronic data will be destroyed by reformatting the external hard drive.

Chapter Summary

This chapter includes an overview of phenomenological qualitative research

approach to describe the lived experiences of school nurses who have successfully

transitioned from a hospital to school based practice. The chapter also included the

qualitative paradigm and method, a description of the potential participants for this study;

the sampling methods that was used for participants' recruitment; protection of study

participants through informed consent, and maintaining confidentiality. Chapter 3 also

includes discussion on the characteristics of all participants and the rationale for choosing

an appropriate instrument that is suitable for qualitative phenomenological research

approach.

Chapter 4 includes a detailed discussion of the results of this phenomenological

response to the interview questions and the major themes generated from participants'

responses.

Chapter 4: Results

Introduction

The current public education funding for school nurses is attenuated, and it is imperative that school nursing advocates continue to promote the required funding to increase the visibility of school nursing practice in the educational setting. Nursing practice in a nontraditional healthcare setting presents unique challenges. School nurses play a major role in students' health and well-being. As important community public health practitioners or specialists, school nurses must receive necessary support such as continued on-the-job training or professional development to help them function effectively within their role and with other school team members. Currently, there is no state or national standard of support for school nurses' services (Green & Reffel, 2009; Revenna & Cleaver, 2016). The transition experiences of these workers in moving from healthcare settings to educational settings have not been sufficiently documented in the literature. These practitioners report lack of respect from staff, feeling unsupported, and being misunderstood, all elements indicative of struggles they encounter during transition to their new role (Campbell, 2016). This study was conducted in an attempt to fill the void that was noted during the literature review to better understand the experiences of school nurses as they transition from health care settings to educational settings. The overarching research questions focused on the lived experiences of school nurses and how they have successfully transitioned from hospitals, clinical worksites or community health sites to school-based practice and become efficacious with their new practice

environment. Twelve professional school nurses were interviewed and they provided

information regarding their transitional experiences.

Chapter 4 includes a presentation of the findings from the pilot and main studies

as well as a review of the research questions, pilot test, research processes for recruiting

participants for the study, research participant profile or demographic information, and

how data were collected, stored, and analyzed. Additionally, the chapter addresses the

steps used during data collection to verify and ensure data accuracy and data quality. The

identification of themes includes major themes and sub themes; groupings are presented

in order of significance. This chapter concludes with a summary of the findings.

Pilot Study

The purpose of the pilot study was to determine the clarity and appropriateness of

the interview questions for use in the final study and to practice the interview process

prior to the main study. The pilot participants were three registered nurses working as

school nurses in Maryland (see Appendix C). The first three volunteers were the pilot

study participants, and they reviewed five main questions and 13 sub questions from the

School Nurses Transition From Hospital to School Worksite Interview Guide (see

Appendix A). The participants for the pilot study provided answers to all of the research

questions, as well as some suggestions on how school health nursing could help those

nurses who delegate medication administrations to health technicians through ongoing

education and training geared towards knowledge about actions of medication to ensure

that the right medications are provided by parents for students to receive health benefits

and achieve favorable outcomes. The pilot test participants completed all phases of the

study process. The three nurses were recruited and interviewed. An interview protocol

was established to answer the research questions and sub questions as described in

Chapter 3 (see Appendix A)

Pilot Study Data Collection

The pilot test participants responded to the questions in the School Nurses

Transition From Hospital to School Worksite Interview Guide, as well as questions about

the clarity and content of the interview questions. All participants took part in individual

face-to-face interviews, during which time they responded to the interviews questions.

Audio digital recording of the interviews enabled review of the participants' responses.

Pilot Study Data Analysis

The pilot study participants had the additional role of indicating whether the

interview questions were clear, promoted discussion, and pertained to the study's

purpose. All of the participants for the pilot study declared that the interview questions

supported the goal of the study. The pilot study participants agreed that the probing

questions facilitated a specific exploration of the participants' experiences. The outcome

of the pilot study led to the use of the School Nurses Transition From Hospital to School

Worksite Interview Guide without changes to the five main questions and 13 sub

questions. There were no changes to my research approach, interviews, or data collection

procedures as a result of the pilot study. I made a decision to include the three pilot

interviews in the analysis for the study because these interviews contributed to the overall

inquiry and to the understanding of the phenomenon of registered nurses' experience of transition to school-based practice.

Setting

The sample recruitment was conducted as planned and outlined in the study design for both the pilot study and the main study. The collaborating organization, the Maryland State Association of School Health Nursing (MASHN), helped to move the research forward by following the directions outlined in the research proposal for research sample recruitment. The organization was contacted with the intent to solicit MASHN assistance to advertise the research study through its website and newsletters so that interested participants could contact me. This process was successful. The initial recruitment process included an email sent out to the general MASHN membership (Appendix B) requesting that interested participants contact me directly.

The process designed for sample recruitment was followed accordingly. The response rate was high, as I had predicted.   From the 15 participants who expressed their interest in participation, I chose 12 to interview. Decisions concerning which individuals were included in the study were made based on the previously determined criteria; participants needed to have been practicing school nurses for a minimum of 1 year and needed to be currently employed as a school nurse in the State of Maryland. I also took into consideration geographical locations in order to maximize representation from as much of Maryland as possible. When contacted to set-up an interview, individuals selected to participate were happy, appeared eager to be interviewed, demonstrated a high

response rate, and freely volunteered to participate in the study. The process to acquire

participants was a smooth one; school nurses' willingness to help one another and

improve public understanding of the importance of school nursing was evident in the

recruitment process.

Demographics

Study participants were limited to school nurses who were currently working in

Maryland public schools who had held their positions for a minimum of 1 year. The

population sample proposed for the study was obtained as planned through the

cooperative efforts of the Maryland State Association of School Nurses.

Table 1 provides a breakdown of the sample by age, gender, education/degree,

ethnicity, and marital status. The age range distribution was between 31 and 65 years of

age. Although both male and female school nurses were eligible to participate in the

study, male school nurses did not volunteer to participate, so gender was not equally

represented. Mixed ethnicity noted. Ten of the participants (83%) interviewed had a

bachelor's degree and two participants (17%) had a master's degree. Three of the

participants (25%) interviewed were between the ages of 30 and 40, six participants

(50%) were between the ages of 40 and 50, two participants (17%) were between the ages

of 50 and 60, and one participant (8.33%) was between the ages of 60 and 70. Twelve of

the participants (100%) interviewed were women working as school nurses in public

schools, and they had experience related to the issue of transition to school-based

practice. Six participants (50%) interviewed for the study were White, five participants

(42%) were Black, and one participant (8%) was Hispanic. Eight of the participants

(67%) interviewed were married and four participants (33%) were divorced.

Table 1

Selected Demographic Characteristics of the Study Sample (N=12).

Participants	Age/Percent of Total	Gender	Education/degree	Race/Ethnicity	Marital status
01	47	Female	Bachelor's	White	Divorced
02	31	Female	Master's	White	Married
03	51	Female	Bachelor's	Black	Married
04	47	Female	Bachelor's	White	Divorced
05	40	Female	Bachelor's	White	Married
06	51	Female	Bachelor's	Black	Married
07	57	Female	Bachelor's	Black	Married
08	48	Female	Bachelor's	Hispanic	Married
09	32	Female	Bachelor's	White	Married
10	45	Female	Bachelor's	Black	Married
11	65	Female	Master's	White	Divorced
12	51	Female	Bachelor's	Black	Single
Total	Mean age 47		Bachelors 10 (83%)	White 6 (50%)	Married 8(67%)

Masters 2 (17%) Black 5 (42%) Divorced 4 (33%) Hispanic 1 (8%)

Age Frequency: 47= 2(16.66%) 31= 1(8.33%) 51= 3(24.99%) 40= 1(8.33%) 57= 1(8.33%) 48= 1(8.33%)

32= 1(8.33%) 45= 1(8.33%) 65= 1(8.33%) Total: 12 (100%)

As illustrated in Table 2, the total numbers of years as registered nurse among the

participants was 249, and the total number of years as school nurse was 56. The mean

amount of experience as a registered nurse for the 12 participants was 21 years. The

mean number of years of experience as a school nurse for the 12 participants was 5 years.

Furthermore, according to Table 2, the study showed that the population of 12 school

nurses had a range of experience in the field of school nursing from 1 to 13 years;

differences in years of experience might have contributed to the variations in the

responses to questions during the interviews.

Table 2

Years of Experience Distribution

Participants	Years as a nurse	Years as a school nurse
01	19	5
02	5	4
03	18	1
04	24	3
05	12	4
06	30	9
07	38	4

08	22	10
09	10	1
10	17	1
11	40	13
12	14	1
Total	249	56
Mean average	21	5

Summary of Demographic Statistics

The participants in the current study were female registered nurses who had worked as a school nurse for a minimum of 1 year. The demographic analysis involved 12 nurses who volunteered to participate in the study. The interview took place with 12 study participants who had 56 years of combined experience as school nurses and 249 years of combined experience working in other nursing specialty areas. Most of the nurses covered one school, with the exception of two nurses who covered multiple schools. Eight of the nurses were married, and four were divorced. The participants' experience in school nursing practice ranged from 1 year to 13 years. The participants' previous area of hospital nursing practice included (a) home health care, (b) medical-surgical unit (M/S), (c) pediatric, (d) emergency unit, (e) cardiac rehabilitation unit, (f) Neonatal Intensive Care Unit (NICU), (g) acute rehabilitation, and (h) community health nursing. The participants were all women, and they were all registered nurses. The

degrees the participants held included (a) Bachelor of Science in Nursing, (b) Master of

Science in a nonnursing field, and Master of Science in Nursing. The participants

represented the following age groups: 30-40, 40-50, 50-60, and 60-70 years of age. Six

participants were White; five were African American and one was Hispanic.

Data Collection

The purpose of this research was to gain an in-depth understanding of the lived

experiences of school nurses; it was necessary that these independent health care

practitioners' stories be shared. The chosen method, the phenomenological approach,

allows participants to share their stories through personal interviews. Data collection

occurred as outlined in Chapter 3, and the data were generated by interviewing 12 school

nurse participants. Each participant was interviewed face-to-face at a location chosen by

the participant. Selected venues included the public library, a bookstore, and a local

restaurant. I adhered to the research protocol and confidentiality agreement; participant

names were protected and were not included as identifiers. Unique identifiers were

created to identify participants. Additionally, location identifiers were eliminated from

the study. The length of the interview averaged between 45 minutes (minimum) to 60

minutes (maximum). The demographics form and consent form were reviewed and

completed at the beginning of each interview.

Data collection consisted of verifying all participants' eligibility to be part of the

study, scheduling interviews, and collecting of responses to the five main questions and

13 sub questions. All of the participants in the study received contact by telephone and e-

mail for their voluntary participation in the study. Participants received a copy of the

invitation to participate in a research study and an introduction letter to participants (see Appendix C); demographics form (Appendix D), and consent to act as a research participant (Appendix E). Each participant signed, dated, and returned the consent form and completed the demographics form. Upon consenting to participant in the study, each participant received a copy of the 13 research questions (Appendix A). The consent form received a special code School Nurse 01 through School Nurse 12 based on the date of scheduled interview. All of the participants were interested in knowing the outcome of the study and were interested in reading the completed dissertation; each participant provided an email address for follow-up.

Each interview followed a two-part format that consisted of a brief introduction to the background of the study and establishing that the participants were a school nurse in a public school. To proceed with the interview, each of the 12 participants established that they had been in the school nurse role for a minimum of 1 year before answering any of the questions. Each participants was asked the same questions in the same order, with a follow-up question, if necessary, to clarify or validate a response.

All interviews were conducted in different counties in the State of Maryland, and data collection occurred over a period of 12 weeks during the last week in May, June, July, and early August 2016. The data collection tools were semi structured interviews, field notes, and a researcher's journal. Interviews spanned 45 minutes (minimum) to 60 minutes (maximum). Several participants changed the interview date at the last minute and offered to reschedule at a time that would be convenient for the timely completion of

the study; in other cases, the time was inconvenient for the timely completion of the study. Interviews were conducted in person face to face.

After each interview, I listened to the taped responses for accuracy and in order to validate the responses with the participant. Each tape received a coded label with School Nurse-01 through School Nurse-12 in place of the name of the participant to ensure anonymity and confidentiality, and I transcribed the taped interviews into a Word document. Each of the 12 participants received a transcribed copy of her responses to check for validity and accuracy. Participants agreed that the transcriptions of their responses were accurate. The validated responses were then grouped into one concise Word document (Appendix H).

The final population of 12 school nurses interviewed, captured the essence of the study and emerging themes were present in their responses to the 13 interview questions to reach data saturation. Data saturation is reached when the researcher does no longer hear or see new information emerging from the interview (Siegle, 2006). All data collection adhered to standard protocols, ethical guidelines to ensure confidentiality and data validity as described in Chapter 3

Semi Structured Interviews

Before conducting the interview, I explained the purpose of the study, obtained informed consent, verified that the participants had agreed to voluntary face-to-face interview, and reminded participants that their responses to the questions are part of the study. During the interviewing process, careful attention to details of what the

participants said and how the respondent answered each question was important in minimizing the need to validate responses. If required, follow-up questions helped to clarify the participants' response to any particular question before proceeding with the next sequential questions, each of the interviews were concluded by thanking the participant.

Field Notes

The use of in-depth interviews and the field notes during the data collection process study assisted me in generating rich detailed participant's experiences. As I conducted each individual interview, I documented many of the participant's statement on the interview guide. Using field notes proved to be valuable during the interview process as a manner in which to divert some of my direct eye contact away from the participants when they were speaking. This appeared to provide the participants' with an additional level of comfort.

Researcher's Journal

The journal was an integral part of the interview process and was used to log all participants, their assigned code to identify them, their contact information, interview date, and notes which was used to remind me about participant's critical statements. Reflection on participant's interview and observation were noted. The journal assisted me in continuing the process and provides a singular location to record both the tangent and germane thoughts relative to the interview process. I divided the journal into multiple sections that includes a chronological order of all activities directly related to the

research effort, email distribution and responses, participants' contact and schedule of interviews, transcription processes, identification of theme and coding evolutions; as well as details of participant interview, observation and researcher notes.

Data Analysis

The analysis process for this study was aimed at understanding the lived experience from the nurses who produced the experience rather than imposition of other people's interpretations. It was essential to allow the participants' to tell their story and the interpretations of the study were the participants' interpretations in the phenomenon under study which, defines the commonalities of the lived experience in the phenomenon (Patton, 2002). As such, it is not the researcher's own thinking of the phenomenon, other researchers' experience of the phenomenon, or the theoretical descriptions of the phenomenon that are under analysis (Moustakas, 1994)

The data analysis for this study for the themes and coding were conducted in stages. The interview transcripts were transcribed, printed out, and analyzed through multiple step process using the modified version of the Van Kamm method of data analysis presented by Karl Moustakas.

The first step in analysis of the data involved reading each transcript in its entirety to gain general understanding of what the data were generating, this is known as horizonalization (Moustakas, 1994); this step involves going through each transcript numerous times and highlighting significant statements or quotes that provide insight into how the participants experienced the phenomenon.

The second step, reduction and elimination involves the identification of the invariant constituents, this steps involves two requirements. According to Moustakas (1994), these requirements for inclusion as a horizon of experience would be: (a) Does it contain a moment of the experience that is necessary and sufficient for understanding it, and (b) is it possible to abstract and label it? (p. 121). Expressions not meeting the above requirements were eliminated leaving the invariant constituents.

The third step involved developing clusters of meaning; during this stage of the data analysis process, I revisited all of the significant statements that were previously highlighted, and themes began to emerge from these clusters of meaning. These clustered and labeled constituents are the core themes of the experiences of registered nurses transitioning to school based practice.

Identification of the final invariant constituents and themes occurred during the fourth step of the data analysis process. This was accomplished by assessing three questions: (a) are they expressed explicitly in the completed transcription, (b) are they compatible if not explicitly expressed, and (c) if they are not explicit or compatible, they are not relevant to the experience and should be eliminated.

Construction of individual textural description of the experience occurred during step 5 of the data analysis. During this process, I was able to write a description of the context or setting that influenced the school nurses' transition experiences to school based practice.

Step 6 encompasses the construction of an individual structural description for each school nurse interviewed for the study. Individual textural descriptions were completed for eight of the participants and an example was included in Appendix I. There were also eight individual structural descriptions created, this encompasses the how of the school nurses transition experience to school based practice. An example of one participant's structural description is found in Appendix J.

Combining the textural description and the structural description for each participant allowed me to construct a Textural-Structural Description of the meaning and essences of the transition experiences of registered nurses to school based practice interviewed for the study. A textural-structural description for eight of the participants was created to capture an in-depth essence of the phenomenon and an example is included in Appendix L.

The final step involved creating a composite description of the entire participant poll. From the individual textural and structural descriptions, I was able to write a composite description that represented the essence of registered nurses transition to school based practice. While individual participant's descriptions varied, they revealed common themes throughout the structure of their work experience. Themes were included as outcomes when at least half, six or more, of the participants recognized said themes as part of their experience. These themes will be further discussed later in this chapter and include: Transitioning into the Role of Professional School Nursing practice, Applying Knowledge to Practice, Navigating the Organization, The Impact of Funding

on School Health Services and Low Salary, and Building Relationships. These were the major findings of this study. These themes represent the difficulties of the transition experience for Registered nurses transition to school based practice. This chapter addressed participant description and progression of interpretive thought that delineates five major themes, 25 subthemes and the emergent theme, school nurses' commitment to services and related subthemes.

Table 3

Five Major Themes and Related Subthemes

Major themes	Subthemes
Transitioning into the role of professional school nursing practice	Role transition
	System integration
	Delegating to others
	Time management
	Dedication
	Apprehension and fear
	Multitasking
	Support during transition
	Understanding the transition
	Limited Orientation period
	Work Hours and family commitment

Applying previous knowledge to practice   Prioritization of nursing care

Independent practice

Confidence

Strong critical thinking skills

Strong organizational skills

Strong nursing assessment skills

Setting realistic goals

Using prior knowledge and experience

Navigating the Organization   Documentation

Pre-planning

Monthly report

Making the right decision

Policies and procedures

The impact of funding on school health   Lack of supplies and limited resources

Services and low salary   Low salary and impact of school nurses

Building relationships   Relationships

Treated like an outsider

Communication

Building rapport

Transitioning into the role of professional school nurse was the largest and most complex of the themes that encompassed registered nurse role specific experiences from the contexts of factors important to transitioning into the new role as a school nurse. There were five major themes and twenty-five related subthemes and one emergent theme and information on discrepant cases were also be reported.

Evidence of Trustworthiness

The phenomenology qualitative research perspective confidently depends on the participants' view for credibility as the source for justifiable evaluator of the study results. Credibility, dependability, transferability and conformability are evidence of quality in a qualitative study and they are elements used to justify degree of trustworthiness in this research achievement. One of the evidence indicating the results of this research conformability was the second coder identification of themes similar to those identified by the researcher. For example, both the researcher and second coder identified strong communication skills, strong nursing assessment skills; independent practice, critical think skill, salary, support during transition, developing relationships with other nurses, lack of understanding of school nurses roles and responsibilities by school personnel and parents, and lack of funds for nursing supplies.

Once all interviews were completed, transcribed, and analyzed, the process of verification was initiated. The data for this study were verified by peer review,

clarification of researcher bias, and member checking sessions with participants, and rich, thick description. A rich, thick description was utilized by using direct quotes taken from the transcribed interviews to demonstrate and support the expressions listed in group descriptions. Furthermore, a complete transcribed interview is included as an example in Appendix H. To clarify research bias and remove myself from the role as a school nurse for eleven years, I employed epoche, especially, the technique of bracketing, whereby conscience efforts were made to set aside my own personal bias during the data collection process; I kept a researcher journals and wrote down my biases about the study prior to collecting data for the study. This technique as I worked through the process, allowed me to be very honest and conscience effort was made to suppress my own biases. Thematic memos were also kept and recorded throughout the data analysis.

Results

The purpose of this qualitative study was to explore and discover how registered nurses describe their transition experiences to school based practice. The findings below presents the terms used to label the experience, which stemmed from the analysis of the study, and followed by what the meaning of the findings meant to school nurses in this study; then followed by analysis of the research questions concerning transition experience to school based practice.

Themes and subthemes were identified and included as part of the research composite analysis description of (7 out of 12); a majority of the participants identified the same transition experience, from positive to negative. Participants' verbatim sample

responses were included in the result, the grammatical errors and slang language, were included to increase participants' accurate descriptions of their lived transition experiences.

Theme 1: Transitioning Into the Role of Professional School Nursing Practice

Theme 1 emerged from the answers to questions 1, 3, 4 and 8. Transitioning into the role of professional school nurses was the most and complex of the themes generated from interviews with school nurses' specific experiences from the context of factors important to transitioning into their new role. The related subthemes included role transition, delegating to others, time management, dedication, apprehension and fear, multitasking, support during the transition, understanding the transition, limited orientation period, and work hours and family commitment. Participants were asked about the orientation and transition experiences as a school nurse. Several participants reported that transition to school based practice was tough and that they do not receive enough orientation to school based practice. The majority explained that they received didactic instruction and limited clinical orientation at another site other than the site where they were working. When questioned about the orientation they received, participants recognized that the orientation received in school-based practice varies and greatly different from the hospital orientation.

The school nurses who were interviewed reported that it was difficult to get oriented at a school different from the school they were assigned to, which creates challenges when they return to their assigned schools because each school have their own

dynamics. While orientation was identified as a concern with several participants, more specific examples regarding the lack of standardize clinical orientation surfaced.

Examples follow:

P1: It was a lot to learn in a short period of time. I was placed with another nurse for couple of weeks to understand what was involve in becoming a school nurse. Huh, there was just so much to learn and I didn't feel that my orientation period was enough. I have three schools, elementary, middle and high school and high school is different from middle school and elementary and yet I was taught to be the same and I was not taught what those differences were during the orientation period. Until I get to the school where I am assigned that is where I find out oh this school have this needs. Different schools have different needs and I have to find that out on my own.

P5: Well, I had two weeks of orientation and most of it was in a class room setting, and I followed a nurse as part of the two weeks orientation for three days to understand my role as a school nurse and learn about policies and procedures. When I started on my own, I was apprehensive and scared but as times when by, I became confident. I think it would have been better if I was oriented in my assigned school rather than in another school to help me and elevate my fear and apprehension.

P8: There was no orientation, it was usual situation, and I just started working the next day. I was hired on the spot, and I was asked if I want the job. It was a bit of

a crazy school things were you know because the kids have special needs and because it was a private school, and because the school is not part of large school districts, they can do things differently compare to a large school district. I was mentoring a new nurse who started working as a school nurse, and I would say it was fear. Fear of the unknown, because of lack of experience. As a school nurse, we are independent practitioners and we make very quick judgment and have good critical thinking skills. So I could not call out, because she did not know how to act should in case of an emergency, she was just experiencing fear the whole time that she was here, she stayed for the whole year and I think she did not get over it, because she did not have that experience even working in the hospital, in the hospital, you have a lot of support. We do not have any support here and you have to really know how you are going to act in the case of real emergency, what am I going to do, I have fear too because sometimes the health room can be crazy and I will asked myself what am going to do in case there is a massive casualty, what if somebody came to the school and started shooting or a big huge something happens with a lot of different traumas, how would I deal with that and that is always on the back of my mind. They expect us to give ice packs and Band-Aids every time but when there is a casualty, they know who to rely on and people rely on us heavenly when us. The nurse needs to use intuitive, assertiveness, confidence and strong assessment skills because in the hospital they can call the doctor or the charge nurse who are on the hospital premises, here you are alone.

P9: Um, I tell a lot of people that I found this a little bit less stressful, because I was getting burned out with the hospital politics kind of things in the hospital setting. But I think I have been able to use my nursing skills and time management skills from the hospital here in my nursing practice. I don't know if I should call it delegation skill that we were thought in nursing school, when you want to know if you see a student who is vomiting and or a febrile student with temperature. I have been able to use that skill from acute care here in the school setting to determine which student I need to see first and who can visit and wait and that kind of a thing. Um but I guess because I was using computer in the hospital and that kind of help me to pick up computer documentation quickly and have the students out of my office quickly and be able to function that way. I think it will be more difficult for someone who can't pick the computer documentation quickly it is something that can slow them down in this type of setting. Definitely in the beginning I find myself staying over in my office on a busy day to complete my documentation finishing up and putting something into the computer system. So once I kind of get that down and know what to put in, what you are looking for and where to find things, that makes things go faster on a busy day. I am at advantage having another school nurse at my school. I will call her to come if there is anything that is not clear to me. She has been a school nurse for few years and she has the experience that I can utilize as well and I know it would have been a very different first year for me if she was there and I feel probably would have to find some I feel comfortable calling to ask them

questions. I have to feel comfortable not knowing things and look it up and tuck

it in that this is what this is and I know this is what this rash looks like and this is

what this symptoms looks like and those kinds of thing and not having that

experience seems to be okay with me because I don't really know. My office is

not super approachable, and sometimes I feel left out from some communication

going on in the school, and I am a little bit isolated in that way, kind of have to

figure out things on my own what is the lunch time and what is the flow of the

day. Um I think I am okay with the fact that I have to figure things on my own as

I go and been flexible and go with the flow of things and it kinds of make me feel

isolated

P11: Hum, very short, someone sat with me and went through the procedure

manual when I work with one county. And when I moved to a different county,

that county has a more formal orientation where I still go through the procedure

manual but it was completed through a 2 days period. It was about the same

sitting next to somebody, it was just overwhelming because it was just too much,

but very short. They think because I am a nurse, I can do school nursing. But I

can but it is very specialized.

Summary of Theme 1: Transitioning Into the Role of Professional School Nurse

Several participants (85%) in this study reported struggles with transition to

school based practice. The participants voiced their concern over a lack of traditional

clinical orientation, which is required as the backbone in nursing to successful transition

to the new role of school nurse. The participants were also able to pinpoint specific

concerns regarding orientation to school-based practice which, included training at

another school other than their assigned school and the dimension of the orientation.

Registered nurses transitioning to school based practice expressed feeling a sense of role

ambiguity in becoming a practicing school nurse and describing the difficulty of

disconnecting from the role of acute care nursing. Registered nurses share the difficulty

of delegating tasks to health assistance or support staff during their transition to school

based practice. Some nurses mentioned fear and this could have implications for

recruitment and retention of school nurses, as well as psychosocial and emotional

wellbeing of registered nurses transitioning to school based practice. Furthermore, fear

may induce or impair registered nurses ability to successfully transition to school based

practice. Time management was expressed as needed tools to help nurses organized their

day, organizational skills is seen as a useful tool to manage time and daily activities.

Understanding the transition is imperative as experience registered nurses move to the

role of school nurses. There is a difference in the scope of practice as an acute care

nursing and school based nursing. The nurse must understand the scope of practice and

the principles guiding school nursing for successful transition.

Theme 2: Applying Previous Knowledge to Practice

Theme 2 emerged from the answers to questions 4, 5, 6, 7 and 8. Applying

knowledge to practice is the second theme; it depicts the factors that influence the

development of knowledge and its applicability to nursing practice. School nursing is a

specialty practice and nurses new to the specialty may have nursing experience but

applying that knowledge to practice in this specialty may be difficulty, the scope of

school nursing practice, and standards of professional practice is somewhat different.

Nurses transitioning to school based practice must apply previous knowledge and

experience carefully to prevent legal allegation due to the legal issues in school based

practice.

      P2: Let me say this. After orientation, I was definitely kind of overzealous for a

little while at the beginning thinking that everybody who came in was actually

sick, but they were not, a lot of them were not sick and they were just using

illness to avoid classes. It took me a while definitely through the end of the

school year, towards the end of the school year to so February through June, about

3 to 4 months to get a feel of knowing the kids, knowing the teachers and

knowing the parents, and doing what the parents are adamant about calling them

for every little thing and which parents do not want me to call them except if it is

a true emergency. Laughing, so it took me probably about 3 to 4 months to really

transition into that mindset that I am treating a population and not 3 different

patients with chronic illness and I would say that I had too much trouble

transitioning into it, I enjoyed it, it took me a while to get the flow and to organize

myself, but after that I have really enjoyed the last three years, I think I am pretty

good at my job. Organizational skills are very important. Autonomy was very

tough at first because I cannot second guess myself. In the hospital, when I

second guess, I have someone else there that I can run it by but here I don't, I

have myself and EMS if needed laughing. So the first couple of months, I second

guess myself a lot, and I will take that back home with me and I will be like I send

him back to class and he bump his head and he said his head hurts and felt a little

bit dizzy, and then I will think about it and think about it and the next day, they

will be totally fine, because they are fine, they are kids and they run

around. Occasionally they receive head injury at school but most of the times

they bump their heads. Or the one with a fever and I do not know why; it is

standard that students with fever should go home and I will be struggling between

asking the parents to take them to the doctor right away or not, so I second guess

myself until I build that confidence to make the right decision. The biggest thing

in that area is not the kids but the teachers because the teachers fight you on

things, if you think they need to go to the hospital and they tell you that they are

not going. And my thought is that they need to go and they say it is not that

bad. And at the beginning it took me a while to build my confidence and let

them know that I am going to call 911 and the teacher can decline to go with the

EMS but I have done my own part as the healthcare practitioner in the building, as

supposed to come back in fifteen minute and check back with me until I was

confidence enough to tell them that no, my opinion is that we need someone else

to come in and take you to the hospital; if you don't want to go you can refuse

them but I have to do my due diligence. That part is difficult because I am an

independent practitioner in the school.

P5: I have to practice independently and I have to have strong nursing assessment

skills to be able to identify and know what the problem is that I am looking at. If

a student is coming with asthma symptoms and they are complaining of stomach ache; I have to be able to ask them more questions and asked them to point to where it hurts. Or a student comes in and said my neck hurts, I have to asked show me where it hurts, and I have found out in some cases when they said my neck hurts, its actually their throat that hurts so by asking them to show me where it hurts, am able to obtain the proper diagnosis. I have to be able to function independently whereas in the hospital or doctor's offices I have somebody there like a second set of eyes to help you but that is not the case here. Um, I also have flexibility with my schedule because the kids come and it's hard to say no you cannot come, but it helps to let them know when they can come. I let them know by giving them scenarios that warrants an urgent care and non-urgent care. If you have stomach ache, head ache, you can come at this time. If you are having problem breathing, coughing, asthma, bleeding, vomiting you can come immediately and letting the kids knows when to come helps with the flexibility of my schedule, to work on the case management piece of my work, attending meetings, work my records and making sure that charts and medication orders are all in order.

P6: What I will say in terms of that is that I am so glad that I was able to work in the hospital prior to going to the school because working as a school nurse, it seems I am working in the ER (emergency room) because I encountered different problems from trauma whereby a student might be running during recess and fall and I am the only nurse to handle it if it is fracture or sprain whatever, I believe

that if I had not work in the hospital and witnessed some of these things, it would have been a lot of challenges for me to handle. So with the experience I acquired at the hospital, it helped me to transition a little bit smoothly to the school based practice; and I also believed that school based practice requires a nurse that really have a lot of years of experience in nursing. I am not surprised that they required you to have more than two years of pediatric experience. As a school nurse, I am caring for children and adults, and that experience is needed for me to successfully triage both the students and staff members. With many students coming to school with different kinds of allergies and chronic health issues, my assessment skills is much valued and it is very important. I am the only health care practitioner in the building and if there is an emergency, I have to make a quick assessment and determine how to treat the problem at hand either to call emergency responder or to call the parents. If I am in doubt, I have someone, a colleague in the hospital that I can call to double check, and reassess and confirm my assessment but in the school, it is me or the emergency responder, if I lack good assessment skills, it could result in tragedy if I miss or overlook an important aspect of my assessment and this is not what I want to encounter. I am the only person in the school who can make decision about health, the principal and staff looks up to me to take up the challenge and make the right decision. Well, one experience I had noticed when I first started; I felt exclusion or isolated because here they have a lot of teachers, and it is not only at the schools but it is county wide from the top. The teachers were valued more than the nurses, and I

asked myself, is it because it is a school system and it is not hospital setting and the nurses belong in the hospital. Again, I feel bad that I work almost more than my allotted time which is seven hours and I do not get paid for the extra hours that I put in, it is like am volunteering my time. When the teacher wants to do things, they can send someone to cover them, but as a school nurse, there is no one to cover me. It is difficult to have my lunch break, there is no one to cover me, when I am eating and when there is a student even though it is not an emergency, I will be called to attend to the student and I have to leave my lunch. It was very challenging to work in such environment, but I told myself this is my new life and I better embrace it.

P10: School nursing is totally different from acute care and you still have to follow nursing standard of practice. I have doctor prescribed some medications and it was not written properly for the school nursing scope of practice and I faxed it to the doctor several times for correction. The doctor called me and said can't you just write it in, I told the doctor, that is not my job and you have to complete it as required by Maryland school health scope of practice for the child to be able to receive the medication at school.

P11: It is a fragile transition because if the support and mentorship is not there, they will leave. It is something that money comes from the emergency room, money comes from the same goal of wanting to be on the child's schedule not to work night shift and the weekends without knowing the full scope of work and if

there is no good orientation and good mentorship program, then that nurse can leave, although I do not know the turnover but I won't be surprised because I do know that nurses have left because of that, the older nurses are leaving and school health nursing is by word of mouth. In Baltimore County they trained student nurses for school based practice. By attracting student nurses to the school based practice to let them know that school based practice is not about ice packs and Band-Aids and let them know that it has an expanded and independent autonomous role. The nursing students have passed through health room were surprised about my role as a school nurse and were glad that they were opportune to complete their nursing practicum in school health. The school based practice need to lobby university school of nursing to include school based practice as one of their clinical site, for instance we have many school of nursing in Maryland that can be used to provide awareness about school based practice to nursing student's especially those in 4 years college since the entry level according our professional organization is a bachelor's degree. I am very passionate about school based practice; the nursing student's I received from one of our local university to learn about school based practice were surprised how much it entails. I have done complete research; learn about immunization and how to triage sick children in my health room.

Summary of Theme 2: Applying Previous Knowledge to Practice

Majority of the participants, eleven of 12 admitted that apply previous knowledge in school based practice help support their learning during transition to care for students.

They also stated that learned to empower themselves to thrive in an environment where education is the first priority, gaining empowerment knowledge helps opens new opportunities and possibilities for these nurses to go far beyond the scope of everyday abilities. The nurses stated that as expert clinicians, they utilized their former nursing skills and experience, to help them move forward in their transition to functioning as school nurses. They understands that there are challenges of being in an educational setting environment which present a major challenge in their role transition, however, their ability of being able to help students and their family as well as staff understand their role and impact their health and well-being is satisfying.

These participants believed that time in the new role have eventually provided them the opportunity to transition successfully. Furthermore, they resolve to work through those barriers that make it impossible to practice in the educational to provide the so much needed service for students and their families.

Theme 3: Navigating the Organization

Theme 3 emerged from the answers to questions 4, 5, 6 and 7. Participants were asked about their transition experiences regarding their role as a school nurse. Majority of the participants shared that it was difficult to navigate the organization because education is the primary focus of the organization and not nursing, therefore nurses struggles to perform their duties as a nurse in an educational setting. Out of the 12 participants, 11 shared that integration and navigating the educational environment is difficult compare to the hospital environment where they have other colleagues such as

secretaries, unit clerk, nurse manager, director and nursing coordinator to help out nurses during their transition period and the hospital environment are similar.

> P1: Every job that I have had has provided me the autonomy opportunity to be independent. It was an easy transition. If I had work in the hospital, it could have been a difficult transition because I have to follow doctors' orders. I am used to office procedures and in every school, you have secretary that you have to deal with, you have files, so I am used to paper works and I am used to having to do 5 different things at one time and trying to stay organize. So for me it makes sense and that's why I am still doing it. I think the reasons why there is a high rate of turnover is because they do use sub nurse a lot and if the nurse administrators have confidence in the nurse, then the nurse is not called for assignment and then the nurse have to go and look for a steady income. My support systems are other nurses in the county, that I have built rapport with throughout the year. I do not go to my managers because they will blow things out of proportion for me. Also, it put my job in jeopardy, I might not be fired but I can be move from school to school and it is difficult to transition.

> P2: It is completely different in staffing, different environment if I go and work in a different place I have different environment, but I am working in a two different environment at the same time. In one health room, the health room is small and in my other school, which is a new school; I have a health room three times the size of my other health room. Organizing my physical space is

sometimes difficult and tricky because I have to learn to fit into small or I have all the other space. I also have to mentally fix the school layout in my brain for the two different schools. It took me a while to keep my thought together, I have a calendar that I do in blue for one school, and red for the other school and black for what I have to do for both of them. I have my calendar color coded, I am buried in my calendar. Organizational skills are very important.

P3: Huh, well since I was an experienced nurse, the nursing aspect of the transition was not a problem. When there is a medical issue, I knew what to do. But since, I have never been in the public educational system before because my children are in the private school. So I had to take my time, and it is still taking me a while to know how things are done, and to learn the protocol.

P5: Huh so, I detect that I have support system of other nurses to help me organize and know what I need to focus on daily so that I can get my health room to workable environment that is more acceptable because papers and supplies were just stack up and everywhere. It was very intimidating the first couple of months and also I perceive sense of accomplishment because I clean the health room up, I can triage students and send them back to class in a timely manner because I know where I can get the necessary supplies. It took sometimes knowing the routine. It was difficult getting the parent to bring their children updated immunization records, providing the school medication forms because some just sent their children to school with medications. Getting to know how to

communicate things to the teachers, parents about what the students' needs to be successful at school, managing their health care so that I, the parents and teachers are on the same page. The teachers do not understand that I as a nurse in the school have a role to play. My role is to keep the students who are not acutely ill in school so that they can get their academic instructions. I do not send student home unnecessarily, because when they are sent home they miss their instructions and they get behind and have hard time catching up, and this does affect their learning. Providing the simplest intervention of giving them water and sending them back to class helps them. Keeping the students hydrated has been shown to improve their cognition, think skill ability, and their writing, so I am a water pusher and it helps them to breathe better, alleviate stomach aches, constipation issues or hunger, immune function, and body temperature control. People do not understand they see me giving the students water; it helps to maintain the students' homeostasis and helps them stay in school and learn. Some of this little thing looks small but it is big because it helps the students to stay in school and learn.

P6: I have observed that they still do not send you to the school where you are going to be assigned, because majority of the cases where you are going to, there is no nurse there and that is one thing we have to understand. Nurses are assigned to vacant schools, and there is no one to orient the nurses at the assigned schools so nurses are sent to another school where I get hands on before I went to my school. But it would have been preferably like in the hospital to get trained or

oriented to the school where I will be working. What I will say in terms of that is

that I am so glad that I was able to work in the hospital prior to going to the

school because working as a school nurse, it seems I am working in the ER

(emergency room) because I encountered different problems from trauma

whereby a student might be running during recess and fall and I am the only nurse

to handle it if it is fracture or sprain whatever, I believe that if I had not work in

the hospital and witnessed some of these things, it would have been a lot of

challenges for me to handle. So with the experience I acquired at the hospital, it

helped me to transition a little bit smoothly to the school based practice; and I also

believed that school based practice requires a nurse that really have a lot of years

of experience in nursing. I am not surprised that they required you to have more

than two years of pediatric experience. As a school nurse, I am caring for

children and adults, and that experience is needed for me to successfully triage

both the students and staff members. With many students coming to school with

different kinds of allergies and chronic health issues, my assessment skills is

much valued and it is very important. I am the only health care practitioner in the

building and if there is an emergency, I have to make a quick assessment and

determine how to treat the problem at hand either to call emergency responder or

to call the parents. If I am in doubt, I have someone, a colleague in the hospital

that I can call to double check, and reassess and confirm my assessment but in the

school, it is me or the emergency responder, if I lack good assessment skills, it

could result in tragedy if I miss or overlook an important aspect of my assessment

and this is not what I want to encounter. I am the only person in the school who can make decision about health, the principal and staff looks up to me to take up the challenge and make the right decision. Supplies in school based practice is limited and I am just managing whatever I can lay my hands on. There are limited resources for supplies in school-based practice, because there is budget allocation for the health suite and once the money allocated for my supply is used up, I am on my own. I will be honest with you; in the hospital I have access to all supplies.

P9: Sure, so um I came in through the latter part of the school year, I had my second child in August, so I started in November of last school year, um kind or pathway through the school year so something was done which was helpful, the immunization record that was supposed to be in the system for the new students was completed and that makes it easier on me. Height and weight, vision and hearing screening that was also done for me already and that was very helpful and the other things I had to figure out on my own, what needed to be done and what I do not have to do. I think for the most part, my transition has gone very well, and I enjoyed the kind of um, independent piece of it, and kind of been able to manage my time, um triaging kids what is really serious and what is not as serious but that has seriously been a transition as well because in hospital, I did not have to do that so much, especially in the acute care rehab, the patient are more stable, um than the ICU and that has been a transition as well, I think I manage it pretty well. I have been able to get out into the classroom and educate student and been

able to do the education piece has made me feel a little bit comfortable because

meet teachers and students that way and I enjoyed doing that kind of thing and

that has helped me with the transition as well.

P10: It was good, huh the nurse that I oriented with was a fairly new nurse, and I

said to myself, I have so many years of experience and it was a matter of her

showing me things about the computer system because she was looking up to me

and asking sudden questions. I felt like if you don't already know certain things

then you cannot give it to me. You cannot get much from someone who is a new

nurse, but it was okay, she was paramedics prior to becoming a nurse. The

didactic was boring because I was not using what I was getting. I wish they have

broken it up whereby you receive information one day and go to your preceptor to

put what you learn in class to practice. I was in class for almost two weeks

learning policies and procedures. I have to go home after class, get on the

computer and do research and read because I want to make sure that I know what

to do because it is totally different from acute care. I have to do a lot of

research. I wish they had put me with someone with much experience because

my preceptor is new, someone with much school nursing experience.

P11: Transition to school based, I was able to use my assessment skills, so that

was important to be able to use my assessment skills, and often I missed some

assessments skill as far as planning is concerned. You know we were taught how

to assess, plan, implement and evaluate. It seems I am never able to finish a

sentence without getting interrupted and often I get lost in that track. But um it was huh, knowing what I did not know, becoming aware of what I did not know and becoming aware of what I did not know, and knowing where I could get help to enhance my knowledge. I have to spent a lot of time with continuing education, online courses, once I get into professional organization, you know they always have good resources, so the transition was bringing reassuring and reminding myself that I knew what I knew, and I did know something and I did have something to bring to the table even though I might not know the side effect of ADHD medication, or I might not know much about ADHD or some chronic illness that was genetic so it was huh, I realize what I am dealing with and my ability to use my tools to network. Things that are part of professional nursing and I think professional nursing is BSN more than AD.

Summary of Theme 3: Navigating the Organization

School nurses reported that the transition to school based practice is difficult due of lack of effective clinical transition program in the assigned school. The nurses reported that training nurses at their assigned schools will provide useful information that can help them be readily adapted to learning or working environments. School nurses' orientation program should be based on adult learning principles that are goal oriented that will foster a well learning environments which will enhance employment related skills, knowledge, and self-development. Navigating the organization as a major theme was not surprising; however, participants' perception on how navigating the organization makes the transition experiences difficult. Information provided during the orientation

program is somewhat difficult to follow because the principal were asking for something

contrary to what they were told during the orientation. Establishing a learning and

educational environment for registered nurses' transitioning to school based practice may

lead to provision of quality nursing care for students and staff, and a sense of

accomplishment for school nurses' and provide safe transition to professional school

nursing practices.

Theme 4: Impact of Funding on School Health Services and Low Salary

Theme 4 emerged from interview questions 1, 10, and 11. Participants were

questioned about the issues they encountered while transferring to school based practice,

to their school district, and their assigned work environment. Nine out of the 12

participants (75%) stated that there is problem with budget on health room supplies,

while ten out of 12 (80%) indicated that school nurses salary are and it is a problem in

their district for recruitment and registered nurses staying on the job. Participants

reported struggling with being the only health care practitioner in the building in an

educational setting.

> P2: Learning that not all my patient is dying laughing, learning that not all that
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> came in need do need urgent care but most of them need mental health counseling
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> more than health counseling. Incorporating mental health into my practice
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> because especially when they are getting into fourth and fifth grade and I am sure
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> is even worst in middle and high school. These kids are stress, they have
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> homelessness, they have poverty, they have food instability, so all these issues are

affecting their lives when they come in and I am not just treating scrape leg and scrape knees, sometimes I have to figure out if I can get them a sandwich otherwise they will not pay attention and they will complain of stomach ache all day. So, just expanding my practice to include mental health and not just treating wounds, illnesses and giving medicines but treating the whole person as a holistic type setting. Sometimes as the school nurse, I am the only health care practitioner they encounter throughout the year maybe due to access to care, transportation, or insurance and their parents are not parenting. And the other thing that was tough during my transition is the limited resources, in the hospital, I do not think about supplies, someone else is responsible for that, I just go and get what I need. I would say that the school districts need to collaborate and speak with nurses on the ground to get ideas about what they do and how they do it what they can add to make school based practice better. For instance there are supplies that are needed but the allocated fund is so small that I cannot purchase what I need for my health suite.

P3: Not everyone is sick, some students wants to use the health suite to get out of class. School based practice is an independent practice. Low salary is an issue and maybe that is why four of my cohort that we started together is gone. There is limited budget to cover my health room expenses for health supplies. I have to use my own money to buy supply. Provide resources that would help me do my job better, increase my salary.

P4: Having urgent care experience really helped me. I have to maintain the scope of practice. I have limited amount to purchase supplies for my health room and there are supplies that cannot be purchase because I am in elementary school which are needed. There is a lack of resources and as a school nurse, I should be provided the logistics needed to complete my job. Increase school nurses salary comparable to teachers.

P5: I have to practice independently and I have to have strong nursing assessment skills to be able to identify and know what the problem is that I am looking at. I have funds designated for health room supplies but it is not enough.

P6: In the hospital, I never have to think about who is responsible for the supplies I needed to complete my job, salary cut is another issue, took over $10.00 an hour salary cut. As a school nurse, it is my responsibility and the funds provided for the supplies is not enough that sometimes I have to take money out of my pocket to buy the supplies that I need for my health room. Firstly, I wish the county will change the system of paying the teachers more than the nurses because school nurses are professionals just as teachers. They need to pay the school nurses basic eight hours pay and also, school nurses should be recognized for the excellent job they are doing. I believe that eight hour pay and school nurse recognition by my county will help with recruitment and retention of school nurses. Secondly, for nurses to successfully transition to their new role, they need proper orientation. The county needs to provide proper orientation at the school where

the nurse will be assigned and not the three days with another nurse in another school. Two weeks in one particular school should be encouraged and also after orientation to follow up with nurses to see if they needed more time and give the nurses that chance because it will help the nurses to function more better. The new nurse is in the school where he/she is assigned and the supervisor will say call if you need help and a phone call is just a phone call   but there is a different whereby you have someone second opinion right there to help the nurse navigate and solve the problems. I believe that the extra week of orientation in the assigned school with a mentor will help the new nurses feel more comfortable in their new role as an independent practitioner.

P7: Working five days a week instead of my two days and having the responsibility of more than six hundred students in my care as well as supplies, since I am in a third world country relatively speaking laughing, supplies are limited and monetary value for the supplies are limited. If I really need something, I can talk to the parents or the office. I can improvise for what I need and I do not have. I just make it a point to get those items that are hot on my list, like band aid because for my pre-kindergarten and kindergarten they must have it, to make them feel better. There is a need for cohesive in maintaining immunization, and increase the school nurses salary.

P9:   Um the Monday through Friday workday has been the biggest change for me and the salary cut and maybe that is why some of my cohorts are gone. Also,

health room supplies, sometimes I have to talk to the parent's teachers association

to buy some supplies when my fund runs out. I don't know what I am going to do

with my summer, if I am going to enjoy it or if I am going to take a part-time job.

Huh, I would say salary increase; I have my degrees just like the teachers.

P9: Ah, good questions, I would say increase the salary because I do not know

how I am going to make it through this summer. I have to go and work during the

summer to supplement my income.

P11: I think to help us articulate our roles, I think the school nurses needs to be

paid comparable to the teacher's salaries because we have degrees, and all the

over time that we put in volunteering and not getting paid needs to stop. To help

us recognize that our patient are our community and we need to know our

community, to know our families in order to effectively serve and provide needed

services to them. I think they can help us elevate our professions, provide the

local pediatricians the list of school nurses in their area and collaborate with

school nurses about their patients who is on medication to help the students

navigate health care system effectively. I think the county can do better by

involving the area pediatricians to let them know that this is what we do and how

can we help you and your students. I think the community outreach will greatly

impact students' health and academic outcome. Currently, my county still uses

paper documentation and now they are putting printer in every health room and

they will be supplying laptop and maybe we will go into electronic

documentation. We can look up immunization and contact information if it is

updated and that is about it. I have to pull file and chart on every students' that

visit the health room.

P12: Supplies in school based practice is limited and I am just managing whatever

I can lay my hands on. There are limited resources for supplies in school-based

practice, because there is budget allocation for the health suite and once the

money allocated for my supply is used up, I am on my own. I will be honest with

you; in the hospital I have access to all supplies.

Summary of Theme 4: The Impact of Funding on School Health Services and Low Salary

Participants expressed their disappointment over the lack of funding for school

nurses to purchase supplies needed to adequately complete their job. In many cases, the

school nurses interviewed stated that they sometimes used their own money to buy

supplies for the health room and sometimes the parent's teachers association helps

provide some supplies for their health room. Many nurses identify low salaries as a

problem and share that the low salary may be contributing to the high school nurses

turnover. Participants stated that the financial struggles that have plagued public

education in Maryland have most definitely had an impact on their role as a school nurse.

Participants reported that lack of resources for the students' and families they serve as

well as low salary is an issue needing advocating by the local district and state legislators.

Theme 5: Building Relationships

Theme 5 emerged from questions 5, 6, 7, 8 and 12. Communication was seen as a way to increase nurses' visibility, psychological empowerment and self-efficacy for many of the study participants. The participants shared different methods of communicating with students, parents, and staff members. Communication was described by the participant's as a major contributor to relationship concerns. Professional school nurses felt that they were strong and in their efforts to communicate with students and parents but felt that teachers does not respect their role as a school nurse and undermines their decision pertaining to the health of students they triage.

P1: I am luck that our district provides training. I attend one hour training, and this year I have taken three classes to help me with organizational skills, how to manage my stress and how to deal with difficult people. This type of classes for one gives me a break in my schedule. It helps me to get away from the school setting and I have a break and it helps to also connect me with other nurses in my districts to create networking of school nurses. It helps me to put things into perspective of the fast pace of the school nursing. That helps a lot. I create school year calendar for all my three schools as well as agenda book to keep me abreast of what I need to do daily, weekly, and monthly.

P2: I relied a lot on other nurses, not just my supervisor but I developed a relationship with two other nurses in my clusters that have been in couple of years longer than I am to asked them something that is not that super important that I

need to asked the supervisor but just to confirm that I am doing something right. I can say this is how I handle this situation and how would you have handle the situation, developing those type of relationship with nurses in my clusters has really helped me, and that is why it is so helpful that I see them every other week in a meeting and we spent the first 30 minutes to share what is going on in our school to gain knowledge about the situation and know what to do if it happens in my school. We brain storm ideas to better serve our students. I have become very good at diffusing very difficult situation. I don't like it and I do not enjoy doing it but for some reason I have developed that skill and I think that is just through practice and learning how to talk to people, um making sure that they are feeling heard and then explaining the situation from my perspective and they apologizing for the misunderstanding not for doing anything wrong, because if I did not do anything wrong, there is no need to apologize but always approaching someone with I am sorry that there is a misunderstanding, I am sorry this occurred and lets work through it and prevent this from happening again. Um I have become much better with that and that has helped me to deal with parents and the public relations part of it. To decrease the paper work part, my health assistance in both schools has been great and I delegate to them what is in their job description. Training someone to work with me is incredibly important in my job because I cannot do it alone

P4: Communication is the key because I have to communicate with lots of people; communication with parents, teachers, other staff and students. I reach out to my

mentor to make sure that I was doing things correctly and following policies and

procedures. Luckily, I have a great assessment skill. I have a small school and I

was fortunate to have a small school and that helps me to transition

easily. Organizational skills and pre-planning is very important.

P5: I think school nurses should be valued just like the hospital nurses. As a

school nurse, I need that self-efficacy and empowerment in order for me to do my

duty effectively, encouragement and empowerment because I know what I know,

what I am supposed to do, what I need to do, and I do not allow people to deter

me from doing what is right. I have to be strong in heart and in my mind. I know

my nurse practice and all the other things I need to know.

P6: Firstly, I collaborated with other personnel, my first school is about ninety

percent Hispanic population so, I used my school parent liaison who is bi-lingual

and I also was involved with whatever is going in my school, I attend all the IEP

meeting, sometimes I will asked not to attend but I want to know what is going on

with the student in the building so that when I see them in the health I can better

serve them. Getting involve with the students team meeting helps me to know

who has health issues because most of the time parent's do not communicate with

the school concerning health issues. When the teacher referred the student for

School Improvement Team (SIT) that is when the school often finds out what is

going on with the students. So collaboration was very necessary and it really

helped me, also teamwork and communication. Communication then was very

valuable to me. I had a teacher that sends lots of her classroom students to the health room every time and I know that really, truly, truly that these children really do not need to come to the health suite. I went to my principal and informed her about the situation, about a particular grade that comes to the health room when I knew that there was nothing is wrong with them. So, my principal agreed with me and she talked with the teacher, the teacher was new in the teaching field and she did not know how to handle to students and the principal was able to switch those students to more experienced teachers by redistributing them to different classes, and they changed automatically. Furthermore, maintaining friendship with the teachers has really helped me a lot, I have a teacher that told her classroom pupils that if the students do not really need to see me that they should not miss instructional time, and each time she receives new sets of students, she informed them about her class rules. I also put together bandage, gloves and wipes that the teachers can use to take care of minor cuts in the classroom. Communication, team player is very important. For instance, I have early childhood in my school and the teachers will be sending students to the health room for me to change them. I sent out an email to all the teachers, informing the teachers that I am here for the students health needs and change of clothes is not health related and I went to my principal as well and had a discussion with her and she said that they told them during the principal meetings that nurses are not in the school to change wet clothes. The principal knows this information but would not share it and they want the nurse to struggle through it.

Following my email, the principal during the staff meeting also announced that student accident with wet clothes should be dealt with in the classroom and I was also at the meeting and no one can denied that they did not hear about the announcement, I think from that moment I stopped receiving students who voided on themselves, they send everything to the nurse. I had to draw a line and be my own advocate and advocate for myself.

P7: Firstly, I have to know what is required of me, understand and know my job description. Secondly, I have to make sure that I have equipment that I needed at my disposal. Thirdly, open communication, I have to open communication so if I don't understand something, I ask and I always dig for more information regardless if I am triaging children or adult and since I have adult, I have to know both because I don't know at any given time what can walk through that door. So life is full of hiccups and I just have to deal with it. Communication is very unique, I let my principal and the staff knows what I am and what I am about. I also set boundaries, and if each other understands the boundaries, things will flow, there are other times whereby we may step on each other's boundaries but as long as they know that ABCD, like I said I have my plans and like I said, communication is the key because I have to learn to talk in this environment and get things done. Sometimes things happen, but I do not take it personally because I know it is not about me. I also I know when to step away because I know that I cannot get along with everybody in the work environment but I make sure that I maintained professional standards and I am okay because I follow the policies and

procedures and they have the same and I can say according to policy and procedure so and so. I always document no matter how small the thing is, and also I always thing legal because people can come out to sue, so I follow the proper policies and procedures. It is individualized, I am a strong nurse and I can assert what needs to happened, but some nurses may not be able to handle it. In the hospital nurses are used to having four to five patients and here I have about five hundred and something children not counting the adult and I have to look at each person and meet their individual needs. The magnitude is greater than hospital nursing, but the finite and the definition still remains the same because I have to provide care, and I have be caring, nurturing, advocating and empower the student's to do for themselves. I also do some classroom teaching on health, I have learned to spread my wings like the eagles.

P9: Um I guess trying to set expectation from the beginning for the staff and as well as for the students when they are coming in and trying to be clear with them about whether their issues are valid or not. Trying not to allow them to take advantage of me too much, trying to be clear about the expectation of what is acceptable for me and trying to be clear with the staff as well in regards to my breaks. I am nursing my baby and it important that I take that thirty minutes break to pump my milk and making that know to the principal and staff as well from the beginning so that they understand where I am coming from because it is important to me and I think coming in as a new nurse, it is a little bit easier for

them to know that this is the way that I function. Communication is very critical in this environment.

P11: Strategies, typical is talking with my students, the parents, looking and researching information, speaking to huh peers who may be, or have the experience and running it by my supervisor huh, because most of the case management usually requires some methods of problem solving, so I have to learn what my resources are in the community, so I have to ask a lot of questions. The strategy is not to think that I have it, to kind of know that there is one more question to answer and I asked myself with my color coded note book, and bullet circles, I write my basic problems or information that I needed and then a circle, and I did not learn to put that on a time line on until later, you know to put it on a calendar and say did I do it? So that I can make it continuous, there are some tools that I learn in a long period of time.

Summary of Theme 5: Building Relationships

Professional school nurses indicated that building relationship is critical to their transition. Communication is vital to the success and continuation as a school nurse in the educational setting. The participants building relation is important to their successful transition. Communication is fundamental to building professional relationships and facilitating provision of nursing care in the educational setting. Difficulty developing a healthy relationship among administrator, staff, parents and students can be a source of

transition difficulties. Difficulty communication with staff, students, parents, physicians, and colleagues is expressed as some of the stressor experienced.

The major themes and subthemes developed from the participants interview portrayed difficulties experienced by registered nurses as they transitioned from acute care or other health care facilities to school-based practice for school nurses in Maryland. Participants interviewed shared their creative manners and the approach they used to increase their professionalism serving in the educational setting.

Emergent Theme

Theme 6: School Nurses' Commitment to Service and Sense of Accomplishment

School nurses commitment to service and sense of accomplishment was identified as an emergent theme that developed from the data collected from interview questions 9, 12 and 13. Participants were adamant that they enjoyed their position as a school nurse and love the added responsibilities of an independent practice and said that they feel empowered once they know what to do in their transition to practice. The participants feel empowered because the school-based practice has helped increased their knowledge and have prepared them to attend to their students' complex need and care. Ten of the twelve school nurses indicated that their own dedication contributes to their feelings of empowerment and effectiveness.

> P1: It takes a lot of dedication, every day would be different, lots of paper work
> is involved, it is up to you how you want to get involve with patient care, some
> days I may not have time to be involve in patient care because of what I have to

do. It is a very challenging job with autonomy and anyone who likes a challenge will be successfully in school-based practice. It is a good job if you are a good with people and children. The person must have the necessary skills such as organizational and critical thinking skills.

P3: It is important for the nurse to have a solid nursing assessment skill, communication skill, and have nursing experience and at the same time continuous learning is critical to transfer knowledge based from other clinical area to school-based practice.

P4: Get some experience, assessment skills is the key because you don't have someone to run to in the school like the acute care setting, there is no one to run to. Self- efficacy is needed for successful transition to school health.

P5: It is important to know the nurse's background to help prepare the nurse for some of the challenges that is associated with school-based practice. It is a more comprehensive care and it is not just giving bandages as many people thinks. There is role confusion and the level of the nurse expertise is critical to transitioning to school-based practice. The school nurse is responsible for the students as well as the staff. It is not just a bandage or medication; it is about the whole student. It is about helping the students to be healthy and making sure that they achieve their academic success, making sure they are compliant with their vaccines, their medication regimen at school and provide the appropriate care and making sure that the nurse is prepared to work independently. There is no one

anyone here to help me, the nurse must have strong nursing assessment skills and be efficient in their practice. Even though you might have ten years of experience, you continue to learn as an independent practitioner because you are learning new things. I have worked in the hospital and in the doctor office but as an independent practitioner, I think I am getting better at things like pink eye rather than an allergy eyes or sore throat.

P8: Know what your strength and weaknesses, and at the end of the day, it is going to be okay, this is something that you can do and it is something that it will get a little bit getting used to the transition and at the end of the day it has a lot of rewards, it is very rewarding. I receive a parade from my students with a bouquet of flowers with hundreds cards that reads thank you for always been there for me, I know I can count on you when I am sick.

Summary of Theme 6: Commitment to Service and Sense of Accomplishment

Throughout the interview process, the school nurses interviewed for this study indicated that their dedication to serve their students helps to keep them grounded even though they found out that working in a non-medical facility as the only health care practitioner was not easy but the thank you notes, and feedback from students helps them to continue in their role as a school nurse. They were excited to see their students coming to them and telling them that they appreciate their caring and helping them get better from illness. Teaching them about medication administration and the right way to perform some medical treatment is essential. Furthermore, the nurses stated that they

love the care continuum in the educational setting, which helps impact students to live a healthy life style through adulthood. Feelings of being empowered and efficacious in their role as a school nurse emerged for these participants as they shared their nursing skills and knowledge with the students, staff and families they serve.

Discrepant Cases

The discrepant data in this study was deduced from participant seven. Dissimilar to the other eleven participants, participant seven identified with very few themes of transition to practice problems as stated by the others. Participant seven is the eldest individual interviewed for this study and she stated that she does not experience that much transition problem to school-based practice from acute care setting and that being at the school where she was placed was the best thing for her. She stated that she has good principal, front office staff, and that helps makes her transition easier. This case will be interpreted in Chapter 5.

Composite Depiction

This study composite depiction is the collective representation of the experiences of the registered nurses interviewed for this study the transition from acute care setting to school-based practice. The majority of the school nurses interviewed expressed transition difficulties when discussing their experiences transitioning from acute care to school based-practice, a different work environments.

The data from the study reveal the affinity for their work expressed by these school nurses. Given the opportunity to tell their stories, these school nurses expressed

problems encountered during orientation and transition to their new role as a school nurse. When sharing their transition experiences to school based practice, the nurses express a lack of adequate orientation, support during transition, navigating the organization, lack of supplies, limited resources and low salary. Conversely, school nurses shared that they gain confidence and are able to stay on the job through their continued dedication to their work as well as building relationships, developing professional support for students and staff member and communicating students' needs and outcomes.

Summary

This chapter provided the qualitative findings from the one-on-one in-depth interviews with twelve professional school nurses participants. The school nurses involved in this study held a minimum of a bachelor's degree and were employed as a school with at least one year work experience regarding their initial transition from acute care or other health care setting to school based practitioner. Results of the study indicate that indeed school nurses' experience difficulties transitioning to school based practice from acute care setting. According to the participants, there clearly are elements that can enhance their transition experiences such as adequate orientation, as well as factors that leave them feeling unsupported such as lack of support during the orientation and transition periods and lack of understanding of their roles and responsibilities. The school nurses interviewed shared that being effective in their role as a school nurse is driven by internal motivation, commitment to their role and dedication while ineffectiveness results when they feel that they were not appreciated and as a degree

holder, their salaries are not comparable to others with similar degrees in same school

districts. Chapter 5 includes an interpretation of the findings, implications for social

change, recommendations, and conclusions.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative study was to gain meaningful insight into and understand transition experiences for registered nurses transitioning from acute care hospital and other healthcare settings to school-based practice. An additional in-depth discussion to support a comprehensive way to address registered nurses transitioning to school based practice was presented in this chapter.

Students' enrolled in school today are sicker than in the past and require health care services while at school. School nurses, who are essential to students' wellbeing and academic outcomes, must be equipped to meet students' complex health care needs. The recruitment and retention of school nurses is difficult and ongoing. Even though leaders within school systems try their best to recruit nurses to close the gap that exists, it seems that their efforts are fruitless (Campbell, 2014). In my school district, at the back-to-school in-service at the beginning of each school year, approximately 20 to 30 nurses are employed to start their career as school nurses. However, by the end of the school year and the beginning of another school year, most of the nurses employed have left their positions due to poor mentoring, and transition programs, lack of support from school administrators, lower salaries, and difficult working conditions. This has been a recurrent issue or problem, and I would like to know why those who have stayed were successful in their transition to school-based practice. According to Wiggings (2012), school nurses have been lost through attrition, and retirement, as well as to other healthcare services

that are willing to pay higher salaries. High school nurse attrition and retention are major problems facing school districts. It was for this reason that I conducted this study.

School nurses report several struggles that are relevant and validate the meaning and lived experience of registered nurses; regarding their initial transition from hospital acute care or other health care settings to school-based practice. A form of dialogic engagement using nurses' experiences on psychological empowerment and self-efficacy experiences drives the following question: What are the lived experiences of school nurses with respect to psychological empowerment and self-efficacy who have successfully transitioned from a hospital, clinical worksite, or community health site to a school worksite?

Chapter 5 includes a discussion of the purpose, problem, research questions, and methodology of the study. Additionally, it introduces the theoretical framework from a post inquiry vantage point, along with interpretation of the findings, recommendations for further study, critical reflections, and implications for social change, and conclusions.

Interpretation of the Findings

The intent of this study was to explore the difficulties experienced by registered nurses transitioning to school-based practice through the lens of psychological empowerment and self-efficacy. I used Bandura's self-efficacy and Spreitzer's psychological empowerment model to address findings from the present study. Data analysis indicated five major themes, 25 subthemes, and one emergent theme. Each

section is examined and discussed from the lens of the key themes identified and delineated in Chapter 4.

Theme 1: Transitioning Into the Role of Professional School Nursing Practice

The first theme related to psychological empowerment was reflective of difficulty transitioning to school based practice. Twelve participants (100%) expressed emotional aspects of the transition such as being "fearful, scared and overwhelmed." These responses validated this theme and the associated subthemes to Theme 1; accordingly, this theme was significant to this study. Ninety-two percent of the participants reported having some fears and apprehension during their transition to school-based practice.

Some of the participants reported that although they were experienced nurses, transitioning to another specialty require some new knowledge. There was a consensus that even with a wide range of nursing experience, working as a school nurse requires nurses to corroborate their assessment and plan nursing interventions. Registered nurses use the nursing process to complete patient assessment, plan patient care, provide necessary care (called *interventions*), and complete an evaluation of the care provided. Registered nurses working in the hospital setting provide care for four or five patients at a time. When patients are critically ill, a nurse may be responsible only for one or two patients. School nurses may be responsible for 600 to 1,200 students or more, some with complex health issues. A school nurse is responsible for every student's enrolled at the assigned school and those who visits the health suite, as well as the school staff (Campbell, 2014). According to a salary survey conducted by Advance for Nurses,

registered nurses with a bachelor's degree working at inpatient facilities earned $74,854

per year whereas school nurses earned $55,716 (Advance for Nurses, 2012). Besides

caring for students with complex health issues, school nurses have roles and

responsibilities that differ from nurses in the hospital. School nurses are responsible for

health screening, which includes vision and hearing, immunizations compliance, obesity

screening, efforts to reduce high-risk behavior such as smoking and drinking, and teen

pregnancy prevention. In addition, the school nurse must provide health education for

staff and students, emergency service plan management, and disaster preparedness.

Twelve (100%) of the participants stated that as independent practitioners, maintaining a

strong connection to their nursing experience helped them to practice in their new role as

school nurse.

When questioned regarding the transition to school-based practice as an

independent practitioner, they expressed concerns related to accountability under the

scope of practice of their professional license, district policies and procedures, and the

state's nurse practice act. They noted that at times, school administrators wanted them to

do things that were outside their scope of practice. By law, school nurses are required to

practice under their scope of practice and it is the responsibility of the nurse to maintain

professional clinical practice and best practices (McDaniel et al., 2013).

Nine participants (75%) stated that they were frequently asked to complete tasks

that were outside their scope of practice, and when they refused to do so, they had

problems with school administrators. Those interviewed clearly recognized this as a

problem area in their professional role and expressed a proactive approach they had used

to deal with such problems or concerns. A number of studies have identified the

challenges that nurses experience as they transition to other clinical areas, noting role

confusion, and identity issues (Anderson, 2009). The interpretation of theme 1 confirms

previous research that reported that new graduate nurses who enter the workforce find

that they lack confidence and expertise in transitioning to their role as a nurse in the

clinical setting (Duchscher, 2008; Fero et al., 2008; Kovner et al., 2007; Marshburn et al.,

2009; Moriarty, Manthorpe, Stevens & Hussein, 2011; Scott, Engelke, & Swanson, 2008;

Ulrich et al., 2010). A study by Sorensen and Yankech (2008) on nurses' transition to a

new hospital unit, not school-based practice emphasized the importance of mentors and

preceptors understanding how learning occurs recognizing the importance of critical

thinking to maximize learning and retention for nurses transitioning to a new nursing

practice. Research by Dellasega, Gabbay, Durdock, and Martinez-King (2009) evaluated

the orientation challenges of experienced nurses. Dellasega et al. stated that fear of

inadequacy may impede an experienced nurse from seeking a new job. Experienced

nurses who transition to new areas of practice may experience transition challenges when

an adequate orientation and transition process is lacking (Bauer et al., 2007; Fouad &

Bynner, 2008; Meleis, 2007; Schoening, 2009).

Theme 2: Applying Previous Knowledge to Practice

The majority of the participants (83%) indicated that applying knowledge to

practice in their role as a school nurse during transition was tough, as many came from

medical-surgical practice to pediatrics. Many (83%) also stated that they had to go back

and learn child development and incorporate mental health into their practice. Although

the nurses had good foundational nursing experience as expert clinicians, they expressed

a great deal of role ambiguity and uncertainty about themselves and their new role as a

school nurse. The transition from expert registered nurse to novice school nurse evoked

an array of emotions. They described both positive and negative emotions associated

with their new school nurse role. They described their school nurse role, for example, as

exciting, and empowering. On the other hand, they also described negative perceptions

of what it was like initially as they transitioned to the role of school nurse, including

perceptions related to workload; not taking lunch; personal emotions of fear, anxiety and

apprehension; and feeling overwhelmed as they learned to become experts in their new

role. Many of the nursing tasks commonly completed in home settings by family

members or caregivers take on a different dimension in the school setting (Resha, 2010).

Therefore, the school nurse must be careful in applying previous knowledge to practice.

The majority (83%) reported that learning to think, feel, and behave like an independent

practitioner in the school setting took several months. Ninety-two percent of the study

participants indicated that it took them 6 to 18 months to get acclimated and feel

comfortable in their new role as school nurse. The research confirmed previous research

on theme 2 indicating that nurses who transition from one specialty area to another

experience isolation, fear, and anxiety (Anderson, & Edberg, 2010; Bolden et al., 2011;

Broussaard, 2007; Candela & Bowles, 2008; Ellis & Chater, 2012; Granger, Hebb, Kaffe,

2007; LaVallee, & Murray, 2011; Levett-Jones & Lathlean, 2008; Manojlovich, 2005;

Pyle et al., 2011; Rosser & King, 2003; Rothgeb, 2008; Ziebarth & Miller, 2010).

Theme 3: Navigating the Organization

The participants interviewed for the study found it difficult to adapt to their

assigned schools. Twelve participants (100%) stated that they were oriented to school

nursing practice at a different school with an experienced school nurse. After the

orientation with the experienced school nurse, the participants were sent to their assigned

schools with no support at the school site; therefore, navigating the organization and the

environment was difficult. Eleven participants (92%) reported that regardless of their

familiarity with the health room environment where they were oriented, when they got to

their assigned school, getting started in practice as a school nurse was tough due to

different dynamics associated with the health suite; some health suites were just one

office area, while others had a triage room and an office. One participant stated that her

health aide helped her to adjust by showing her where items where located in the health

suite and in the building. The participants' prior knowledge of the hospital-based nursing

assessment and nursing process did not help them to easily integrate into the educational

system, including the school culture, politics, the computer system, and achieve a smooth

transition into the role of school nurse. Eleven participants (92%) reported that it would

have been better or advantageous for their clinical orientation to school-based practice to

have been completed at the school where they were assigned to practice, rather than

having their clinical orientation at another school with a preceptor.

They reported that when they finally returned to their assigned schools, prior familiarity with the system at another school did not alleviate the stress and anxiety that most experienced as they started practicing in their new role. Nor did their prior knowledge assist them in addressing many issues, questions, and concerns they had as they transitioned to school-based practice and began treating students and interacting with them in a new way. Of particular importance in their personal role transition experiences was how school nurses were integrated into the educational setting in their new roles. Discussion of theme 3 in relation to the literature confirms that navigating the organization during the orientation period can be stressful and preparation for students' care in a positive working environment may help to alleviate stress and motivate successful transition (Cash, Daines, Doyle, & von Tetterborn, 2009; Christmas, 2008, Fink et al., 2008; Manning & Neville, 2009; Mcgraw, 2008; Radovitich et al., 2011; Romyn et al; 2009; T Sorensen & Yankeck, 2008; Thomas, Bertram, & Allen, 2012; William et al., 2007).

Theme 4: The Impact of Funding on School Health Services and Low Salary

A lack of adequate funding for school health services and low salary constituted a theme that those interviewed identified as having a large impact on their transition to school-based practice. Twelve participants (100%) shared a detailed example of systematic concerns of the high rate turnover of school nurses due to the salary. All 12 participants (100%) stated that they had accepted a school nurse position because of the schedule, they would not need to work on weekends, they would have summer and snow days off, and they would be able to spend time with their families. Six participants (50%)

worked part-time on the weekend to sustain the income level they had prior to coming to

school-based practice. The nurses interviewed reported that each year during the back-

to-school nurses' meeting, there were new sets of school nurses who started the new

school year with them because some of the nurses from the last school year did not

return. The nurses likened the school nurse position to a revolving door. Difficulty in the

retention of new school nurses is partly due to low salaries and inadequate funding to

meet students' and families need. The nurses reported that they had learned to budget

their salary to meet family needs and had to determine what was important and what

could wait. One nurse stated that all her money was going toward childcare and she did

not know whether her job could help to sustain her family and she did not know whether

she would return for the next school year. Nine participants (75%) stated that the

parents' teacher association helped by providing some items for health room usage; they

also stated that sometimes, the school administrators helped to find funds to purchase

items needed for the health suite.

They mentioned that although the impact of funding and low salary should have

made them resign and go back to the hospital setting they realized that they loved their

job, and the time off on holidays and snow days made worthwhile to stay on the job. The

participants stated that continued employment as a school nurse had helped them to

increase their self-efficacy as school nurses. Some health services that could be

beneficial to students may be difficult for students and their families to access due to

family financial constraints. The nurses interviewed also shared their frustration with the

financial constraints of human service organizations including schools, which results in

availability of fewer services and long waiting lists to meet the needs of those who could

benefits from those services. The nurses resolved to use what they had to continue their

practice and sometimes used their own money to purchase items needed to help them

function in their new practice. They had become more creative and had learned to

improvise in their efforts to circumvent the system. These findings support previous

research studies on school health and funding (Beck & Boulton, 2012; Bertram & Allen,

2012; Broussad, Howat, Stokes & Street, 2015; Hilliard & Boulton, 2012; Hutchinson-

Goodwin, 2013; Keeton, Soleimanpour, & Brindis, 2012; Knauer, Baker, Hebbler &

Davis-Allbright, 2015; Parker, 2003; Silberberg & Cantor, 2008; Stephen, Paternite,

Grimm & Hurwitz, 2014, Zaslow, 2006).

Theme 5: Building Relationships

Many participants about 75% reported that they had faced the challenge of

collegial resistance as they engaged in their new role as a school nurse. One of the initial

challenges reported by the nurses was gaining personal acceptance within the work

environments to which they were assigned. They experienced resistance from school

personnel because they were in a nonmedical environment. School personnel did not

welcome the nurse's contributions because many schools had been without school nurse

for a long time; thus, a school nurse arriving at the school to change things and follow

proper procedures was not welcomed. The nurses continued to persevere and many

stated that their perseverance had helped them to gain some acceptance in the educational

setting. While lack of support emerged as a subset within the building relationships

theme, it was linked primarily to lack of support from school administrators. Lack of

support from school personnel can lead to psychological distress and may impede nurses'

ability to transition into their new roles. Eliminating sources of distress such as those

found in an unsupportive work environment has been researched, and it is important to

remove those obstacles so that nurses are retained and can be seen as valuable resources

and members of the school team (Brewer, Kovner, Geene, Tukov-Shuser, & Djukic,

2012; Cronqvist, Lutzen, & Nystrom, 2006; Gill, Deagan, & McNett, 2010; Laschinger,

Wong, Fegan, Young-Ritchie, & Bushell, 2013; Malouf & West, 2010; Pinchera, 2012;

Pretorius & Klopper, 2012; Ragsdale, 2005; Zellers, Howard, & Barcie, 2008;

Zinsmeister & Schafer, 2009).

The participants described the work required as a school nurse as challenging.

This include aspects of the role such as development of the school nurse role to expert

that included developing other skills and knowledge needed to function as a school nurse,

decision making in regards to student treatment modalities, and the overall responsibility

of providing comprehensive, high quality care in the school environment.

Although the feelings of social isolation in the beginning of their practice was

strongly expressed by majority of the participants (92%), the participants acknowledge

retrospectively that support was available from other school nurses they have developed

relationships with when they need it. However, because most of the participants were the

only healthcare practitioner in their workplace, they described feelings of having no

support and feeling alone in part, because there were no other nurses in the building with

whom they could consult, discuss issues, or express their need for assistance. They

described themselves as having to pick up the phone and call another nurse for information and learn along the way.

All of the 12 school nurses interviewed reported that building relationship with their students and parents was important and they attempted to forge collaborative relationships with others including school staff, and administrators. These relationships impacted transition to the role of school nurse. The participants elaborated about how essential it was for the new school nurse in a new working relationship with the school staff and administrator to be aware of the administrators' expectations regarding issues or problems and to set the necessary boundaries right from the onset. The participants suggested that such expectations from the beginning at the start of their working relationship will ensured a better chance of success as a school nurse in terms of feeling empowered and making a successful and positive transition. The findings of theme five supports previous research on building relationship and successful role transition (Barnes, 2015; Bartol, 2014; Brown & Olshansky, 1997; Cusson, & Strange, 2008; Duchsher, 2008; Duchsher, 2009; Duclos-Miller, 2011; Fero et al; 2008; Hoffart et al., 2011; Maughan & Adams, 2011; Mehrotra, & Prochazka, 2015).

Theme 6: School Nurses' Commitment to Service and Sense of Accomplishment

All of the twelve school nurses placed a huge emphasis on their commitment to their work as validation of their effectiveness as school nurse. During the interviews, several participants spoke about how important it was to continue in their new role through perseverance, particularly during the initial transition period. The nurses

reported that although there were challenges, but were convinced that school nursing is for them because they were looking at the larger picture such as their commitment to wellness and nursing background can help them to teach the younger generation about health and wellness which may help reduce or eliminate poor health behaviors and hospital admissions. The nurses were confident that with the continuity of care of their students from pre-kindergarten to sixth grade may help to provide the ground work for healthy living. The nurses reported that they like the continuity of care because unlike the hospital, they can monitor the students healthcare needs daily and provide the necessary interventions, instructions, and education which prevents re-admission with the same preventable illnesses.

The nurses expressed sincere dedication to their work and expressed gaining a personal as well as professional satisfaction in knowing that they are doing everything necessary within their power to assist their students. As noted by Baisch, Lundeen, & Murphy (2011), school nurses have contributed to the improvements of school age children immunization rates, vision correction, and identification of life-threatening conditions. The school nurses interviewed clearly used their ability and strength to forge their own paths and were committed; therefore they gain empowerment and become efficacious in their work environments.

This theme despite the nurses experiencing many challenges is an example of promise for improving some of the struggles inherent in the role of school nurses. The nurses believes that is an area in which have absolute control and they used it to promote

excellent care for their students, regardless of the systematic struggles facing them as

they transitioned to school-based practice. The nurses interviewed (100%) were

extremely enthusiastic about their professional role in non-educational setting and

expressed a desire to assist struggling students and families to receive needed services

within the educational systems in which they work. The nurses measured their success

by the level of service that they provided to their students, families and community and

remain secure in their resolve to continue to reinforce the positive contributions that

school nurses were capable of making in the educational setting. The nurses recognized

that their contribution to this study contributes to legitimizing the role and work of school

nurses. When the participants were asked to reflect back on their practice and what

advice they could offer to the new school nurse, the participants collectively advised that

they need strong assessment skills and not take anything for granted. They also

suggested that it is important for the new school nurses to be patient with themselves and

give themselves time to acclimate to their new roles. They suggested that the time

required for new nurses to master their new roles varies and six to twelve months was

recommended as adequate time for successful transition. This time frame was supported

by (Brown and Olshansky, 2007; Pinchera, 2012.) research recommendation for

registered nurses new to the role of nurse practitioner. These findings support previous

research on school nurse altruistic vision and feelings about school nurses that school

nurses were satisfied with their job (Barta, 2005; Foley et al., 2004; Johnston, 1991;

Junious et al., 2004; Smith & Firmin, 2009; Spence et al., 2001; Stamps, 1997).

Conceptual Framework

Bandura (1997, 1982) theory of self-efficacy and Spreitzer (1995) psychological empowerment was the lens upon which the interconnectedness among the theme is discussed.

Self-Efficasy

Nurse transition programs have been examined through many lenses. Self-efficacy theory by Bandura (1997, 1982), has emerged as a common element of comparison in the domain of nursing regarding performance. The literature was lacking in school nurses transition using nursing self-efficacy as the framework. The participants (100%) interviewed clearly feel they are effective when they provide comprehensive health services in a dedicated, creative, and determined manner to the students and families they serve. The internal drive towards a sincere commitment to stay on and help their students and families was shared repeatedly by the participants in the data collection process and appeared to be a true measure of how they are true to their profession and the people they serve. The school nurse interviewed mentioned that working in the school environment provide the students and staff the opportunity of consistence presence, continuity of care and the nurse, a better knowledge about the status of their students.

The participants indicated that they felt effective practicing in the host setting by utilizing their nursing knowledge, critical thinking skill, and the nursing process to attend to the needs of their students. Communication is another important factor according to

the nurses during their transition to school based practice, the nurses indicated that they use various communication techniques with both internal and external stakeholders and it helps them to become efficacious in their practice. The nurses indicated that after providing the exclusion letter to students', parent not to return to school until the required immunization has been completed, parents still sent their children to school. While admittedly, the participants would like these efforts to be enhance, the nurses acknowledge that communication regarding parents' and their children immunization is ongoing but it is a frustrating experience for nurses, and a better way of obtaining immunization records for students would certainly increase the nurses self-efficacy.

The participants were proficient with critical thinking, clinical reasoning and clinical judgement skills and were able to practice independently, however, they shared that some systematic and policy related issues could sometimes impede or negatively impact their self-efficacy. They stated that lack of access to care and inadequate funding is a barrier that lead the nurses feeling less than effective. Also mentioned, as elements that lead to feelings of ineffectiveness were the limited budget for health care supplies, lack of funding related to low salary for school nurses. The school nurses interviewed indicated that the school-based practice has influenced and increased their autonomy. The participants attributed inadequate utilization of the full scope of registered nurse practice school-based practice constraints. They noted a need to comply with Maryland States Department of Education bylaws that guided school based practice standards for school nurses. All the participants interviewed shared that supportive environment, collaboration with other school nurses was very important for them in their new school

nurse role. Key relationships with school administration, school staff, students, and parents as previously mentioned made a significant difference in how these nurses have transitioned to school based practice.

Psychological Empowerment

Psychological empowerment is described as an internal mental process that affects individual perception of a situation (Spreitzer, 1995). One's perception form this cognitive state shapes his or her worldview. The study supports evidence from other disciplines and work settings with the positive relationship between psychological empowerment and nurse transition to practice. Over 50 studies related to workers from various industries and the concept of psychological empowerment has shown that higher psychological empowerment levels are linked to increased job satisfaction, retention and productivity (Spreitzer, 1995b; Spreitzer, De Janasz, & Quinn, 1999; Spreitzer & Quinn, 2001).

Psychological empowerment provides opportunity for the nurses to have confident in their abilities to have control over their work. Chung (2011) reported that it is important for new nurse faculty to be mentored by experienced nurse faculty practice for the benefits it can provide, such as improved faculty socialization, facilitation of faculty role development, and increase in scholarly production, decrease novice faculty stress, and enhance recruitment and retention.

The findings of the study confirmed the literature on psychological empowerment of workers and raise some additional questions relative to school nurses' psychological

empowerment in their specific schools. The school nurses described experiences where they feel powerless such as systematic regulations that do not support their efforts, parent's inability to provide medication for their children, and lack of access to care to obtain the necessary prescription to support their students. The essence of the experiences as described by the participants validates the difficulty, multiplicity and complexity of the transition from the role of hospital-based nurse to school nurse. Conversely, these nurses also shared manners in which they themselves work to increase their empowerment such as building confidence and coping issues, prepare to use knowledge to help facilitate their transition to school based practice.

The participants (100%) reported that they have developed and utilized different communication methods to enhance their empowerment in the workplace. They shared feelings of being overwhelmed and experiencing parental resistance with the refusal to provide appropriate forms, doctor's documentation and needed medication to provide the necessary care. While there are some proactive measures that these nurses can use to ease their transition and increase their feelings of empowerment, clearly, adequate mentoring and a formal orientation to school based practice were important adjuncts in the initial adjustment to practice as a novice nurse in school-based practice. Not surprisingly, the availability of a formal school-based practice orientation influenced the nurses learning process. The experience of learning as you go, did not deter the participants from eventually finding their way and effectively performing their school nurse roles.

In the end, the school nurses interviewed contended that future school nurses had to be proactive and assume personal responsibility for completing their research to find out if school nursing is for them, they also suggested that nurses should volunteer to know what school nursing is all about, collaborate with an experienced school nurse, which will help the nurse to talk extensively and receive the necessary information to help cultivate the instincts and clinical expertise needed as a school nurse.

Limitations of the Study

Several limitations of this study have been identified. First, a convenience sample was used to conduct this study. Therefore, the study population may not be truly representative of all school nurses in other districts. The results of this study should be interpreted with caution.

My presence during the data gathering process, which is inevitable in qualitative research, may have affected the subjects' responses. However, the participants were willing and eager to share their experiences to help others who want to transition to school based practice. Additionally, special attention was given to ensure issues of confidentiality and anonymity while presenting study findings; however, several participants questioned how confidentiality concerning the information they provided would be maintained. Member checking strategy and follow up questions was used during data collection process which helped increase and strengthen data accuracy and validity. Despite these limitations, I believe that the results represent accurately the

experience of registered nurses interviewed transitioning from acute care to school based practice.

Recommendations

The findings from this study may offer registered nurses transitioning from hospital setting to school based practice, some insight as to what may be expected during their transition period to the role of school nurse in the educational setting. New knowledge gained from this study might be used to facilitate an efficient transition process to practice for those registered nurses entering school-based practice. Understanding what influences the school nurses interviewed, both negatively and positively, may provide assistance and promote an efficient transition and may impact role transition for the new school nurses. As mentioned above, the findings of the study were both congruent with the literature on registered nurses transition and raise some additional questions relative to the transition of registered nurses to school based practice.

Furthermore, research needs to be completed in order to learn more about how to best support and promote successful transition to school-based practice for the new school nurse. Participants' recommendations about the clinical orientation program for a new nurse into school based practice should be standardized and be completed in their assigned work location to assure that school nurse early practice needs and supports were adequately addressed. Such research should include:

Further research exploring the lived experiences of registered nurses transition to school based practice in private or parochial schools in other geographical setting would

help differentiate experience of school nurses in public school and private or parochial schools.

Further research on a framework for school nursing practice at the national and state level would be beneficial to provide standardization of general school nurse orientation programs to support consistent practices among school nurses, in order to facilitate optimal orientation experiences for registered nurses transitioning into school based practice specialist. This could serve as a benchmark data regarding the status of school nurse orientation programs.

Further research on shortage of school nurses, school nurse recruitment, retention, school nurse attrition and rate of turnover is also recommended to evaluate the experiences of school nurses who leave their position within one year of practice.

Future research in the above mentioned areas would benefit school nurse practitioners as well as the service recipients. The most salient themes mentioned by every interviewee were limited orientation period, lack of supplies, funding and low salary.

Quantitative studies with a larger sample size to examine variables and predictive factors for school nurse attrition may serve to better understand the dynamics at play in the hospital to school based transition.

Implications for Social Change

Positive Social Change

The implications for social change for improving school based nurse orientation and retention rates are increased favorable health outcomes and quality of care for students; as well as students, and parents' satisfaction. Furthermore, standardized orientation and transition programs may enhance the school nurse's satisfaction, recruitment and retention and ultimately improve student services and health outcomes.

This study's findings may further to social change through gaining insight into the successful transition experiences of school nurses, possibly leading to an improved approach towards transition of registered nurses to school-based practice, and as such impact these nurses and impact their practice. School chief executive officers, school administrators and others such as school board members, nursing administrators may build upon the knowledge gained by the individuals involved in this study and may use their experiences to more effectively create and provide adequate orientation, mentoring and transition to practice programs for school nurses.

Practice Implications

This study gave the research participants an opportunity to share their stories. My recommendations are directed to (a) professional school nurses, (b) school administrators, and (c) further research that came directly from research findings.

1. Enhance and facilitate the hospital to school transition process for nurses in a way that provides success for both the new school nurse and the school, considers the internal and external influences of the work environment.

2. Establish mentoring programs for the new school nurse to ensure successful transition to any new position or new job description. It is important to have a workplace mentor, particularly since most of the participants in this study were provided clinical school nurse orientation at a site different than their assigned work site. Such a mentor need to be someone who understands school nursing practice, and is willing to devote time to facilitating school nurses' clinical expertise, and will be readily available for consultation and support.

3. Increase efforts to educate school administrators, staff, parents and stakeholders on the importance school nurses in the educational setting and gain their professional respect. Participants believe that gaining the professional respect of the school administrators, staff, parents and stakeholders provides comfort, understanding and reduced intimidation that existed among these nurses.

4. Develop a multidisciplinary team approach through ongoing communication among school administrators, staff, students and parents that may help develop and build interpersonal relationship to help them understand their roles, the regulations guiding their practice, and work related needs.

Conclusion

Transitioning from hospital based to school based nursing is often challenging and nurses need support and assistance with the process of transitioning into the role of school nurse. Study participants encountered difficulties and barriers during their transition into the role of school nurse, however, the participants found meaning through the supports they received from other school nurses, student's satisfaction, and appreciation helped them to embrace their new role as a school nurse despite all the obstacles.

The findings from this study improved my understanding of school nurses transition from acute care to school based practice, a phenomenon unique to these participants' interviewed. It is hoped that from this research effort, increased interest will developed and additional research will occur that will be beneficial to professional school nurses that contribute to the development of such individuals as successful, effective members of the multidisciplinary team in the educational setting, thereby enhancing their ability to adequately serve their students and families in the public schools.

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Appendix A: Interview Protocol

The following secondary questions will be used to prompt participants in the event that these topics are not covered to receive rich data from participants:

1. What made you decide to become a school nurse? Is there a particular thing that interested you about school health nursing?

2. What is the recruitment process for gaining employment as a school nurse?

3. How would you describe your period of orientation to school-based practice?

4. Can you describe your transition experience to school-based practice?

5. What type of strategies did you use during your period of transition to the school nurse role?

6. In your career as a school nurse, what would you consider the top three work related stressors?

7. Can you describe measures that you use, if any, to reduce the role strain associated with your new role as a school nurse?

8. What are the experiences of registered nurses new to school nursing as they transition to school-based practice?

9. What are the influences that facilitate the transition of the registered nurse to school-based practice?

10. What is or are transition issues encountered by acute care nurses transferring from hospital-to school-based practice?

11. In your district who is responsible for the school nurse supervision and evaluation?

12. Based on your experiences as a professional school nurse, what advice would you give to a registered nurse who is interested in becoming a school nurse?

13. What type of nursing skills contributes to registered nurses' ability to transition successfully to school-based practice?

Appendix B: Letter of Professional Association

January 15, 2016

Dear President Mattuci and Board Member of the Maryland Association of School Health Nurses:

My name is Irene Campbell and currently I am a doctoral student at Walden University. I am conducting doctoral research on the transitional experience of school nurses with respect to empowerment and self-efficacy to school based practice. Various studies have assessed empowerment and self-efficacy among nurses in different settings. However, school nurses represent a gap in existing research literature. This research study will fill that gap, and provide insight into the lived experiences of specifically school nurses as they transition from other specialty area to school based practice in relation to empowerment and self-efficacy within the school worksite. In order to complete this research, your assistance is greatly needed and vital for identification of school nurses within Maryland who are willing to participate in this study.

Data analysis for the study will be conducted using thematic data analysis. Once Identified, I will contact these participants to discuss the nature of the study. The participants will be free to decline their participation and, if they accept invitation, they are free to discontinue their participation at any given time. All information obtained from the participants will be maintained under strict confidential.

In the interim, if you have any questions or concern about this study and your role in identification of study participants please feel free to contact me.

Thank you in advance for your consideration.

Appendix C: Research Announcement and Invitation Letter

ATTENTION ALL REGISTERED NURSES

Dear School Nurse Colleague:

My name is Irene Campbell. I am a School Nurse in a Maryland public school and also a graduate student in the Public Health program at Walden University. This letter is an invitation to participate in my study entitled "The Lived Experiences of School Nurses: Transitioning from Hospital or other Clinical Setting to School Based Practice."

- The purpose of this study is to explore the perceptions of registered nurses and their transition experience into school based practice. School nurses are essential to students' health, wellness, and school attendance.

- Participation is voluntary and the identity of the participants will be kept totally confidential.

- My study is considered a qualitative research study. This means that the participants will be asked to engage in an interview session for an hour or less.

- The dates and times of the interview will be determined based upon the availability of eligible participants.

Please contact Irene Campbell. If you are interested in participating.

Appendix D: Demographic Data Form

Demographic Data

Participant Number_____

Please answer the following questions with as much detail as you would like to share.

1. Please check one

Gender:

Male ___

Female____

Other _____ (Please write in)

Age

    1. How old were you on your last birthday?

  _____ (Write in the number in years).

    2. What was your net/gross household income for 2015?

_____ (Please write in)

    3. Marital Status (Circle one)

  a. Single b. Married   c. Widowed   d. Divorced

    4. Race (Please circle one)

a. American Indian or Alaskan native

b. Asian

c. Black or African American

d. Native Hawaiian or other Pacific Islander

e. White

f. Two or more races: List:_____

5. Ethnicity (Circle one)

a. Hispanic

b. Non-Hispanic

c. Cuban

d. Mexican

e. Puerto Rican

f. Central or South American

6. Education: (check all that apply)

RN (diploma) __

Associate degree __

Bachelor's Degree __

MS__ MSN__

Doctoral/PhD__

Non-nursing degree(s)

_____

      7. Nursing Credentials:

(Please check one)

Diploma___

Associate degree

Bachelor's degree

Nurse Practitioner___

Other _____

      8. Do you belong to a Nursing Professional Organization?

      No: ____

      Yes: ____

      If yes, list all membership

9. Years employed in general

    nursing_____

10. Nursing Specialty Area

    _____

11. Years working as school nurse

    _____

12. Worksite Characteristics: Private office: _____shared

    office_____

13. Employed by: Education_____ Public health department_____ Health care

    system?

14. Current School Nursing Practice location: (check one) Elem, Middle or

    High school

15. Number of hours work per week:

    _____

16. Number of schools covered?

    _____

17. Where did you work prior to school

    nursing_____

Appendix E: Informed Consent Form

Walden University Consent Form

You are invited to take part in a research study entitled: The Lived Experiences of

School nurses who have successfully transitioned to school based practice? I am

conducting a qualitative study with school nurses to examine the experiences of school

nurses as they transition to school based practice. You have been selected as a potential

participant due to your knowledge and/or experience related to the study. You will

complete a demography survey. Please take as much time as needed to read this form

and if you have any questions or concerns, please asked for clarification prior to acting

upon this invitation to participate in the study. This study will be conducted by Irene

Campbell, Doctoral Candidate at Walden University.

Background Information:

The purpose of this qualitative study is to examine the experiences of school nurses as

they transition to school based practice.

Procedures:

If you agree to be in this study, you will be asked to meet with the researcher to complete

a demographic survey and a face-to-face interview at the library, or other location of your

choosing for an hour or less. Questions are based around transition experiences to school

based practice.

Voluntary Nature of the Study:

Your participation in this study is voluntary. Your decision to participate will not affect your current or future relationships with your employer, or the Maryland School Health Nursing Association. If you decide to participate, you are free to withdraw your participation at any time with no adverse repercussions and you may also refuse to answer any interview questions you consider to be intrusive, invasive or stressful.

Risks and Benefits of Being in the Study:

This study pose no known risks associated with your participation. The potential benefits of this study may be derived from the dissemination of new information to school nursing and other general nursing community that could enhance empowerment and self-efficacy of registered nurses work in school based practice.

Payment:

There is no compensation associated for participation in this study.

Privacy:

Any information you provide will be kept private. Any published reports will exclude all potential information that can identify any participant. Hard copies of research records will be maintained in a locked file cabinet, electronic data is maintained on an encrypted password protected external hard drive only accessible to the researcher accessible only by the researcher and faculty supervisor. Interviews will be audio-taped solely for the purpose of providing an accurate description of your experiences. The data from the recording will be destroyed after 5 years from completion of the study as required by the university.

Contacts and Questions:

You may ask any questions you have related to this study now. Or if you have questions later, you may contact the researcher Irene Campbell, or her advisor, Dr. Richard Jimenez. Irene Campbell can be reached directly at ████████████

██████████████████ or my faculty advisor Dr. Jimenez at

Richard.jimenez@waldenu.edu. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 612-312-1210. You will receive a copy of this form from the researcher.

Obtaining Your Consent

I have read the above information and have asked any existing questions and received

answers. I consent to participate in this study.

Printed Name of Participant   _____

Date of consent   _____

Participant's Signature   _____

Researcher's Signature   _____

Appendix F: Research Assistant Confidentiality Agreement

Name of Signer: Tunde Lawal, MBA/JD

During the course of my activity in collecting data for this research: **What are the lived experiences of school nurses with respect to empowerment and self-efficacy who have successfully transitioned to school-based practice?**

I will have access to information, which is confidential and should not be disclosed. I acknowledge that the information must remain confidential, and that improper disclosure of confidential information can be damaging to the participant.

By signing this Confidentiality Agreement I acknowledge and agree that:

1. I will not disclose or discuss any confidential information with others, including friends or family.

2. I will not in any way divulge, copy, release, sell, loan, alter or destroy any confidential information except as properly authorized.

3. I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information even if the participant's name is not used.

4. I will not make any unauthorized transmissions, inquiries, modification or purging of confidential information.

5. I agree that my obligations under this agreement will continue after termination of the job that I will perform.

6. I understand that violation of this agreement will have legal implications.

7. I will only access or use systems or devices I'm officially authorized to access and I will not demonstrate the operation or function of systems or devices to unauthorized individuals.

Signing this document, I acknowledge that I have read the agreement and I agree to comply with all the terms and conditions stated above.

Signature: **Date:**

Appendix G: NIH Certificate of Completion

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **irene campbell** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 03/23/2012.

Certification Number: 892933.

Appendix H: Transcribed Interview

Participant #5

Participant 5

IC: What made you decide to become a school nurse? Is there a particular something which interested you about school health nursing?

P5: I have a friend that works as a school nurse and I have wanted to be a school nurse; because I have always wanted to work an hour whereby I can go to work and my children can go to school. I enjoyed working with children watching them grow and learn. Helping to keep them safe and in school.

IC: What is or are the recruitment process for gaining employment as a school nurse?

P5: Huh, I did the application, I took a test and I was setup for an interview; a panel interview. The interview was an intense interview and was very intimidating at first because at my other job I was interviewed director of nursing and I didn't have administrators and the panel to interview.

IC: How would you describe your orientation period to school based practice?

P5: It was two weeks orientation and most of it was in a class room setting, and I followed a nurse as part of the two weeks orientation for 3 days to understand my role as a school nurse and learn about policies and procedures. When I started on my own, I was apprehensive and scared but as times went by I became confidence. I think it would have been better if I was oriented in my school than in another school to help me and elevate

my fear and apprehension. The previous nurse was not organize and it makes it difficult for me because things were not very organize. There is a lot of case management that goes into school nursing and it is more than just sick visits.

IC: Can you describe your transition experience to school based practice?

P5: Huh so, I detect that I have support system of other nurses to help me organize and know what I need to focus on daily so that I can get my health room to workable environment that is more acceptable because papers and supplies were just stack up and everywhere. It was very intimidating the first couple of months and also I perceive sense of accomplishment because I clean the health room up, I can triage students and send them back to class in a timely manner because I know where I can get the necessary supplies. It took sometimes knowing the routine. It was difficult getting the parent to bring their children updated immunization records, providing the school medication forms because some just sent their children to school with medications. Getting to know how to communicate things to the teachers, parents about what the students' needs to be successful at school, managing their health care so that I, the parents and teachers are on the same page. The teachers do not understand that I as a nurse in the school have a role to play. My role is to keep the students who are not acutely ill in school so that they can get their academic instructions. I do not send student home unnecessarily, because when they are sent home they miss their instructions and they get behind and have hard time catching up, and this does affect their learning. Providing the simplest intervention of giving them water and sending them back to class helps them. Keeping the students

hydrated has been shown to improve their cognition, think skill ability, and their writing, so I am a water pusher and it helps them to breathe better, alleviate stomach aches, constipation issues or hunger, immune function, and body temperature control. People do not understand they see me giving the students water; it helps to maintain the students' homeostasis and helps them stay in school and learn. Some of this little thing looks small but it is big because it helps the students to stay in school and learn.

IC: What type of strategies did you use during your transition period to school nurse role?

P5: Laughing, coping mechanisms, well, besides calling my support system huh, I also make sure that I have fifteen minutes of quite time in the morning to get myself ready.to clear my thought and to make a list of what I need to do for the day. The pace of my health room is the same every day and I have to make a judgment on what is important that I have to accomplish for the day. I have to make adjustment when something new comes up that requires my attention to complete it.

IC: In your career as a school nurse, what would you consider as the top three work related stressors?

P5: Laugh, ah, the students and their injuries, the parents, staff, but mostly the injury because there is a notification process. I have to determine what is appropriate to report, do I report paper cut, abrasion and minor injuries like scrapes in the finger and the appropriate measures to notify the parents. There is a different mentality about school nursing than all other nursing specialty because what I consider to be minor, that is not a true medical emergency, sometimes parent can get upset about not calling them to report

just a minor paper cut that does not warrant reporting or going. Some parent wants me to call and tell them that their child sustained a paper call today while at school, and some just want to be notified about real life issues. I made it a point to call every parent of students seen in my health room. Calling parents for unnecessary reporting is a stressor because it takes away from the tangible things I need to do. Another stressor is when students are sick and I am unable to reach parents because I am concern that they are contagious whether they have stomach virus, flu, or something like that and the parents does not want to come and get their child. Collaborating with parents of students who are on immunization catch up schedule, they know that they have 20 days to get the needed immunization, prior to the 20 days expiration, I will call and sent papers home to remind them and yet they continue to send their child to school without the updated vaccination to allow their children to stay in school. I have to call them to come and pick their student's because without the required immunization they cannot stay in school and they feel that I am picking on them, I just need them to be compliant and so there is a communication issue. Another stressor is teacher sending students' down for every little thing. Really if students do not have injury or major illness, they need to be in class to receive their instructions and they can come and see me during lunch and specials. The rash the have and the little bug bites that they student walk in with this morning can wait, so anything that is not a major issue can wait. Furthermore, the teachers undermine my assessment skills, when I said a student is fine to go back to class, some of the teacher will call the parents and tell them to come and pick their child. When the parents show up in the health room to pick their child, I told them I did not call you because based on my

assessment; the child does not need to go home. So some teachers undermine my nursing judgment and override my authority. The teachers went to school to learn how to teach and I went to school to learn how perform nursing judgment skills, nursing diagnosis, assessment, interventions and they don't realize the license I have. Sometimes a student will come in with stomach ache, no vomiting, no fever, and I will send them back to class but the teacher will call for parent to pick student up. This is undermining my authority because I do not go to their class and tell them how to teach so they cannot tell me how to nurse and everyone needs to stay in their own lane. Teachers are not authorized to perform medical functions and my nursing license, I am authorized under my nursing education to educate because that is part of my role as a nurse. I can educate a teacher on how to perform certain things and I can delegate to them to perform certain tasks. As a school nurse, the teachers undermines our roles and do not appreciate measures we go through to keep the students, as well as the staff healthy. For instance, I use my own money to buy Brita water filtration system to provide cold water for the students. I have students that usually come and see me for complaint of headache and stomach ache. Since I bought the water and they know there is water in the health suite, they now come early in the morning to the health suite just to get a bottle of water in the morning, and another bottle during lunch time and now they never have headache and stomach aches and they feel better about themselves. They do not come any more with complaint of head ache or stomach ache just because of this minor intervention I provided. Small interventions are really key and vital for success as a school nurse. The teachers, parents, and students' should learn to appreciate school nurses more, because they impact their

academic achievement. The school nurse impact and influence the students from young child to adulthood, helps them with their life choices, to have hope and what they are going to be when they grow older. The influence of the school nurse on the students' lifestyle cannot be overemphasized because they help teach them to live an active life style that will help them later in life; so the influence of the school nurse, is significant. It is unfortunate but people look down on me when I tell them I am a school nurse, the next question is what do you do? I have a daughter who is a nurse and I tried to introduce her to school based practice and she said oh no because I don't want to lose all my skills. I told her that actually, there is an enhancement of her skills because she will be working independently and she will build upon her clinical skills. I told her that if a student should fracture in the shoulder, she will know because of the swelling, limited range of motion, pain and all this things the nurse knows what to do. I think school nurses should be valued just like the hospital nurses. As a school nurse, I need that self-efficacy and empowerment in order for me to do my duty effectively, encouragement and empowerment because I know what I know, what I am supposed to do, what I need to do, and I do not allow people to deter me from doing what is right. I have to be strong in heart and in my mind. I know my nurse practice and all the other things I need to know.

IC: Can you describe measures that you use, if any, to reduce the role strain associated to your new role as a school nurse?

P5: I use my parent teacher association to help me alleviate some of the role strain associated with my work, they are wonderful. For example, during the field day, I set up

an emergency and first aid booth and I have an emergency and first aid trainer volunteer

to cut down on the traffic in the health room because the student get a minor scrapes

bumps while at field day and she can give them ice pack and wash the area and put

bandage. Recently my district obtains an electronic health record and I am responsible

for scanning all the records in the system and then upload it to student's profile. I told

the principal and she provided me a staff that will scan the records and all I have to do is

to upload the records to student's profile. I tried to utilize my resources.

IC: What are the experiences of registered nurses new to school nursing as they transition

to the school based practice?

P5: I have to practice independently and I have to have strong nursing assessment skills

to be able to identify and know what the problem is that I am looking at. If a student is

coming with asthma symptoms and they are complaining of stomach ache, I have to be

able to ask them more questions and asked them to point to where it hurts. Or a student

comes in and said my neck hurts, I have to asked show me where it hurts, and I have

found out in some cases when they said my neck hurts, its actually their throat that hurts

so by asking them to show me where it hurts, am able to obtain the proper diagnosis. I

have to be able to function independently whereas in the hospital or doctor's offices I

have somebody there like a second set of eyes to help you but that is not the case here.

Um, I also have flexibility with my schedule because the kids come and it's hard to say

no you cannot come, but it helps to let them know when they can come. I let them know

by giving them scenarios that warrants an urgent care and non-urgent care. If you are

stomach ache, head ache, you can come at this time. If you are having problem

breathing, coughing, asthma, bleeding, vomiting you can come immediately and letting

the kids knows when to come helps with the flexibility of my schedule, to work on the

case management piece of my work, attending meetings, work my records and making

sure that charts and medication orders are all in order.

IC: What are the influences that facilitate the transition of the registered nurse to school

based practice?

P5: Um one thing that has helped me to stay on is that I have a good relationship with the

principal and the vice principal and everyone here. I love the setting, the students, um, I

just love it. I love school nursing. Another incentive is the summer off, although, I took

a pay cut to come into the school nursing, um, I say about have and my husband said that

it's a payment for peace of mind and manageable stress.

IC: What is or are transition issues encountered by acute care nurses transferring from

hospital to school based practice?

P5: some of the problems are that maybe they have not work in an independent setting

such as school nursing. Um, also just my level care and the intervention that I am

providing as a school nurse are more different than when I was in the hospital making

sure that I give medications and turned patients. All the preventative work that I put in

the hospital does not play a role here. Some of the most crucial one for me is that I have

limited budget and I spend my own money to supply my health room. The budget for my

health room only covers bandage and some few other items, so not having access to the

supply closets to get what I need like in the hospital is very frustrating. Sometimes student's comes in with their medication for asthma and they do not have the spacer or sometimes the student's runs out of their inhaler medication and their parents said they do not have money to buy two inhaler or epi-pen medication for school because they cannot afford to buy 2 medications one for school and one for home. In the hospital, this is not an issue for the nurse to deal with, because you have the case manager working to resolve psychosocial, supplies and medication issues; I have other colleagues to deal with other issue that affects the patient while they are admitted into the hospital. Here as a school nurse, I am the secretary, the charge nurse, I do everything, if someone needs glasses and they don't have insurance, I have to work with the community stakeholders to find resources that can help them to get the glasses. In the hospital, if I am not sure about something, I can summon another nurse, nurse educator, care coordinator or my manager to clarify things, but here it is only me, I have to make a phone call to another nurse and if that nurse is not available, I have to call another school until I find someone to help me. It is a challenge and it takes time to know who you can truly trust and call for assistance. Utilizing other seasoned school nurses that are willing to help is a big help too.

IC: In your district who is responsible for the school nurse supervision and evaluation?

P5: Nurse Managers and old nurse was very support until I have another nurse manager, I appreciate my first nurse manager support when I first transitioned into school based practice, if not, maybe I would have quit without her support.

IC: Based on your experiences as a professional school nurse, what advice would you give to a registered nurse who is interested in becoming a school nurse?

P5: It is important to know the nurse's background to help prepare the nurse for some of the challenges that is associated with school based practice. It is a more comprehensive care and it is not just giving bandages as many people thinks. There is role confusion and the level of the nurse expertise is critical to transitioning to school based practice. The school nurse is responsible for the students as well as the staff. It is not just a bandage or medication; it is about the whole student. It is about helping the students to be healthy and making sure that they achieve their academic success, making sure they are compliant with their vaccines, their medication regimen at school and provide the appropriate care and making sure that the nurse is prepared to work independently. There is no one anyone here to help me, the nurse must have strong nursing assessment skills and be efficient in their practice. Even though you might have ten years of experience, you continue to learn as an independent practitioner because you are learning new things. I have worked in the hospital and in the doctor office but as an independent practitioner, I think I am getting better at things like pink eye rather than an allergy eyes or sore throat.

IC: What types of prior nursing skills contributed to the registered nurses ability to transition successfully to school based practice?

P5: Strong nursing assessment skill is a key school based practice because one needs it to correctly identify and make those nursing judgment in diagnosis so that one can make and follow correct procedures and interventions.

IC: If you could make any change to improve registered nurses transition to school based practice, what would that change be?

P5: School based practice is not the same across the board and I think if they can make maybe some standing protocol and guidelines that the nurses can follow will help across the board for instance in the hospital, there is standard of care for many diseases and the doctor and nurses follows the standard of care. Having this tool will help nurses not to miss an important step during an emergency, and can prevent the parents from coming back to say that their child did not receive optimum health care while at school. For head injury, there is a protocol or standard of care that the nurse must follow to complete the necessary assessment. But for abdominal pain, injury, bruising, swelling, headache and some other things there is no standard of care to follow.