The 2013 NASN School Nurse Survey: Advancing School Nursing Practice
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What is This?
The National Association of School Nurses (NASN) performs a variety of functions to promote the school nursing specialty and improve the health and academic success of all students. One critical way in which NASN determines the needs of school nurses and its membership is through a needs assessment that is conducted every 2 years. This needs assessment collects information about school nurses and their practice in order to educate NASN and better aid the organization in developing cogent programs and prioritizing activities. This article provides a summary of the characteristics of school nurses and some of their key activities as obtained from the 2013 NASN School Nurse Survey and evaluates the possible impacts of those results on the organization.

Methods

In March 2013, NASN distributed the 2013 NASN School Nurse Survey through several media, including listservs, email blasts, and the NASN website. Reminder emails were sent to over 15,000 NASN members as well. Respondents were assured that answers would be kept anonymous, and no personal identifiers were linked with responses. The 2011 NASN Membership Survey was limited to members of the organization, but the 2013 survey targeted all school nurses and elicited responses from members and non-members. The decision to expand the survey was done because little is known about school nurses in general in the United States and because of NASN’s increased efforts to know the needs of all school nurses. Because of the expansion to all school nurses, we are not sure of the total number the link was sent to and thus are unable to calculate a participation rate.

As an incentive for individuals to participate, respondents who completed the survey became eligible to enter a drawing for one of four scholarships: two scholarships to attend the 2013 NASN Annual Conference, and two scholarships for NASN bookstore purchases. The scholarships were funded by Reckitt Benckiser: The Makers of Lysol Brand Products. In addition, NASN worked with affiliate presidents in each state and asked them to help promote the survey to all school nurses (members or not), with the incentive that those states that had 50 respondents or a 30% response rate (based on their active membership number) would receive the aggregate data of the persons from their state.

Survey Monkey was used to compile the survey, send the survey out as a link, and collect and analyze results. After results were collected, unfinished responses and duplicates were removed from the dataset, which was then analyzed for significant trends and indicators.

Results

Response to this needs assessment was much larger than in past years, with Survey Monkey collecting a total of 9,153 responses. After incomplete responses were removed from the dataset and the remaining responses checked for duplicates, 6,841 responses remained, as compared to 3,138 respondents to the 2011 NASN Membership Survey (Bergren & Monsalve, 2012). The discrepancy in the amount of the responses between the 2011 survey and this survey could be accounted for by the expansion of the survey to members and non-members of the organization, rather than limiting the convenience sample to NASN members.

School Nurse Profile

School nurses from all 50 states participated in the needs assessment, as well as 11 school nurses from U.S. territories, 13 nurses from Department of Defense schools, and 22 international school nurses (5 from Canada). The vast...
majority of respondents were active members of NASN (65.6%), and 30.5% were non-members. The remaining 4% were other classifications of NASN memberships (member at large, associate, etc.). Responses from non-NASN members and NASN were compared for differences. Both groups tended to respond similarly. There was only a slight discrepancy between the annual salary of NASN active members and the annual salary of non-members, with members (45.7%) most likely to be paid $40,000 to $59,999, and non-members (47.7%) most likely to be paid $30,000 to $49,999. Among members, most (66.4%) paid membership dues themselves, while 27.9% of NASN member respondents indicated that employers paid their dues.

The demographics of respondents who completed the 2013 NASN School Nurse Survey were varied, but there were some clearly identifiable characteristics. Most respondents (70.5%) were 41 to 60 years old, and 58.4% of respondents were over the age of 51 (see Figure 1). By contrast, only 15.8% of respondents were under the age of 40. Of the nurses who were at least 51 years old, 76.1% of them plan to retire in the next 10 years. These demographics are different compared to respondents in 2011, where 63% of respondents were over 51 and only 12% of the respondents were under the age of 40 (Bergren & Monsalve, 2012).

In 2013, respondents to the survey were most likely (49.7%) to work in at least one school in a suburban area, followed by 30.8% who worked in at least one school in a rural area and 23.9% who worked in at least one school in an urban area (Figure 2). Nearly 40% of respondents (39.0%) indicated that they worked with culturally diverse and/or minority populations.

School nurse respondents were predominately employed by a public school district (84%), where the majority of school nurses were supervised by a non-nurse (51.4%) rather than an RN supervisor (35.7%) and held a position that was funded by a regular education budget (77.6%) (Figure 3). The majority of school nurses indicated that they worked 10 months of the year (55.6%) (Figure 4).

Most respondents (77.4%) to this survey had worked in school nursing for at least 5 years, with the average respondent time spent in school nursing of 11 years. Their average salary range was $44,984 to $54,726. See Tables 1 and 2 for additional information related to salary and employer, as well as comparisons in data between 2011 and 2013 needs assessment; see Table 3 for averages for a school nurse.

**Education, Licensing, and Certification**

Data regarding education, licensure, and certification of school nurses were also collected. The vast majority of respondents who completed the 2013 survey were registered nurses (RNs) (93.5%), 4.3% were licensed practical nurses (LPNs), and 1.9%...
were advanced practice registered nurses (APRNs). This is similar to the percentage of RNs (95%) who responded in 2011, with an increase in the percentage of LPNs (1%) and a decrease in the percentage of APRNs (3%).

In 2013, 44.4% of respondents held a bachelor’s degree (BS) in nursing, 15.1% of respondents held an associate’s degree (AD) in nursing, 10.9% of respondents held a master’s degree (MS/MSN) in nursing, and 17.2% held a master’s in a field outside of nursing. These results are different from results of the 2011 NASN Membership Survey; the percentage of respondents with a BS in nursing remained relatively similar (46% in 2011), but the percentage of respondents with an AD in nursing increased from 9% in 2011, and the percentage of respondents with a MS/MSN in nursing decreased from 15% in 2011 (Bergren & Monsalve, 2012).

Certification was also examined in 2013; 20.9% of respondents were nationally certified by the National Board for the Certification of School Nurses and 48.5% of respondents were state certified. This was a significant decrease from the 31% of respondents in 2011 with national certification and 54% of respondents with state certification in 2011 (Bergren & Monsalve, 2012). This decreased trend was true related to other certifications. In 2013, 28.8% of respondents held certifications such as certified diabetes educators, certified asthma educators, certified health educators, teacher certifications, nurse practitioners, or other nursing specialties compared to 2011 where 32% reported similar certifications (Bergren & Monsalve, 2012).

School Nursing Practice

School nurses work in a variety of settings. This survey indicated that they were most likely to work in one building (50.4%) and with 501 to 750 students (21.2%) (see Table 4 and Figure 5). This was supported by the fact that 54.8% of school nurses provide direct clinical services in one building. In addition, 21.7% of school nurses indicated that they covered several buildings and thus trained unlicensed personnel to perform daily routines. Other school nurses work as a team with LPNs (7.5%) or health clerks (11.2%) to provide care in multiple schools. See Figure 6 for more information on models of practice.

School nurses are found at all levels of education in both public and private education. Survey respondents were also most likely to work in public elementary schools (67.1%), while only 5.7% of respondents worked in a private/parochial/boarding elementary school (Table 5). It should be noted, however, that many school nurses do not work exclusively in one setting; for example, 45.7% of respondents who indicated that they worked with a public elementary school population also indicated that they worked with a public middle school population and 33.9% of those same respondents indicated that they worked with a public high school population in addition to elementary students. Table 5 provides a picture of a typical school nurse.

As budgets continue to be scrutinized, questions have been raised regarding funding for school nurse positions. The majority of respondents (53.2%) indicated that they felt safe in their school nurse position, but 16.2% reported that school nurse jobs in their areas had been threatened to be cut and 5.7% indicated that other nurses in their district had been cut. Others (19.2%) indicated that they had heard rumors of
possible cuts, and 5.4% indicated that they had been told that RN positions would be filled by LPNs or aides.

**Reimbursement for Services**

The vast majority of respondents to this survey (98.2%) indicated that they did provide direct health services to students. Respondents were asked whether they or their employers billed for Medicaid reimbursement, and if they did not, how they were reimbursed for services. Fifty-nine percent of respondents indicated that they or their employers billed for Medicaid reimbursement, and 40.1% of respondents indicated that they and their employers did not bill for Medicaid reimbursement. Among those nurses who indicated they or an employer did bill for Medicaid respondents, most (62.9%) noted that they were not sure how reimbursed money was used. Only 10.3% of those respondents who billed for Medicaid reimbursement indicated that reimbursed money was used specifically for school nursing. Four percent of school nurses indicated that their districts participated in other third party reimbursement.

**Assistance in Enrollment in Health Care Programs**

School nurses often assist students and parents with health insurance enrollment and gaining access to health care providers as part of their practice. Nearly half (45.6%) of respondents had assisted a student or parent with enrollment in Medicaid or a state health insurance program. Most respondents had helped a student or parent gain access to free or low-cost care (76.1%), a school-based health center, or a federally qualified health center (65.5%). Half (50.3%) of survey respondents also indicated that they connected students or parents to local health care providers that would accept the students’ health insurance.

**Top School Nurse Activities**

Various restrictions cause school nurses to focus on a few specific activities and less time on other activities that they would prefer to spend time doing. Respondents to this survey were asked to identify the top five areas in both of those categories. Nurses who completed the survey were most likely to spend time caring for students’ illnesses (96.5%), but most (90.2%) indicated that they would prefer to spend their time doing research. The full list and distribution among respondents can be seen in Table 6. Many of the activities such as illness and injury were top priorities in the 2011 assessment; other activities (health screenings and chronic health needs) were different (Bergren & Monsalve, 2012).
target interventions and improve their school nursing practice. Respondents were most likely (39.4%) to collect data on paper and manage data on a computer, while 24.4% collected and managed data on a computer, and 15.5% collected and managed data on paper. Overall, 80% of respondents indicated that they used the computer to assist in data management. Most respondents (90.1%) indicated that their district or school used an electronic student management system. Although some of these systems (38.5%) had school health-specific health systems, the majority of respondents (42%) indicated that they used education or other software not specific to health such as PowerSchool™ (23% of those using electronic software), Infinite Campus™ (14.9%), or district-specific software (11.5%).

The types of data collected by school nurses include information about indicators such as chronic disease management, student encounters, and staff health concerns. Respondents to the 2013 NASN School Nurse Survey were most likely to collect data about urgent/emergency procedures performed (94.7%), administration of prescribed medications (92.7%), and individualized healthcare plans (90.7%). Respondent nurses and other personnel at their schools were least likely to collect information about group health promotion activities (39.3% did not collect information about this indicator) and individual health promotion activities (33.8% did not collect information about this indicator). In addition, personnel in the school other than the school nurse were more likely to collect data on specific health reasons for absence (61.1%) and specific health reasons for early checkouts (53.5%).

**Educational Needs**

The educational needs of school nurses are a major priority for NASN. This survey included several questions about those needs and preferred forms of delivery of educational tools. Survey respondents indicated that their top five continuing education needs were:

1. Assessment of rashes, skin conditions (39.7%)
2. Developing health care plans (504, Individualized Education Plans, Individualized Healthcare Plans, emergency plans) (29.4%)
3. Behavioral health (attention deficit hyperactivity disorder, etc.) (25.0%)
4. Diabetes, type 1 evidence-based management (24.0%)
5. Legal issues (23.1%)

![Figure 5. Number of Buildings Served by School Nurse, 2013](image)

![Table 4. Number of Students Served by School Nurse, 2011 and 2013 (Percentage of Respondents)](table)
In the past 2 years, 41.2% of survey respondents had taken an NASN educational offering, while 36.4% of survey respondents had not. The reasons offered by respondents for not taking NASN educational offerings included non-reimbursement by the district for classes and/or time, no membership in NASN, and lack of awareness of the educational offerings. School nurses who completed the survey indicated that they preferred live, in-person training (92.7%) and 1-day local offerings (92.7%) as types of educational program offerings, although most (51.4%) indicated that self-paced web-based educational programs worked better with their schedule and learning style (see Table 7).

The areas identified by the respondents to the 2013 NASN School Nurse Survey as most important for NASN to focus on were evidence-based clinical practice guidelines for school nurses (66.2%), educational programs (63.3%), and leadership development for school nurses (40.0%).

**Use of NASN Resources**

Publications and resources created by NASN can be valuable tools for school nurses, but utilization of these tools varies. These publications and resources include the NASN Weekly Electronic Digest, NASN School Nurse, *The Journal of School Nursing*, the NASN website/page, NASN blast emails, and NASN radio/podcasts. Respondents to this survey were most likely to read 75% to 100% of *NASN School Nurse* (37.3%), NASN blast emails (35.1%), and *The Journal of School Nursing* (31.0%). They were least likely to use 75% to 100% of NASN radio/podcasts (8.1%) and the NASN website/page (26.7%). NASN radio/podcasts were the least utilized NASN resource by a large margin, with 24.7% of respondents never using them, and 35.7% not receiving them.

**Conclusion**

The 2013 School Nurse Survey provided insightful information to the organization related to school nursing activities and demographics. Challenges persist related to workload, salary, and work setting. Although the majority of school nurses work in just one school, many cover multiple schools and must meet the needs of thousands of children. Only 48% of school nurses met or exceeded the national recommendations of one school nurse for every 750 students, a slight improvement from 2011 (43%) (Bergren & Monsalve, 2012; U.S. Department of Health and Human Services, 2013).

Overall, there have been minimal changes between 2011 and 2013 in the demographic composition of school nurses related to education level. However, with the increased number and inclusion of non-NASN members, it is difficult to determine why small changes

**Table 5. Population Served, 2011 and 2013 (Percentage of Respondents)**

<table>
<thead>
<tr>
<th>Population</th>
<th>2011</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start/pre-K/nursery</td>
<td>34%</td>
<td>27%</td>
</tr>
<tr>
<td>Elementary school</td>
<td>68%</td>
<td>67%</td>
</tr>
<tr>
<td>Middle/Junior high</td>
<td>48%</td>
<td>44%</td>
</tr>
<tr>
<td>High school</td>
<td>42%</td>
<td>37%</td>
</tr>
<tr>
<td>Special education</td>
<td>32%</td>
<td>42%</td>
</tr>
<tr>
<td>Alternative</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>None/other</td>
<td>9%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Source: Bergren and Monsalve (2012).
occurred. The two surveys did have different target populations that could impact results. One area where there was a negative trend, comparing 2011 and 2013, was related to salary. There was an 8% increase in the percentage of school nurses who made between $19,000 and $39,999 from 2011 to 2013, and a 4% and 5% respective decrease in those whose salaries were $40,000 to $59,000 and $60,000 to $79,000, respectively. Some districts bill Medicaid for certain school nursing services, although the funding may not always return to fund school nursing. The Affordable Care Act offers new ways (Accountable Care Organizations) to fund health care, which schools must explore as key members of the community health system (Patient Protection and Affordable Care Act, 2010). As budgets continue to tighten, decreased salaries impact the ability to meet personal needs. Funding also impacts the ability for school nurses to belong to professional organizations or obtain continuing education as needed.

It was insightful to recognize that the activities that school nurses are performing are not necessarily the ones they would like to be performing. School nurses would like to be doing more prevention activities, which ties well into the increased emphasis and community focus of health care (Patient Protection and Affordable Care Act, 2010). In addition, the results indicate that nurses work in an environment where health needs may not be a priority. For example, many indicated that even data collection is done using educational software that may not be conducive to their needs. Emphasis on meaningful use of electronic health care records to improve care is critical in school health (Johnson & Bergren, 2011). To complicate matters, as health care and education reform continues, school nurses are seeing added pressures to their responsibilities. This is also reflected in the fact that the areas in which they spend the majority of their time are not the areas in which they would like to spend their time and where they see the need. School nurses see the

| Table 6. Top Five Areas Respondents Spent Most Time and Top Five Areas Respondents Would Like to Spend Their Time |
|--------------------------------------------------|--------------------------------------------------|
| **Top Areas School Nurses Spend Most Time** | **Top Areas School Nurses Would Like to Spend Their Time** |
| 1. Illness (headache, pain, stomachache) (96.5%) | 1. Research (90.8%) |
| 2. Medication administration (95.7%) | 2. Special projects (community fairs) (89.1%) |
| 3. Administrative paperwork, committees, reports, summaries, meetings (95.5%) | 3. Classroom teaching (87.4%) |
| 3. Lice (95.5%) |  |
| 4. Immunization tracking, immunization compliance, immunization clinics (95.2%) | 4. Obesity/weight concerns (83.4%) |
| 5. Injury (94.5%) | 5. In-service education or trainings with educators/staff (75.4%) |

<table>
<thead>
<tr>
<th>Table 7. Top Respondent Choices for Educational Offerings</th>
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<tbody>
<tr>
<td><strong>Top Choices for Types of Educational Program Offerings</strong></td>
</tr>
<tr>
<td>1. Live in-person training (92.7%)</td>
</tr>
<tr>
<td>2. 1-day local offerings (92.7%)</td>
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<tr>
<td>2. 2- to 3-hour breakout sessions at NASN’s national conference (87.6%)</td>
</tr>
<tr>
<td>3. Self-paced web-based educational program on own (online Continuing Education)</td>
</tr>
</tbody>
</table>
need for preventive health care in schools but may not be able to address these needs. These skills may not typically be taught in nursing schools. When one remembers that the average age of a school nurse is over 50, it is even less likely that these skills were provided in their original nursing education. Because school nurses work in educational settings, and the majority do not have RN nursing supervisors, changing the focus of the supervisors may be challenging. This information directs NASN to include professional education focused on school nurses as change agents and teaching and promoting advocacy and leadership skills.

As mentioned, over 44% of school nurses are over the age of 51. The age and experience of the average school nurse provide wisdom in practice. Yet, 40.8% of school nurses plan to retire in 5 years, while another 35.3% will retire in 10 years. This means that positions will be open and there is a need to ensure that those positions remain (especially in the midst of rumors of position cuts or filling these positions with health aides). It also means an influx of new school nurses. Education and orientation materials will be key to ensuring that students’ health needs are met with competent school nurses. All of this information will be used by NASN as materials, programs, and resources are developed. In addition, the NASN board and staff utilized this information when developing the new strategic plan that was approved earlier this year.

**Limitations**

Gender and race/ethnicity were not included in this needs assessment. Another needs assessment targeted to the same audience (all school nurses) collected this information less than 6 months before and indicated that 93.6% of school nurses identified themselves as white/Caucasian, 4.4% as African American, 3.7% as Hispanic, 1.4% as Asian, 1.3% as Native American/Native Alaskan, and less than 1% as Native Hawaiian/Pacific Islander (NASN, 2012). These statistics indicate a higher level of diversity compared to the demographics of the 2011 NASN survey, where 91% of the nurses indicated that they were white/Caucasian, 4% African American, 2% Hispanic/Latino, 1% Pacific Islander, and 1% Native American. In both studies, less than 1% of the respondents were male (Bergren & Monsalve, 2012). The lack of diversity among school nurses is concerning, especially as the student population becomes more diverse. NASN continues to investigate ways to increase diversity as well as ensure that school nurses have the skills needed to work with students from a variety of backgrounds and cultures (Maughan & Barrows, 2013).

School nurses work autonomously in an education setting to meet the health needs of students. It is important for NASN to conduct this needs assessment every 2 years to gain a better understanding of the educational needs and challenges that school nurses face and ensure that school nurses are optimally prepared to care for our nation’s students.

**References**


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