



**BACK  
TO  
SCHOOL**

# School Nurse Workload

## Students Are More Than Just Numbers

**Laurie G. Combe, MN, RN, NCSN**

**Mary Beth Bachman, MPA, RN**

**Rosemary Dolatowski, MSN, RN**

**Patricia E. Endsley, MSN, RN, NCSN**

**Kathy Hassey, MEd, BSN, RN**

**Erin Maughan, PhD, MS, RN, APHN-BC**

**Lindsey Minchella, MSN, RN, NCSN, FNASN**

**Bobbi Shanks, MS, BSN, RN, NCSN**

**Sharonlee Trefry, MSN, RN, NCSN**

**Elizabeth Zeno, MA, BSN, RN**

*NASN has found a lack of research-based evidence to support the caseload ratio model of school nurse staffing. In keeping with the practices of school administrators, other school support personnel, and community health care providers, NASN is transitioning to the workload model to guide safe school nurse staffing. The workload model considers more than ratio and acuity; instead, it provides a full description of school nurse activities and other influences on student health.*

**Keywords:** school nurse; caseload; workload; ratio; acuity; student academic achievement; social determinants of health; staffing; Specialized Instructional Support Personnel

### Transitioning From School Nurse Caseload Ratio Acuity to School Nurse Workload

“Why is the ratio ruler not published any longer? What is NASN thinking? My school’s staffing pattern is based on the caseload acuity ratio. How will I justify my important work with students if NASN abandons the caseload ratio model?” These may be some of the questions you are asking yourself as you read the newly adopted NASN Position Statement, *School Nurse Workload: Staffing for Safe Care* (NASN, 2015b). This companion article and Figure 1 strive to help the reader understand why NASN is making this paradigm shift describing the critical work of school nurses and explain that caseload

and other workload factors should be accounted for when determining school nurse staffing.

The caseload model focuses solely on nurse-patient ratios determined by health dependence and acuity (McDonald, Frazer, & Cowley, 2013). As noted in the new NASN position statement, school nurse-to-student ratios have been widely accepted since the early 1970s, yet there is not adequate evidence to support their use. While some ratio models address acuity levels, there is more to consider. Staffing patterns based solely on ratios are a one-size-fits-all construct and do not fully account for the breadth, depth, and complexity of work done by school nurses.

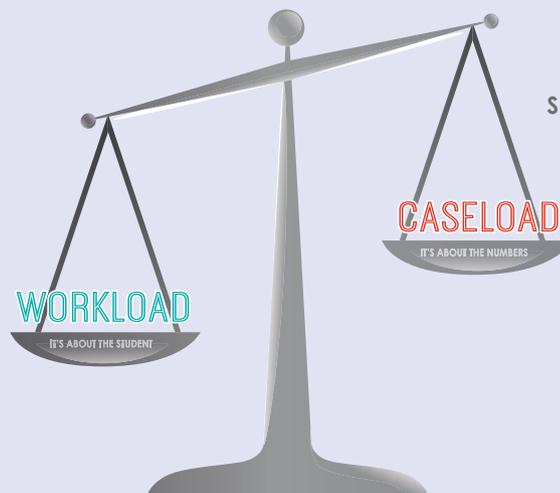
The workload approach for staffing is currently utilized and studied by

**Figure 1.** Workload vs. Caseload: Fully Describing School Nurse Promotion of Student Health and Academic Achievement.

**“WORKLOAD” vs. “CASELOAD”:** Why change the terminology now?

**Work of School Nurses**

- STUDENT ACHIEVEMENT
- STUDENT HEALTH INTENSITY
- SOCIAL DETERMINANTS
- COMMUNICATION
- CASELOAD/RATIOS
- NURSING PROCESS
- DOCUMENTATION, REPORTING, ANALYSIS
- STAFF CONCERNS
- GOVERNANCE & FUNDING
- INDIRECT ACTIVITIES



**Work of School Nurses**

- RATIOS
- ACUITY

**LET'S WORK TOGETHER FOR STUDENT HEALTH, SAFETY, AND ACHIEVEMENT!**

community health care professionals, school administrators, and Specialized Instructional Support Personnel (SISP) (American Occupational Therapy Association, American Physical Therapy Association, & American School Health Association, 2014; Leithwood, Azaz, Harris, Slater, & Jantzi, 2014). Professionals regarded as SISP include school nurses, counselors, psychologists, social workers, occupational therapists, physical therapists, and community providers (National Association of SISP, 2015). SISP utilize specialized skills to support student achievement by providing “school-based prevention and intervention services as part of a comprehensive program to meet student needs and ensure that students become effective learners and productive citizens” (NASN, 2015a, p. 1).

**School Nurse Workload Considerations**

While the concept of school nurse workload includes caseload ratios, actual workload considerations are more comprehensive and provide a full description of school nurse

responsibilities. The term *workload* accounts for many of the factors that influence quality school nursing care in support of academic achievement, such as the availability of or lack of an adequate collaborative support structure to assist in meeting student health needs. The ensuing discussion is designed to describe some of the diverse factors that school nurses manage in order to care for students.

A community needs assessment is an important first step in determining health needs for a school community. Such an assessment reveals student health factors such as chronic health conditions, mental/emotional conditions, and social determinants impacting health. Some social determinants include:

- student/family access to health care services (Centers for Disease Control and Prevention [CDC], 2014c);
- poverty and food insecurity (CDC, 2014c);
- communication and cultural barriers (Fleming, 2011; Meyer, 2012);
- globalization and immigration (CDC, 2014a; Meyer, 2012);

- displacement, refugee status, and violence (CDC, 2012, 2014b; Weeks et al., 2013);
- unsafe and unhealthy community environments (Weeks et al., 2013); and
- natural or man-made disasters (Chau, 2012).

An interdisciplinary approach is required to address the full extent of student needs. School nurses collaborate with school teams intervening to mitigate barriers to learning. School nurses consider the whole child (CDC, 2015) and provide case management, care coordination, and transition planning in collaboration with parents, health care providers, community agencies/partners, teachers, school administrators, and others. Examples of school nurse collaborative interventions include consultation with:

- students and families to plan and develop Individualized Health Plans and Emergency Action Plans,
- athletic trainers to develop post-concussion protocols,

**Table 1.** Federal, State, and Local Regulations Impacting School Nurse Workload

Individuals with Disability Education Improvement Act (2004)
Rehabilitation Act of 1973.
Occupational Safety & Health Administration (OSHA, n.d.)
Response to Intervention/Multi-Tiered Systems of Support (Dulaney, Hallam, & Wall, 2013)
State Nurse Practice Acts and their associated rules and regulations
School Nursing Scope and Standards of Practice (American Nurses Association & NASN, 2011)
Third-party billing for school health and related services
State education laws and policy
State and local health department regulations
Local school board policy
School funding and budget management

- education specialists and SISPs to help students who have health-related special needs,
- health care providers to discuss school health data or clarify treatment regimens, and
- behavioral health specialists and community therapists to discuss or clarify treatment plans for students with emotional health problems.

The Robert Wood Johnson Foundation reports that “today’s school nurses . . . act as a health care safety net for all children” (Fauteux, 2010, p. 1). The workload concept accounts for the full scope and practice of school nursing and encompasses the entire nursing process: assessment, diagnosis, outcomes identification, planning, intervention, and evaluation. Delegation, one tool of the nursing process, requires training, evaluation, and ongoing support of unlicensed assistive personnel (NASN, 2014). Home visitation, health education, and wellness initiatives are other tools utilized by school nurses. Appropriate, thorough documentation and analysis of nursing intervention data promotes accountability, quality improvement, and legal/ethical standards of care. Preparation for field trips, wellness coaching, student

support group interventions, organization of student health activities, staff meetings, professional development, advocacy for equitable care, before/after school programming, and health office management are indirect activities of school nurse workload. In addition, school nurses assume leadership for health and wellness activities in the school community, participate in professional organizations, and follow guidelines to comply with local, state, and federal regulations as listed in Table 1.

### Implications of School Nurse Workload

Implementation of safe and appropriate school nurse staffing can exist when the full scope of school nurse workload is taken into consideration. School nurses will then be able to pursue goals to:

- provide quality health care to students; (American Nurses Association, 2014)
- focus attention on student outcomes;
- identify relationships between health, school nurse staffing, and student academic achievement; and
- promote school nurse satisfaction and retention (Neill, 2011).

### Where Do We Go From Here?

The school nursing community and stakeholders must identify evidence that supports effective school health services. To do this, NASN, school nurse leaders, and school nurses must:

- increase participation in data collection surveys designed to measure school nurse workload;
- develop time studies and workflow analyses;
- develop, evaluate, and research effective tools for measuring workload models relevant to student outcomes;
- identify priority school nursing activities; and
- develop talking points about workload and safe school nurse staffing.

### Conclusion

Most school nurses would agree that due to the uniqueness of each school community, a one-size staffing model does *not* fit all. The term *school nurse workload* does not imply an increase in school nurses’ responsibilities; rather, it provides a full description of school nurse

responsibilities. In order to assess current staffing safety and articulate staffing needs, school nurses must document and describe their workloads. School nurses are experts in meeting health needs in their school communities, thereby optimizing student attendance and academic achievement. A full description of the effect of school nurse workloads on student health can be used to influence stakeholder understanding of both adequate school nurse staffing and the idea that health needs of students are more than just numbers.

## Acknowledgments

The NASN Strategic Research Workload Sub-Committee wishes to thank the following authors who contributed to the development of the Position Statement adopted by the NASN Board of Directors in January 2015, *School Nursing Workload: Staffing for Safe Care*: Rosemary Dolatowski, MSN, RN; Patricia E. Endsley, MSN, RN, NCSN; Cynthia Hiltz, MS, RN, LSN, NCSN; Annette Johansen, MEd, RN, NCSN; Erin Maughan, PhD, MS, RN, APHN-BC; Lindsey Minchella, MSN, RN, NCSN, FNASN; Sharonlee Trefry, MSN, RN, NCSN. ■

## References

- American Nurses Association (2014). *Connection between nurse staffing and patient outcomes can be made in all hospital clinical areas with expanded measures*. Retrieved from <http://www.nursingworld.org/FunctionalMenuCategories/MediaResources/PressReleases/2014-PR/Connection-between-Nurse-Staffing-and-Patient-Outcomes.pdf>
- American Nurses Association & National Association of School Nurses. (2011). *School nursing: Scope and standards of practice* (2nd ed.). Silver Spring, MD: nursesbooks.org.
- American Occupational Therapy Association, American Physical Therapy Association, & American School Health Association. (2014). *Workload approach: A paradigm shift for positive impact on student outcomes*. Retrieved from <http://www.aota.org/-/media/Corporate/Files/Practice/Children/APTA-ASHA-AOTA-Joint-Doc-Workload-Approach-Schools-2014.pdf>
- Centers for Disease Control and Prevention. (2012). *Global health: Polio*. Retrieved from <http://www.cdc.gov/polio/why/index.htm>
- Centers for Disease Control and Prevention. (2014a). *CDC announces first case of Middle East Respiratory Syndrome Coronavirus Infection (MERS) in the United States*. Retrieved from <http://www.cdc.gov/media/releases/2014/p0502-US-MERS.html>
- Centers for Disease Control and Prevention. (2014b). *CDC and Texas Health Department confirm first Ebola case diagnosed in the U.S.* Retrieved from <http://www.cdc.gov/media/releases/2014/s930-ebola-confirmed-case.html>
- Centers for Disease Control and Prevention. (2014c). *Social determinants of health*. Retrieved from <http://www.cdc.gov/socialdeterminants/FAQ.html>
- Centers for Disease Control and Prevention. (2015). *Whole school, whole community, whole child*. Retrieved from <http://www.cdc.gov/healthyouth/wsc/index.htm>
- Chau, E. A. (2012). The role of the private and parochial school nurse during and after a disaster. *NASN School Nurse*, 27(3), 116-118. doi: 10.1177/1942602X12442089
- Dulaney, S. K., Hallam, P. R., & Wall, G. (2013). Superintendent perceptions of Multi-Tiered Systems of Support (MTSS): Obstacles and opportunities for school system reform. *American Association of School Administrators Journal of Scholarship and Practice*, 10(2), 30-45.
- Fauteux, N. (2010). Unlocking the potential of school nursing: Keeping children healthy in school and ready to learn. *Charting Nursing's Future*, 14. Retrieved from [http://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2010/rwjf64263](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2010/rwjf64263)
- Fleming, R. (2011). Use of school nurse services among poor ethnic minority students in the urban Pacific Northwest. *Public Health Nursing*, 28(4), 308-316. doi: 10.1111/j.1525-1446.2010.00929.x
- Individuals with Disability Education Improvement Act. (2004). 20 U.S.C. 1400 et seq.
- Leithwood, K., Azah, V., Harris, T., Slater, C., & Jantzi, D. (2014). *Secondary principals' and vice-principals' workload study*. Retrieved from [http://www.edu.gov.on.ca/eng/policyfunding/memos/nov2014/FullSecondaryReportOctober7\\_EN.pdf](http://www.edu.gov.on.ca/eng/policyfunding/memos/nov2014/FullSecondaryReportOctober7_EN.pdf)
- McDonald, A., Frazer, K., & Cowley, S. (2013). Caseload management: An approach to making community needs visible. *British Journal of Community Nursing*, 18(3), 140-147.
- Meyer, D. (2012). *Lost in translation: Conference addresses ways to overcome language barriers in health care*. Retrieved from <http://publichealth.yale.edu/news/archive/article.aspx?id=4411>
- NASN. (2014). *Nursing delegation to unlicensed assistive personnel in the school setting (position statement)*. Silver Spring, MD: NASN.
- NASN. (2015a). *Elementary and Secondary Education Act (ESEA) reauthorization/ Specialized Instructional Support Personnel (advocacy)*. Silver Spring, MD: NASN.
- NASN. (2015b). *School nurse workload: Staffing for safe care (position statement)*. Silver Spring, MD: NASN.
- National Association of Specialized Instructional Support Personnel. (2015). *Fact sheet: Specialized Instructional Support Personnel*. Retrieved from [http://nasisp.org/uploads/NASISP\\_SISP\\_Fact\\_Sheet.pdf](http://nasisp.org/uploads/NASISP_SISP_Fact_Sheet.pdf)
- Neill, D. (2011). Nursing workload and the changing health care environment: A review of the literature. *Administrative Issues Journal: Education, Practice and Research*. Retrieved from <http://www.swosu.edu/academics/aij/2011/v1i2-docs/neill.pdf>
- Occupational Safety and Health Administration. (n.d.). *Fact sheet: Hepatitis B vaccination protection*. Retrieved from <https://www.osha.gov/OshDoc/data/BloodborneFacts/bbfact05.pdf>
- Rehabilitation Act of 1973. 29 U.S.C. 794 § 504.
- Weeks, S., Barron, B., Horne, M., Sams, G., Monnich, A., & Alverson, L. (2013). Responding to an active shooter and other threats of violence. *Nursing*, 43(11), 34-37. doi: 10.1097/01.NURSE.0000435201.57905.38

**Laurie G. Combe, MN, RN, NCSN**  
**Health Services Coordinator, Klein**  
**Independent School District**  
**Klein, TX**

Laurie is active in the Texas School Nurse Organization and is the NASN Director-Texas and chair of the NASN Research School Nurse Workload subcommittee.

**Mary Beth Bachman, MPA, RN**  
**School nurse, Falmouth High School**  
**Falmouth, ME**

Mary Beth is the NASN Director-Maine.

**Rosemary Dolatowski, MSN, RN**  
**Health Services Coordinator,**  
**Burlington Area School District**  
**Burlington, WI**

Rosemary is active in the Wisconsin Association of School Nurses

and is NASN Director–Wisconsin and co-chair of the NASN Research Committee.

**Patricia E. Endsley, MSN, RN, NCSN  
School Nurse, Wells High School  
Wells, ME**

Patricia is past NASN Director–Maine and a PhD student at the University of Missouri, Kansas City.

**Kathy Hassey, MEd, BA, BSN, RN  
Director of the School Health Institute,  
Northeastern University  
Boston, MA**

Kathy provides continuing education to Massachusetts School Nurses and is NASN Director–Massachusetts and Past President of Massachusetts State Nurses Organization.

**Erin Maughan, PhD, MS, RN, APHN-BC  
NASN Director of Research  
Provo, UT**

Erin is Robert Wood Johnson Executive Nurse Fellow Cohort 2013.

**Lindsey Minchella, MSN, RN,  
NCSN, FNASN  
School nurse  
West Lafayette, IN**

Lindsay, a school nurse since 1986, serves as the NASN Director–Indiana and chairs both the NASN Research Committee and Special Needs School Nurses Special Interest Group.

**Bobbi Shanks, MS, BSN, RN, NCSN  
School Nurse Coordinator, Elko  
County School District**

**Elko, NV**

Bobbi is the NASN Director–Nevada.

**Sharonlee Trefry, MSN, RN, NCSN  
State School Nurse Consultant, Vermont  
Burlington, VT**

Sharonlee is Past President Vermont State School Nurses' Association and Past NASN Director–Vermont.

**Elizabeth Zeno, MA, BSN, RN  
School nurse, Minneapolis  
Public Schools  
Minneapolis, MN**

Elizabeth is a long-time board member of the School Nurse Organization of Minnesota and current NASN Director–Minnesota.

Copyright of NASN School Nurse is the property of Sage Publications Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.