



Royal College
of Nursing

**Executive
summary**

School Nurses

Results from a census survey
of RCN school nurses in 2005



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The health and wellbeing of school age children has become a high profile issue, lying at the heart of numerous government initiatives and policies and receiving considerable public and press attention. Given this context, it is clear that school nurses are a potentially pivotal group, having the the opportunity to influence the health of school age children and the healthiness of schools.

Recognising the importance of school nurses, the government set a target that each primary care trust (PCT) should be funded to resource one full-time, year-round, qualified school nurse per secondary school and its feeder primary schools. Yet what do we know of the current school nursing workforce or of school nurses' jobs? Are there enough people with the right skills to deliver the goals that have been set? How does the job of a school nurse vary between private and state sector schools?

To explore these issues, the RCN commissioned Employment Research Ltd to conduct a postal survey of every RCN member whose recorded job title was 'school nurse'. Questionnaires were sent to 2,211 nurses. Following two reminders an overall useable response rate of 65% was achieved. This report describes findings from 1,291 school nurses across the UK.

Respondents

The survey covered five main categories of school nurse, as defined by their job title and where they work:

1. school nurses covering several state schools (typically with job titles such as school nurse, school health adviser, school health nurse)
2. team leaders - coordinating school nursing services in state schools (titles such as team leader, school nursing coordinator, clinical lead)
3. special needs school nurses
4. service specific school nurses – school nurses specialising in a particular field of care providing this one element of the service to a large number of state schools in an area.
5. school nurses in independent schools (titles such as school nurse, sister, matron)

Three-quarters of the school nurses surveyed are employed by the NHS, 22% work for independent schools, 1% for LEA and 1% are employed directly by state schools.

Role of the school nurse

Respondents were presented with a list of 25 activities and asked which they undertake and which five take up most of their time. Within the state sector, attending child protection conferences, and immunisations take up most time, followed by appointments with pupils, health promotion activities and undertaking screening. Being available for students without appointment, providing sex education and class education/personal, social and health education (PSHE) are also major activities, undertaken by at least 90% of school nurses in state schools.

The range of activities undertaken by independent school nurses is quite different. Attending injuries and being available to pupils (without appointment) consume the majority of time, followed by running sickbay, providing medication and having appointments with pupils.

But the range of activities covered is much wider than this, particularly by state sector school nurses who on average do 19 out of the 25 activities listed. School nurses facilitate the link between schools/pupils and a wide range of other agencies/professionals. These include health visitors, social services, child protection coordinators, special education needs coordinator, paediatric liaison from A&E, and child & adolescent mental health services.

The survey identified two main issues in relation to the role of school nurses. Firstly the mix of activities within the role and secondly, the variation in job content and issues concerned with role clarity. With such a potentially wide variety of activities falling within the remit of the school nurse, the danger, expressed by some, is that the job can either become a catch all, leaving post-holders feeling like 'jack of all trades', or that the balance can be distorted so that some activities predominate at the expense of others.

A third say that their role is not clearly defined - this is particularly an issue amongst state school nurses (32% vs. 24% in independent schools). Whilst the majority of respondents report that they have a job description, 21% (28% in the independent sector) said that it was not an accurate reflection of their role. Lack of clarity about what school nurses' roles are and should be may explain the misuse of skills reported by 24%, and a mismatch between expectations and deliverables – 58% of those in state sector schools say the expectations of schools are difficult to meet.

Three-quarters of respondents would like to change the balance of their role. State school nurses would like to see less of their time spent on routine screening, immunisations and health development checks and more time spent on health promotion, PSHE, providing drop in sessions for pupils and more family support, specialised clinics, addressing obesity, pupil counselling and sex education.

Caseloads

The single biggest factor preventing school nurses from developing the role is lack of time and heavy caseloads (referred to by 71%).

State sector school nurses cover an average of 8 schools – one secondary school and 6 or 7 primary schools, which equates to 2,728 pupils. Independent school nurses typically only provide a service in one school, covering an average of 663 pupils.

Two thirds of all school nurses (and 79% of those in state schools) work part-time, typically 26 hours a week. In addition the majority are on term-time only contracts (83% of school nurses in state schools). About half (46%) of those only working during term-time, do not wish to.

Yet full-time and part-time staff cover roughly the same number of schools – 8.9 for full time and 8.2 for part-time staff. Taking the level of part-time and term-time working into account, each school nurse surveyed actually equates to 0.6 of a whole time equivalent (WTE) member of staff. Thus the average caseload reported, of 8 schools per respondent in state schools, actually refers to 8 schools per 0.6 WTE. Which is equivalent to a ratio of 14 schools per full-time, year round school nurse. This suggests the current staffing level is about half that required to meet the government target for school nurse provision.

Dealing with large numbers of schools clearly has an impact on school nurses' day to day workloads. School nurses routinely work beyond their contracted hours and many say that their 'workloads are too heavy'. Their experience and perceptions of work pressure exceed those recorded amongst NHS hospital nurses.

For example:

- 57% of state school nurses work excess hours daily or several times a week (vs. 44% of NHS hospital nurses);
- 75% of state school nurses report that their workload is too heavy (vs. 58% of nurses in the NHS as a whole);
- 83% of state school nurses say there are not sufficient school nurses in their area;
- and 71% feel 'over stretched' in their role.

Perceptions of staffing and workload are significantly related to actual caseloads. School nurses who are neutral or positive about their workloads cover an average of 6 state schools or less, whilst those who are most strongly negative cover an average of over 9 schools.

Heavy workloads also correlate with emotional burnout and lower levels of job satisfaction – 71% of those who report their workloads are heavy feel emotionally drained from their work. Despite many being passionate about their jobs, overall 60% of the school nurses surveyed report that they feel emotionally drained as a result of their work (62% in state schools, 40% in independent).

Rewards

Heavy workloads are not compensated for by good pay. Despite having an average of 25 years nursing experience, and 10 years experience in school nursing, one in four (24%) school nurses are on the most junior nursing grades - D or E. Independent sector school nurses are the worst paid. School nurses see the prospects of progression as poor – 73% consider it will be difficult to progress from their current grade (which is about twenty percentage points more than a cross section of NHS nurses).

Nonetheless, the responses from the survey showed that the majority of school nurses care passionately about their work and the potential value of school nursing. Many refer to the quality of the relationships fostered with pupils and their families and being able to 'make a difference' to the health and wellbeing of families as sources of job satisfaction. One in five referred to research evidence that demonstrates the value of the role. Most typically the value of school nursing is gauged through the level of take up of the service and the positive response the service gets from pupils, their families and schools. But 38% of respondents referred to particular outcomes – for example a drop in teenage pregnancy or improved immunisation rates. Other benefits are brought about through a change in the behaviour or lifestyle of pupils that enables them to make better choices and live healthier lives. They also point to the impact they have on schools themselves – facilitating better links between schools and other health services and influencing policies and guidelines.

The survey showed that 80% of all school nurses (83% of state school nurses) consider that their contribution is valued by the schools they work with and 80% report having access to the professional training and development they need.

Frustrations

Although school nursing is rewarding in many ways, state school nurses are less likely to report being satisfied with their jobs than the average nurse in the NHS. Higher levels of job satisfaction are reported amongst independent school nurses (70% vs. 52%).

The major source of frustration is workloads, particularly in state schools. Insufficient staffing and lack of hours (part-time, term-time) prevent many from providing a full service – respondents describe the current level of service provision as ‘fire-fighting’ or ‘barely scratching the surface’.

Another frustration of the job is that few people have a clear conception of what a school nurse is and what they do. In this context, some refer to the problem of being all things to all people, as the role is not clearly defined and boundaries are indistinct. Hence meeting expectations in schools can be difficult (according to 58% in state schools and 30% in independent schools).

Whilst caseloads and workloads are the major issue for state school nurses, one of the major issues for independent school nurses is their relative isolation from other health staff. They have significantly less contact with other agencies/services, are more likely to be managed by non-health staff, and added to that they are less likely to have an accurate job description. The high level of autonomy required by the role (reported by 95%), whilst a source of satisfaction for some, can lead to feeling isolated and unsupported. This is a particular problem in independent schools, 56% (vs. 28% in state schools) report feeling isolated. Likewise access to the clinical supervision needed is a problem for 23% of those in state school and 47% of independent school nurses.

Fulfilling potential

The scope for school nurses to deliver on the public health agenda for young people (tackling issues ranging from obesity to teenage pregnancy) is huge. But school nursing services are hampered – heavy workloads and insufficient staffing mean that many currently in the state sector feel they are having to do the job with one arm tied behind their back. Sixty per cent feel that the service is not getting the most out of their role (66% in state schools, 33% in independent).

The survey also revealed a high level of unmet training needs. Currently 36% report that they are undertaking or have already undertaken specialist practitioner training and 38% currently hold a school nursing qualification (48% in state school and 4% in independent schools). But 71% say that they would like to undertake further training/education. Three-quarters report barriers to further training - access to study time, funding and getting appropriate cover being the biggest issues.

More staff, smaller case-loads, support from managers, better resources and access to training/updating are seen as the most important supports required to enable school nurses to do their jobs better.



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