School Nursing in 2009

Results from a survey of RCN members working in schools in 2009

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Acknowledgements

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Employment Research Ltd

Formed in 1993, Employment Research Ltd is a small independent research consultancy which undertakes a range of research and evaluation, much of which is focused on health sector human resource issues. For further information contact:

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Summary

Background

In 2005 the RCN published findings from the largest ever survey of school nurses in the UK. The survey (which covered 1,291 school nurses) helped to quantify the breadth and depth of the role, highlighting the wide range of activities undertaken and placing the school nurse at the centre of liaisons with numerous agencies and other professionals working with young people. But the survey also revealed heavy workloads, with school nurses being more likely than any other group of nurse to report regularly working excess hours.

Four years on, the survey has been repeated to explore how school nursing has changed and what are the issues facing school nurses across the UK in 2009. Questionnaires were sent to every RCN member identified in the UK as having 'school nursing' job titles in February 2009, and the survey was made available online. The overall response rate is estimated at 72%.

Profile

Respondents are drawn from across the UK (England 85%, Scotland 8%, Wales 5%, Northern Ireland 2%) and the geographical mix is roughly the same as in the 2005 survey.

The biographical profile of school nurses is virtually unchanged since the 2005 survey. All bar 13 respondents are women (99%) and 98% are white, with just 26 school nurses from black and minority ethnic groups. The majority (82%) live with a partner or spouse. Just under three quarters (70%) have children living at home and 21% report that they have a regular caring responsibility for an elderly relative or other adult with care needs.

The average age across all respondents is 47 years. But the average age of school nurses/health advisors in the state sector is now 45, compared with 47 in 2005. Independent school nurses are slightly older (49), but there has been no change since 2005.

Roughly half of the school nurses surveyed are due to retire at 60, with 44% at 65. The average school nurse is 15 years away from their retirement age.

Current job

School nurses typically have 10 years experience in school nursing, and have been in their current post for an average of 8 years. 72% are employed by the NHS and 23% work for independent schools.

Whilst three quarters of team leaders in the NHS are paid on Band 7, the majority (64%) of state school nurses are paid on band 6, with 30% on band 5. The pay difference between the sectors identified in 2005 has narrowed. Roughly the same proportion of school nurses in state and independent schools are paid on band 5 and band 6, whilst more independent school nurses/sisters are on bands 7 or 8. Most school nurses (72%) consider that it will be difficult to progress from their current grade/pay band.

More than half (55%) work part-time (on average 25 hours per week). Full-time working is more common in the independent sector (58% work full time). But there has been a big increase in full-time working in state schools, from 21% in 2005 to 40% in 2009.

Overall, the majority (70%) of school nurses are employed on term-time contracts. A third (35%) of those working term-time indicated that this is not their choice. Within the independent sector, 92% of respondents are contracted to work in the term time only (compared with 63% in the state sector).

Role

For state sector school nurses, attending child protection case conferences is one of the most time consuming activities, cited by 70% of respondents (compared to about half in 2005). Health screening/monitoring and family support also consume a lot of time. Administering immunisations was cited by a third, and a similar proportion report that administering the HPV vaccine was one of the activities taking up most of their time.

Independent sector school nurses report that running a sick bay, providing medication, and pupil counselling are the activities that most commonly predominate.

The vast majority (96%) have a job description but 30% say that it is not an accurate reflection of the role. State school nurses are less likely to consider that the job description is accurate than in the previous survey (65% vs. 79% in 2005). More recently recruited school nurses are least likely to say it is accurate (only 59% of those who have been a school nurse for less than five years).

School nurses in state schools would like to spend more time on: health promotion, class education/PSHE, sexual health drop-in sessions & sex education, addressing obesity and counselling/support for mental health issues. They would like to reduce the time spent on: attending child protection case conferences, administering immunisations & the HPV vaccine, screening/monitoring health/development, and other activity (primarily paperwork/admin).

The biggest single factor preventing school nurses from expanding or developing their role in the way they would like is lack of time

Workload

The total number of schools covered by state sector school nurses (who indicated that they had their own school that they cover in which they are the main school nurse) ranged from 1 to 26, with an average of 7.5 schools. The comparable figure from the 2005 survey was 8.3.

In 2009, school nurses in the state sector typically cover one secondary school and six primary schools. Despite a reduction in the average number of schools per nurse, the average total number of pupils in the schools where state sector school nurses work has changed little – from 2,728 in 2005 to 2,590 in 2009.

Across all school nurses surveyed, two-thirds (64%) consider that their workload is too heavy and 56% feel over-stretched in their role. Neither of these results has changed significantly since 2005. Views of workload do however vary massively according to the sector worked in – 66% of those in state schools feel over-stretched in their roles, compared with 25% in independent schools.

Nearly three quarters (72%) of those working in state schools consider that there are not enough school nurses in their area. Although predominantly negative in their views on staffing, there has been a slight improvement since 2005, when 83% of those in the state sector considered that there were not sufficient school nurses in their area. The proportion of state sector respondents reporting that there are sufficient school nurses in their area has risen from 12% to 15%.

Asked directly changes in the number of school nurse posts within their own team since 2005, 37% of state school nurses reported an increase, 32% said it was the same and 31% that there had been a reduction. Nurses in Wales are most likely to say that the number of school nurse posts in their team has stayed the same (55%) whilst 57% of school nurses in London reported that the number of posts had been reduced since 2005.

School nurses routinely work beyond their contracted hours. The number of nurses working extra hours at least once a week is virtually unchanged – 69% in 2009 compared with 70% in 2005. Three-quarters of state sector respondents work in excess of their contracted hours at least once a week – 17% every shift/day, 44% several times a week, and 13% once a week.

Qualifications and CPD

39% hold a school nursing qualification (degree, diploma or certificate), which is roughly the same as in 2005. However the mix between the qualifications held has shifted in favour of the school nurse specialist practitioner degree. State school nurses are much more likely to hold one of these qualifications – 46% do compared with 6% of those working in independent schools.

Just under a quarter (24%) have completed a specialist practitioner degree that leads to entry on the third part of the register. A further 4% are currently undertaking the degree, and 21% plan to do so in the future.

Three-quarters say that they feel well prepared for the role, but views about whether you need to have specialist training to do the job well vary – half of those in the state schools agree, compared with just a quarter of those working in independent schools.

Two-thirds (66%) report that they have access to the professional training and development they need – this is down from 80% in 2005. There has also been a decrease in the proportion reporting that their employer provides them with the opportunity to keep up with new developments, from 66% in 2005 to 59% in 2009. Roughly one in four report that they are unable to take time off for training (unchanged since 2005).

Morale

The majority (82%) of all school nurses consider that their contribution is valued by the schools they work with and 68% consider that schools make appropriate use of their services.

Overall levels of job satisfaction have stayed the same as reported in 2005 – 57% feel satisfied with their present job. Higher levels of job satisfaction are reported amongst independent school nurses (68% vs. 54% of those in state schools).

Contrasting the results from 2009 with those from 2005, fewer have access to professional training and development, or the chance to keep up to with developments related to their job. Although half report that they feel emotionally drained form their work, this is 6 percentage points less than in 2005.

There are big differences between those working in state or independent schools. Twice as many of those working in independent schools say they have the resources they need to do the job well. Independent school nurses are also less likely to feel emotionally drained and are more likely to consider that the role is clearly defined and less likely to regard schools expectations as difficult to meet.

The biggest differences relate to workload. Almost three-quarters of those working in state schools regard the workload as too heavy, compared to roughly a third of those in independent schools. Despite being more likely to feel under-resourced and over-stretched, state school nurses are more likely to say that their contribution is valued by the schools they work in (84% vs. 74% in independent schools), but less likely to feel satisfied with the job (54% vs 68%).

On the other hand, 48% of independent school nurses feel isolated in their role. They are less likely to feel that they have the clinical supervision they need in general (25% vs 62% in state schools), or for child protection cases (44% vs 79%). They also have less access to the professional training and development needed (51% compared with 70%).

One issue on which all school nurses agree is their pay – only 24% in both sectors report that they are paid well considering the work they do. And views are virtually unanimous (95% of all school nurses) that a high level of autonomy is required in their role.

1. Introduction

1.1 Background

In 2005 the RCN published findings from the largest ever survey of school nurses in the UK. The survey (which covered 1,291 school nurses) helped to quantify the breadth and depth of the role, highlighting the wide range of activities undertaken and placing the school nurse at the centre of liaisons with numerous agencies and other professionals working with young people. But the survey also revealed heavy workloads, with school nurses being more likely than any other group of nurse to report regularly working excess hours.

Five years ago *Choosing Health*, outlined the Government's objectives to improve services for school-age children by increasing the number of school nurses. The paper clarified the Government's aim that by 2010 there would be at least one full-time, year-round, qualified school nurse working with each cluster of primary schools and the related secondary school.[1] This objective was recently reiterated by the Prime Minister on 11th May 2009.

This commitment marked a change in direction in school nursing workforce trends – the preceding 20 years had been characterised by a gradual reduction in the number of school nurses. In 2004 it was estimated that there were 2,140 full-time equivalent school nursing staff employed to work in state schools in the UK[2], about 35-40% of whom held school nursing qualifications. Within England, the Department of Health 2008 census indicates that the headcount of school nurses employed has increased by 51% since 2004, to a total of 3,643 qualified nurses working in school nursing, 39% of whom hold a post registration school nurse qualification.

But meanwhile the role of the school nurse and policy context also continues to develop. A joint publication[3] by Department for Children, Schools, Family and the Department of Health put forward the governments plan to develop services for young people and referred to a range of initiatives to be supported by health visitors and school nurses, including a youth alcohol plan, increasing contraception awareness and a cervical cancer programme. The publication also refers to the need to "strengthen the child health workforce".

So how do these national figures and changes in policy affect school nursing at a local level across the UK? The RCN commissioned Employment Research Ltd to undertake a survey of all nurses identified as school nurses on the RCN membership database in order to establish the reality of school nursing in 2009, and contrast this with the findings from the 2005 survey.

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[1] Department of Health (2004) *Choosing health: making healthy choices easier*, London: DH.
[2] For example in England, the DH census at Sept 2004 records a headcount of 856 (or 607 WTE) specialist qualified school nurses, and total school nursing staff of 2,409 headcount (1619 WTE). ISD Scotland reports a 304 WTE school nursing staff. Headcount of 93 school nursing staff in Northern Ireland, 'Community Health Nursing: *Current Practice & Possible Futures 2004*', DHSSPS.
[3] Department of Health/ Department for Children, Schools, Family (Feb 2009) 'Healthy Lives, Brighter Futures – The strategy for children & young people's health'. Crown.

1.2 Method and response

Questionnaires were sent to every RCN member identified in the UK as having 'school nursing' job titles in February 2009 (1,601). The survey was held open for 6 weeks and an online option was also available. Two postal reminders were sent and non-respondents with an email address were sent a final reminder email about the closing date. An excellent response was achieved – 75% of those contacted responded to the survey. However this includes 204 returns from people who are not currently working in school nursing. Removing these respondents from both the sample and the returns, the overall response rate (including online responses) was 72%[4].

In addition to the responses from the original sample, 146 additional forms were received by school nurses who had heard about the survey through the RCN School Nursing Conference in March, or the RCN School Nurses Forum (forum members were emailed with a link to the online survey).

Table 1.1 Survey response

	Number
Total Sample	1601
Total Postal returns	969
- Working in school nursing	765
- Not working in school nursing	204
Post office returns	6
Total not applicable 'Not applicable'	210
Online responses[5]	234
Total valid returns from sample	*999*
Valid Sample (sample minus not applicable and post office returns)	1391
Valid responses as % of applicable sample	*72%*
Anonymous additional postal returns (eg. through conference/Forum)	146
Total valid responses	**1145**

Source:Employment Research Ltd, 2009

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[4] Some of the online responses may have been from school nurses who were not in the original sample, as the URL was circulated to members in the school nursing Forum, not all of whom are have 'school nurse' recorded as their job-title.
[5] See above.

1.3 Report structure

The remainder of the report describes the findings from the survey, largely following the structure used in the questionnaire. Where possible the survey results are contrasted with those from the 2005 survey.[6]

Chapter 2 presents a profile of school nurses responding to the survey, describing their biographical and employment characteristics.

Chapter 3 describes how school nursing services are organised, the range of schools and pupils school nurses provide a service to and explores data on caseloads and workloads.

Chapter 4 examines the nature of the role, including types of activities undertaken and agencies/other professionals that school nurses work with, and suggestions about how they would like the role to change.

Chapter 5 reviews what preparation respondents have had for their role and the proportion that have a qualification in a specialty. It goes on to examine support for continuous professional development more generally.

Chapter 6 looks at respondents' views of what it is like to be a school nurse – their morale overall and sources of job satisfaction or frustration. We also look at what is needed to enable school nurses to do their jobs better.

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[6] Ball J, Pike G (2005) *'School Nurses: Results from a census survey of RCN school nurses in 2005'* RCN. London.

2. Profile

This chapter starts by outlining the biographical characteristics of the school nurses surveyed in 2009, before describing their working context in terms of job title and employer.

2.1 Biographical

Respondents are drawn from across the UK (England 85%, Scotland 8%, Wales 5%, Northern Ireland 2%) and the geographical mix is roughly the same as in 2005.

The biographical profile of school nurses is virtually unchanged since the 2005 survey. All bar 13 respondents are women (99%) and 98% are white, with just 26 school nurses from black and minority ethnic groups. The majority (82%) live with a partner or spouse. As in 2005, 70% have children living at home and 21% report that they have a regular caring responsibility for an elderly relative or other adult with care needs.

The average age across all respondents is 47 years, which is the same as the overall average in the 2005 survey. However, looking at specific types of school nurse, we find that the average age of school nurses/health advisors in the state sector is now 45, compared with 47 in 2005, perhaps reflecting the reported influx of school nurses (see Figure 2.1).

Meanwhile the average age of team leaders in the state sector is now 49 compared with 47 in 2005. Independent school nurses are slightly older, with an average of 49 years, which has not changed since 2005.

The 2009 survey also asked school nurses about their retirement, and the question was answered by 93%. Roughly half (49%) will reach their official retirement age at 60, with 44% reporting that their retirement age is 65 and 7% giving 55 as their retirement age. Relatively few – 18% - plan to work beyond their retirement age. Taking respondent's current age from their retirement age, suggests that respondents are on average 15 years from their retirement age.

Figure 2.1 Age profile of state sector school nurses in 2005 & 2009

Mean =45.31
Std. Dev. =8.604
N =606

Mean =46.9622
Std. Dev. =7.97501
N =740
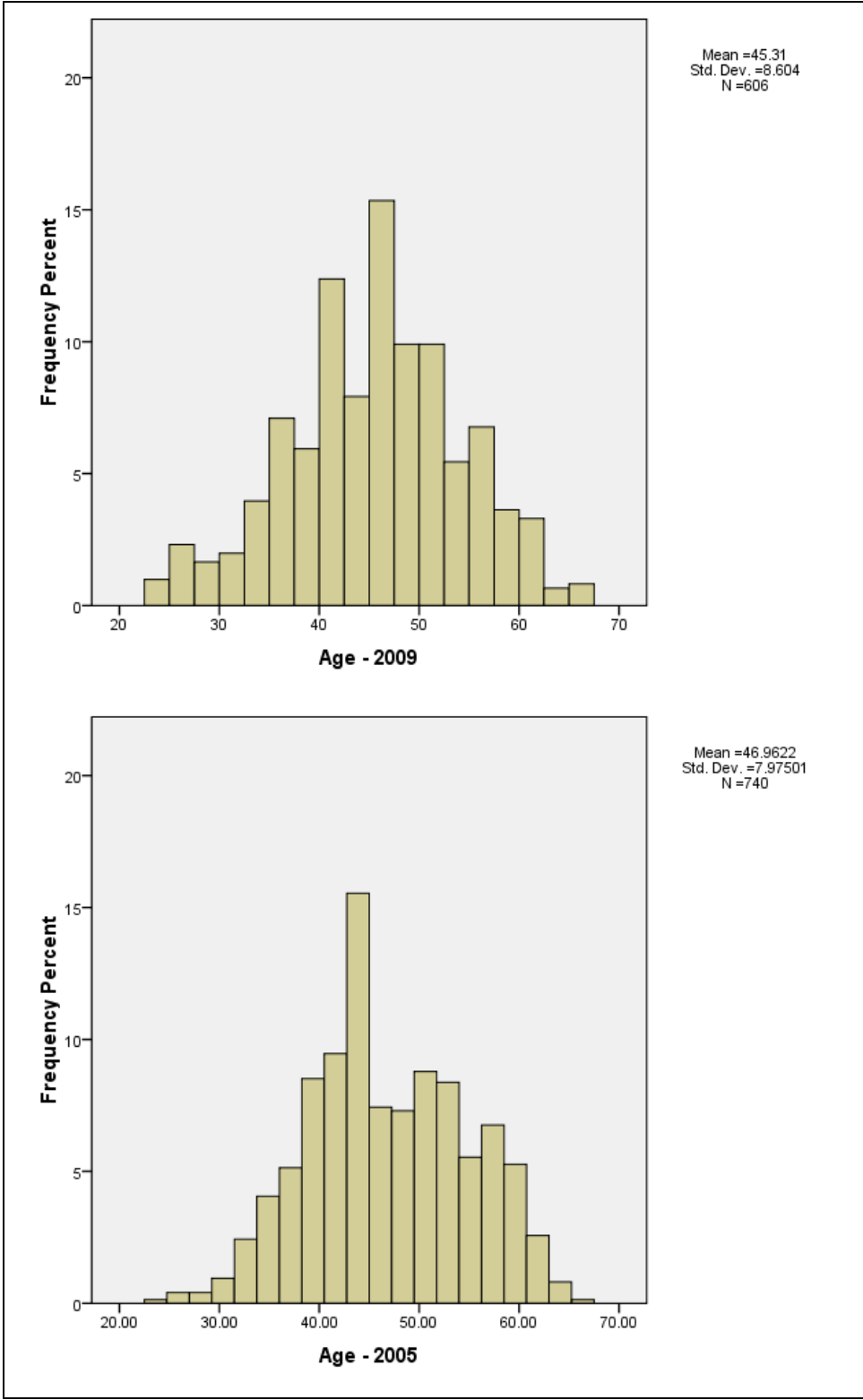
Source:Employment Research Ltd, 2009

2.2 Job title and employer

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

1. School nurses covering state schools (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. Specialist adviser school nurses who specialise in a particular field of care and provide this element of the service to a large number of state schools in an area.
5. School nurses in independent schools (includes job titles such as sister, matron)

Just under three-quarters (72%) of the school nurses surveyed are employed by the NHS, 23% work for independent schools, 3% are employed directly by a local authority or state school, and the remaining 2% have another employer. The split between state and independent sector is roughly the same as in the 2005 survey (74% NHS, 22% independent). Table 2.1 shows job title by sector in which employed.

Table 2.1 Job title by sector (percentages)

	State	**Independent**	**Other**	**All**
School nurse	54	47	32	51
School matron/sister	2	43	10	12
Special needs school nurse	10	4	29	9
Team leader/coordinator/clinical lead	14	3	16	11
School health nurse/adviser	15	1	0	12
Specialist adviser	1	0	7	1
Other	5	2	7	4
Base N=	*843*	*258*	*31*	*1137*

Source:Employment Research Ltd, 2009

In the independent sector the mix of job-titles is much as it was in 2005, when 95% described themselves as school nurse or sister (92% in 2009). However a larger proportion of respondents in the current survey are state sector special needs school nurses – 10% compared with 4% in 2005. There is also a slight increase in the proportion who are in the state sector and working as team leaders – from 12% in 2005 to 14% in 2009.

2.3 Pay band/Grade

Respondents were asked to give their pay-band or clinical grade (or its equivalent). In the last four years Agenda for Change has become more fully established and across all school nurses, 85% expressed their current pay/grade in terms of an AfC pay band, with just 15% expressing it as a clinical grade (or equivalent). The reverse was true in 2005, when just 14% gave an AfC pay-band and 76% reported their pay in terms of a clinical grade.

In the state sector, the majority (57%) of school nurses are on band 6, with 25% on band 5 and 19% band 7 or above. A similar profile is found in the independent sector, where 62% are band 6, 25% band 5 and 13% on band 7 or higher. Within the state sector however, there is some variation by job title – team leaders are predominantly paid on band 7 (75%), with just 14% on band 6, and 11% are on band 8. Special needs school nurses are relatively poorly paid – 22% are on band 5, 71% on band 6 and 7% on band 7. To take this variation into account, the charts in Figure 2.2, show the pay profile in 2005 and 2009 specifically for respondents who's job title is school nurse/sister (i.e. excluding team leaders, special needs school nurses or specialist advisers).

Even when looking at the 'standard' school nurse (i.e. excluding special needs, team leaders, or specialists), the gap between the independent and state sector is less apparent in 2009 than in 2005. In 2005, more of those in the state sector were on grades F, G and H – 76% compared with 60% in independent sector schools. Today, the number indicating they are on band 6 (or its equivalent) is about the same across the two sectors: 64% in state schools and 62% in independent schools. But there are now twice as many schools nurses in the independent sector compared to the state sector reporting that they are paid the equivalent of band 7/8 (13% compared with 7% in state sectors).

Figure 2.2 Grade/Pay-band of school nurses/sisters by sector – 2005 & 2009
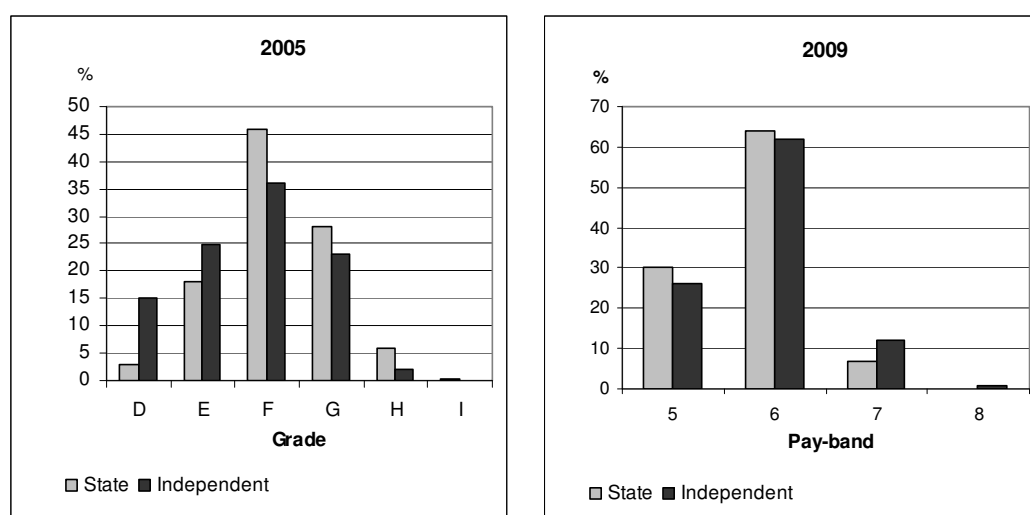
Source:Employment Research Ltd, 2009

Progression continues to be an issue: 72% report that it will be difficult to progress from their current grade/band (76% in 2005). Independent sector nurses are most likely to feel unable to progress – 81% vs 68% working in state sector schools.

2.4 Contracted working hours

More than half (55%) of all school nurses surveyed, report that they work part-time (an average of 25 hours per week). There has been a fall in part-time time working by eleven percentage points since 2005, when 66% worked part-time.

Full-time working is more common in the independent sector, 58% work full time compared with a minority of 40% in the state sector, but it is within the state sector that there has been the biggest shift in working hours since 2005 – from 21% full-time to 40% in 2009.

Overall, the majority (70%) of school nurses are employed on term-time contracts – 65% of all respondents indicated that their current contractual arrangement was their own choice, with 35% indicating that it is not. The prevalence of term-time contracts has changed little since 2005, when 73% of all respondents reported this was their contractual status.

Within the independent sector, 92% of respondents are contracted to work in the term time only (compared with 63% in the state sector).

Table 2.2 Working hours/term-time contract by sector and job-title (percentages)

	Full-time term only	Full-time all year	Part-time term only	Part-time all year	*Base N*
State – School Nurse/Health Adviser	18	15	51	16	*618*
State – Team leader	12	57	12	18	*115*
State – Special needs	37	11	44	7	*81*
State – all	19	21	44	16	*842*
Independent – all	52	6	40	2	*259*
All	27	18	43	12	*1138*

Source:Employment Research Ltd, 2009

3. Organisation of school nursing

It was apparent from the 2005 survey, that whilst in many cases school nursing is organised with school nurses being allocated to a set of school for which they are the main school nurse, in some areas state school nurses work as a team with the whole team covering any of the schools in the area. The current survey thus sought to establish the way in which school nurses are deployed, before asking about the range and number of schools that individuals work with.

3.1 Working in a team

Just over half (55%) of the survey respondents report that the school nursing service is part of an integrated multidisciplinary team.

Within the independent sector, 84% report that they work on their own with 15% saying they work as part of a team. In the majority (71%) of cases in the state sector, respondents report that although they are part of a school nursing team, they are allocated to specific schools in which they are the main school nurse. In a few cases (8%), school nurses are not allocated to specific schools but the entire team shares responsibility for all the schools covered in the area.

Respondents were asked to give details of the other staff employed as part of the school nursing team. The responses are presented in table 3.1. Relatively few independent school nurses work alongside other staff groups employed within the team, and only 14% have admin/clerical support, compared to 55% of state school nurses.

Table 3.1 Staff employed as part of team providing service to schools - percentages

	All	State	Independent
None – I work on my own	13	8	28
Other school nurses (in addition to yourself)	72	76	59
Health visitors/SCPHNs	13	18	0
Other registered nurses (non-school)	16	21	4
Healthcare support workers	41	52	10
Nursery nurses	23	30	4
Admin/clerical	44	55	14
Other	14	10	26
Base N=	*1117*	*831*	*255*

Source:Employment Research Ltd, 2009

Roughly three-quarters (72%) report that they work in a team that includes other school nurses, on average 6 school nurses – 7 in the state sector and an average of 3 in the independent sector.

Line management

It has become increasingly common for school nursing to be part of a wider multi-disciplinary team, and thus school-nurses thus may have a line manager who does not have a school nursing background. However there is no evidence that this aspect of line-management has changed since 2005 – overall 40% have a line manager with a school nursing background and 29% have some other nursing background, as was the case in 2005.

Unsurprisingly, there are clear differences for those working in state schools as opposed to independent schools, as Figure 3.1 illustrates.

Figure 3.1 Professional background of line manager (percentages)
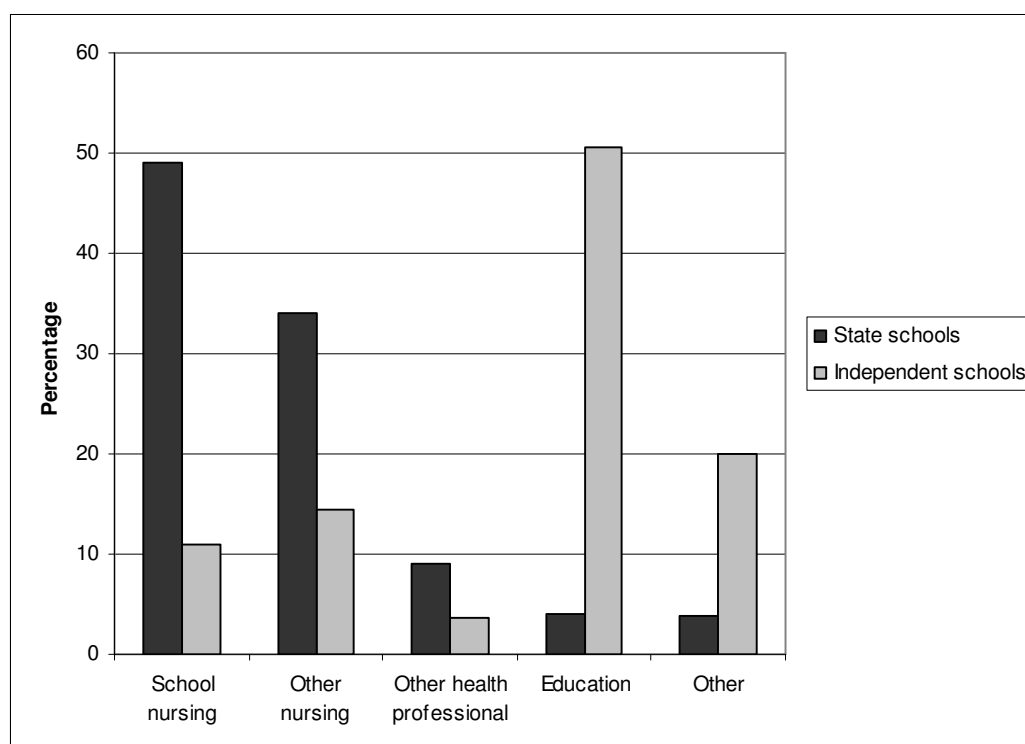
Source:Employment Research Ltd, 2009

Just under half (45%) report that another manager is responsible for their professional support (50% of state school nurses and 29% of those in independent schools). In most cases this is provided by someone with a background in school nursing (34%) or some other area of nursing (also 34%). But whilst 76% of state school nurses have professional support from a manager with school nursing or other nursing background, only 13% of independent school nurses have access to professional support from some one with a nursing background. Thus the majority of independent school nurses are line-managed or given professional support by someone with a background in education rather than nursing or health.

3.2 Types of schools

Respondents were asked to indicate the types of settings in which work. Whilst the majority provide a service in primary and secondary schools, Table 3.2 shows the number of other settings also covered by school nurses. For example, one in four work in special needs schools and almost one in five also cover pupil referral units.

Table 3.2 Respondents working in each type of setting (percentages)

	All	State	Independent
Primary schools	58	74	9
Secondary schools	60	76	12
Joint primary and secondary schools	20	21	19
Special needs schools	26	32	4
Sixth form colleges	12	13	7
FE Colleges/HEI	4	6	0
Children centre/early years units	8	9	4
Pupil referral units	18	24	0
Independent schools	33	17	86
Base N=	*1131*	*837*	*259*

Source:Employment Research Ltd, 2009

3.3 Number of schools

Table 3.3 shows the mean numbers of schools respondents indicated that they covered. The results are compared with the equivalent figures from 2005[7], and show a reduction in the average total number of schools from 8.9 in 2005 to 7.6 in 2009.

Table 3.3 Mean number of schools covered by state sector school nurses/health advisers

|	2005	2009
Primary	6.2	5.7
Secondary	1.4	1.2
Subtotal: primary + secondary	7.6	6.9
Special needs schools	0.3	0.2
Independent schools	0.3	0.2
Other	0.7	0.3
Total	8.9	7.6
Base N=	*672*	*581*

Source:Employment Research Ltd, 2009

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[7] For consistency, the data from 2005 have been reanalysed – the total is based on a computed total in both 2005 and 2009, as opposed to using the single figure respondents provided in a separate question in 2005 (average of 8.4 schools per state school nurse). Cases with any missing data were excluded.

The total number of schools covered by state sector school nurses (who indicated that they had their own school that they cover in which they are the main school nurse) ranged from 1 to 26, with an average of 7.5 schools. Applying this same range to the 2005 data (as a proxy for those who have their own schools as opposed to the whole team covering all schools) the average number of schools per state school nurse in 2005 was 8.3 (rather than 8.9). Thus with the data sets fully standardised, there has been a reduction in the average number of schools from 8.3 to 7.5.

In 2009, school nurses in the state sector are covering an average of 1.2 secondary schools and 5.7 primary schools. There is of course variation around this mean, with 26% reporting that they have 4 or less schools in total and at the other end of the spectrum, 25% of state school nurses (who have their own schools allocated to them) cover 10 or more schools.

Despite a reduction in the number of schools per nurse, the average total number of pupils in the schools where state sector school nurses work has changed little – from 2,728 in 2005 to 2,590 in 2009. Figure 3.2 shows that the average number of pupils and schools (mean number given in brackets) varies across the country, although there are less than 20 cases in Northern Ireland and Northern Region, so the figures need to be treated cautiously. The results presented are for school nurses working in state sector school only.

Figure 3.2 Average number of pupils (and schools) by region/country
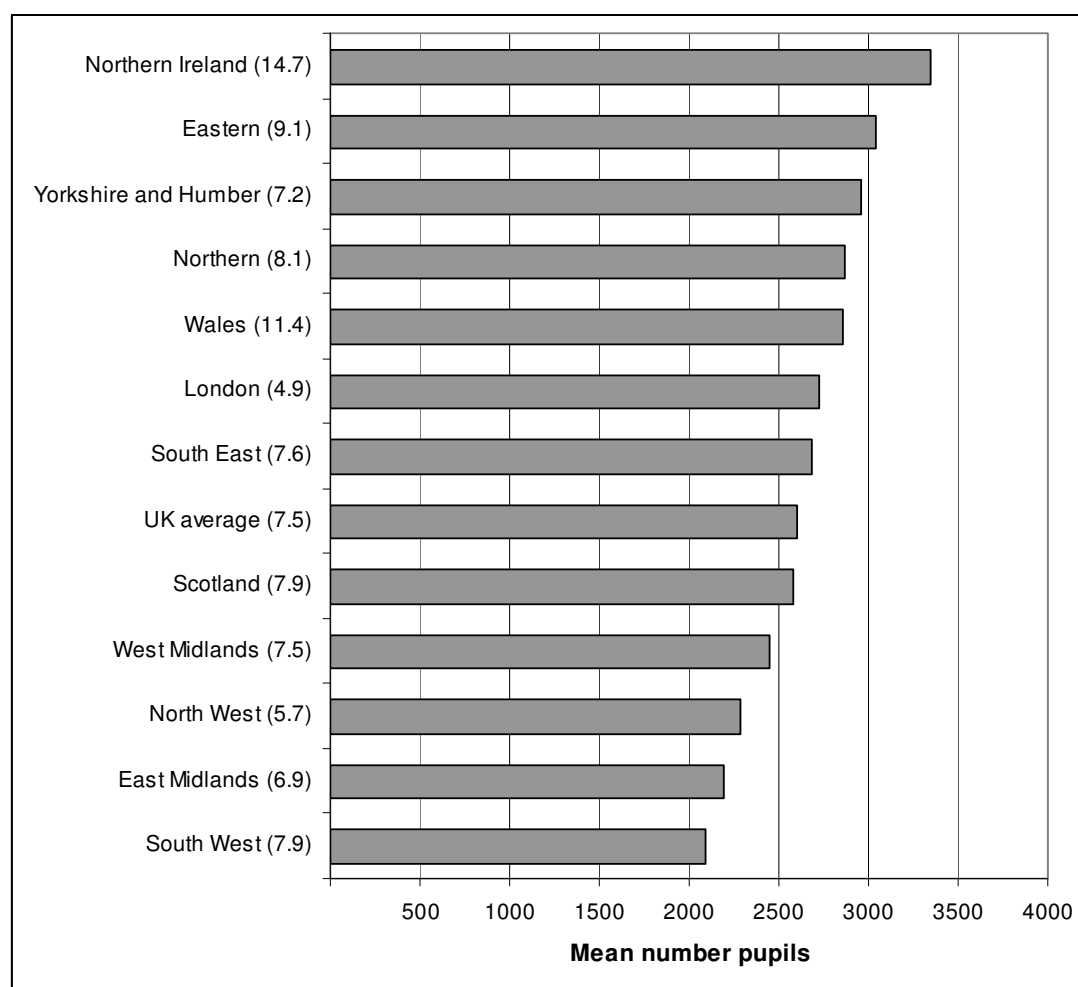
Source:Employment Research Ltd, 2009

3.4 Staffing & Workload

The survey sought to capture school nurses views regarding various aspects of their working lives, by asking them to indicate their level of agreement with a series of 27 statements. The results (based on all respondents) for the items related to workload and staffing are presented in Table 3.4.

Table 3.4 Views of staffing and workload – percentages

	Strongly agree	Agree	Neither	Disagree	Strongly disagree	N=
11 My workload is too heavy	33	31	23	12	1	1126
13 There are sufficient school nurses in my area	3	15	20	33	28	1103
20 I have the resources I need to do my job well	4	29	25	33	9	1126
22 I feel over-stretched in my role	21	35	25	17	2	1124
27 I am given the support I need to manage my caseload	4	34	32	23	7	1115

Source:Employment Research Ltd, 2009

Across all school nurses surveyed, two-thirds (64%) consider that their workload is too heavy and 56% feel over-stretched in their role. Neither of these results have changed significantly since 2005. Views of workload do however vary massively according to the sector worked in – 66% of those in state schools feel over-stretched in their roles, compared with 25% in independent schools, and 73% find their workload too heavy (in independent schools the proportion is just 35%).

Staffing

Nearly three quarters (72%) of those working in the state sector considered that there were not enough school nurses in their area. Although predominantly negative in their views on staffing, there has been a slight improvement since 2005, when 83% of those in the state sector considered that there were not sufficient school nurses in their area. The proportion of state sector respondents reporting that there are sufficient school nurses in their area has risen from 12% to 15%.

Asked directly about whether there had been a change in the number of school nurse posts within their own team since 2005, of those state sector nurses that were able to comment (68 responded that they did not know), 37% reported an increase, 32% that it had stayed the same and 31% that there had been a reduction in school nurse posts.

Again staffing was found to vary across the UK, as Figure 3.3 illustrates (note the same caveat about small numbers applies – particularly for Northern Ireland where the results are based on just 7 respondents). The figure presents the findings from state sector nurses whose job title was 'school nurse'. Nurses in Wales are most likely to say that the number of school nurse posts in their team has stayed the same (55%) whilst 57% of school nurses in London reported that the number of posts had been reduced since 2005.

Figure 3.3 Change in the number of school nurse posts since 2005 by region/country
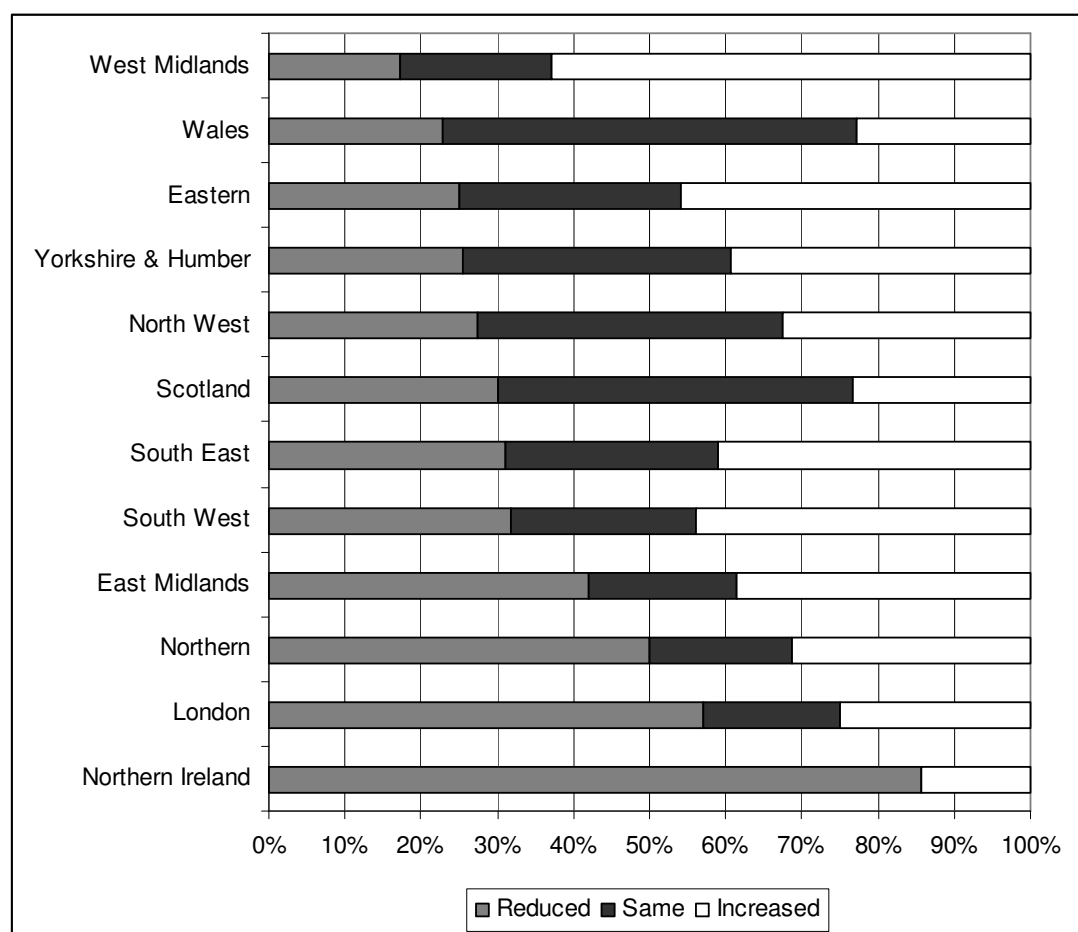
Source:Employment Research Ltd, 2009

A third (34%) of all school nurses report that there are currently vacant school nurse posts in their team (41% of those in state sector report that there are vacancies).

Workload

Respondents comments suggest that the issue in terms of adequate staffing is not solely dependent on the number of posts, but about skill-mix and the way in which services are organised to deal with an expanding role.

Two thirds (66%) of school nurses working in the state sector feel over stretched by the role they are in (compared with just 25% in independent sector).

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. The number of nurses working extra hours at least once a week is virtually unchanged in the last four years – 69% in 2009 compared with 70% in 2005. Three-quarters of state sector respondents work in excess of their contracted hours at least once a week – 17% every shift/day, 44% several times a week, and 13% once a week.

Almost two-thirds (64%) say that their 'workload is too heavy' (virtually unchanged since 2005 when the equivalent figure was 65%). Half (51%) feel emotionally drained from their work (57% within the state sector, 31% in independent schools).

4. Role and working relationships

This chapter presents the findings from the survey that relate to the role of school nurses – the activities undertaken as part of the job (and how this varies), those they'd like to add or drop from the role, and level of contact with other agencies or professionals.

4.1 Activities undertaken

Respondents were presented with a list of 22 activities and asked which of these they undertake as part of their job, and which five take up most of their time. Table 4.1 shows the percentage of respondents (by sector) undertaking each activity, sorted from most to least prevalent.

Table 4.1 Activities undertaken by school nurses – percentages

	All	**State**	**Independent**
15. Health promotion	96	95	97
1. Educating school staff	94	96	88
4. Providing sex education	86	90	72
6. Addressing obesity	86	90	71
8. Pupil/student counselling	84	83	87
2. Attending child protection case conferences	82	94	42
21. Family support	82	88	64
18. Screening/monitoring health/devt.	80	83	74
22. Providing class education/PSHE	80	87	58
9. Support for mental health issues	79	82	69
3. Administer immunisations	73	81	48
20. Development of personal/social skills	72	75	64
7. Developing health policies for schools	68	64	79
12. Administer HPV vaccine	66	77	30
19. Addressing bullying issues	65	65	68
5. Providing substance abuse advice	59	61	50
16. Manage other staff	58	60	50
11. Sexual health drop-in sessions on site	49	53	38
23. Other *(please specify)*	44	44	45
10. Special educational needs service	42	49	15
14. Providing medication	37	17	99
13. Providing in patient care (sickbay)	31	11	93
17. Budget management	23	12	57
Base N=	*1136*	*844*	*258*

Source:Employment Research Ltd, 2009

In the independent sector, the most prevalent activities (undertaken by at least three-quarters of respondents in each case) were: providing medication, health promotion, providing in patient care (sickbay), educating school staff, pupil/student counselling, developing health policies for schools and screening/monitoring health and development.

Respondents were asked which activities take up the majority of their time[8] and the results are presented in Table 4.2.

Table 4.2 Activities taking up most time – percentages citing each in the top 5

	All	State	Independent
Attending child protection case conferences	54%	70%	1%
Screening/monitoring health/development	36%	39%	30%
Family support	31%	38%	9%
Administer immunisations	30%	33%	21%
Administer HPV vaccine	25%	32%	2%
Pupil/student counselling	35%	30%	51%
Health promotion	31%	29%	36%
Other	29%	27%	32%
Providing sex education	21%	25%	9%
Providing class education/PSHE	23%	24%	18%
Support for mental health issues	23%	24%	18%
Educating school staff	19%	19%	19%
Sexual health drop in sessions	15%	18%	6%
Manage other staff	14%	15%	12%
Addressing obesity	9%	10%	3%
Providing medication	27%	10%	81%
Special educational needs service	7%	9%	1%
Providing in patient care (sickbay)	26%	7%	86%
Development of personal/social skills	5%	5%	6%
Developing health policies for schools	7%	4%	20%
Budget management	3%	2%	6%
Addressing bullying issues	2%	2%	5%
Providing substance abuse advice	1%	1%	1%
Base N =	*1076*	*821*	*255*

Source:Employment Research Ltd, 2009

For state sector school nurses, attending child protection case conferences is one of the most time consuming activities, cited by 70% of respondents (compared to about half in 2005). After child protection, health screening/monitoring and family support are the two activities most frequently referred to as taking up the majority of time. Administering immunisations was cited by a third, and a similar proportion reported that administering the HPV vaccine was one of the activities taking up most of their time.

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[8] Note the list of activities used in the 2009 questionnaire differs from 2005 - items relating to the way in which pupils seen as opposed to interventions/activities were removed and three new activities were added (HPV, sexual health drop in sessions and support for mental health issues).

Looking within the state sector at those whose job title is school nurse/health adviser, the data were analysed to see if there are any differences in the activities reported as taking up most time according to length of experience. Contrasting those with 5 years or less experience to those with over 5 years experience, the roles (in terms of activities that take up most time) did not differ significantly across 21 of the 22 activities. The only difference detected, was that a slightly larger proportion of the experienced group reported that providing class education/PSHE was one of the activities that took up most time (77% vs 66% of the less experienced school nurses).

Independent sector school nurses report that running a sick bay, providing medication, and pupil counselling are the activities that most commonly predominate.

Just under one in three (29%) indicated that some other activity (not listed) was one of things that took up most time. The most frequently cited 'other' time consuming activities were: administration/paperwork (17%), preparing health or care plans (17%), running clinics (14%), attending to minor injuries (14%), attending meetings or reviews (14%) and first aid (13%).

4.2 Suggested changes to the role

Having established the range of activities undertaken and which activities take up most time, respondents were then asked to indicated if there were any activities listed that they would like to spend more time on or to add to the role. A second question asked if there were activities in their role that they would like to spend less time on (see Table 4.3).

School nurses in state schools would like to be able to spend more time on:

• Health promotion
• Providing class education/PSHE
• Sexual health drop-in sessions on site & Providing sex education
• Addressing obesity
• Pupil/student counselling & Support for mental health issues

Conversely the areas they would like to reduce are:

• Attending child protection case conferences
• Administering immunisations
• Administering HPV vaccine
• Screening/monitoring health/development.
• Other

Table 4.3 Activities would like to spend more or less time on (percentages)

	All		State		Independent	
	More	Less	More	Less	More	Less
1. Educating school staff	11	5	7	5	16	7
2. Child protection case conferences	5	26	4	29	10	5
3. Administer immunisations	5	25	2	28	11	5
4. Providing sex education	28	2	30	3	22	2
5. Providing substance abuse advice	9	3	9	3	6	2
6. Addressing obesity	26	4	29	4	14	3
7. Developing health policies for schools	14	6	15	4	9	16
8. Pupil/student counselling	25	1	24	1	29	2
9. Support for mental health issues	25	7	27	8	15	7
10. Special educational needs service	6	3	7	3	1	0
11. Sexual health drop-in sessions on site	34	1	36	1	27	0
12. Administer HPV vaccine	3	24	1	28	8	2
13. Providing in patient care (sickbay)	2	6	1	4	5	14
14. Providing medication	1	5	1	4	1	10
15. Health promotion	49	1	54	1	34	0
16. Manage other staff	5	6	5	5	3	10
17. Budget management	2	6	2	4	4	17
18. Screening/monitoring health/devt.	8	19	7	22	13	5
19. Addressing bullying issues	7	5	7	4	8	12
20. Development of personal/social skills	19	0	19	0	19	0
21. Family support	21	3	25	3	6	2
22. Providing class education/PSHE	35	3	37	3	31	5
23. Other *(please specify)*	4	22	4	21	4	29
Base N=	*782*	*477*	*602*	*408*	*156*	*201*

Source:Employment Research Ltd, 2009

One in five reported that the activity they would like to reduce in their role, was an 'other' activity not on the list presented. By far and away the most commonly referred to other activity which respondents would like to spend less time on, was administration and paperwork – referred to by 45% of those reporting an 'other' activity as the aspect of their role they would like to spend less time on.

The survey asked school nurses what prevented them from doing the activities to the extent that they would like. The results are presented in Table 4.4.

Table 4.4 Factors preventing from respondents from developing their role

			2005	2009
			% of cases	% of cases
a	1	Lack of time	53	52
a	11	Too much time spent on other activities (such as child protection, immunisations), activity not viewed as priority	25	30
a	2	Caseload/area covered too big (stretched too thinly)	21	18
a	3	Under staffed; staff numbers/cover/lack of skilled staff; working alone	20	19
b	4	Lack admin/clerical support; too much paperwork	9	17
b	5	Resources/funding	14	9
b	6	Post only part-time (not enough designated hours)	4	0
b	7	Term-time contract only	1	1
c	8	Not had training/qualification	3	2
c	9	Not able to undertake training needed	1	2
d	10	Not seen by others (e.g. mgt) as part of role/not asked to do as part of role	2	3
d	12	Role is too generic, not able to concentrate on specialty; 'Jack of all trades'	2	1
e	13	Attitude/lack of support of school or LEA prevents; e.g. poor access to school	4	3
e	14	Attitude/lack of support of NHS/PCT prevents	1	1
e	15	Lack of management support/poor management	3	2
f	16	Other members of staff already carrying out these activities	2	1
f	17	National policy restricts	1	1
		Other eg. Lack financial reward/grade, pupil reluctance, poor communication	2	2
		Number of responses	1703	1419
		Number of cases	1018	875

Source:Employment Research Ltd, 2009

It remains the case, as in 2005, that the biggest single factor preventing school nurses from expanding or developing their role is lack of time. In particular, 30% report that this is a consequence of too much time being spent on other activities (such as child protection or immunisations) – with these activities taking precedence over other areas of the role that school nurses would like to spend more time on.

Respondents in 2009 are more likely than those in 2005 to have referred to the volume of paperwork and lack of administrative support as a constraint.

4.3 Defining the role & job descriptions

Whilst the majority (96%) of respondents report that they have a job description, only two-thirds felt it was an accurate reflection of their role, with 30% reporting it was not, and 4% being unsure. Slightly fewer nurses in independent schools had a job description – 92% vs 97%.

The proportion reporting that their job description is not an accurate refection of their job has increased since 2005, when 21% felt it was not accurate. This change is primarily due to a shift in perceptions of state school nurses relative to four years ago – 65% of state school nurses considered their job description was accurate in 2009 compared with 79% in 2005.

Interestingly it is the 'newer' school nurses that are least likely to consider that they have an accurate job description – 59% of those who have been working as a school nurse for less than five years compared with 71% of those who have at least 10 years experience.

Role definition in a broader sense was explored in the views section, as an attitude item. Half of all respondents consider that their role is clearly defined, with 28% disagreeing. This is particularly an issue amongst state school nurses (31% of whom feel it is not clearly defined compared to 19% of those working in independent schools). Again, there is a clear link to length of experience as a school nurse – 37% of those with less than five years experience considered that their role was clearly defined, compared with 57% of those with more than 15 years experience. Within state schools, just a third (32%) of the less experienced school nurses felt their role was clearly defined.

4.4 Contact with other staff/agencies & Sources of referrals

Respondents were presented with a list of other agencies/groups and asked to indicated which they worked with regularly (i.e. at least monthly) and which were sources of pupil referrals. The results are shown in Table 4.5.

Table 4.5 Connections with other organisations/staff (percentages)

	Work with regularly		Sources of referrals	
	State	**Independent**	**State**	**Independent**
a. Health Visitors	77	2	61	5
b. GPs	38	77	67	46
c. Social Services/social workers	89	7	67	9
d. Child development teams	30	5	31	4
e. Child and adolescent mental health	64	27	54	18
f. Community children's nursing teams	33	11	31	6
g. Clinical Nurse Specialists (CNSs)	24	13	23	9
h. Educational social workers	29	3	26	3
i. Psychologists	28	19	27	11
j. Dieticians/nutritionists	27	13	30	11
k. Youth Justice	12	0	11	1
l. Connexions (Careers Services)	25	2	27	2
m. Police	22	0	12	0
n. SENCO	70	20	57	10
o. Pregnancy advisers	15	1	17	5
p. Paediatric liaison from A&E	59	10	48	8
q. Child protection coordinators	78	23	48	13
r. Teachers/head of years	95	92	76	58
s. Hospital	27	38	34	28
t. Parents	93	92	68	56
u. Multi-agency allocation team/panel	44	7	37	7
Base N=	*836*	*257*	*836*	*257*

Source:Employment Research Ltd, 2009

Independent school nurses see students through three main referral sources – teachers, parents and GPs, and these are the three groups that they work with regularly (ie at least monthly). State school nurses are more likely to take referrals from a wider range of sources, so as well as teachers, parents and GPs, in many state school nurses report that they have pupil referrals from social workers, health visitors, CAMH services, SENCOs, paediatric liaison in A&E and child protection coordinators.

5. Preparation for the role & CPD

5.1 Previous experience

As in 2005, the average length of time since first qualified as a registered nurse, was 25years. As Figure 5.1 shows, the school nurses surveyed in 2009 typically have 10 years experience in school nursing (compared with 10.4 in 2005).

Figure 5.1 Experience as a school nurse (years)
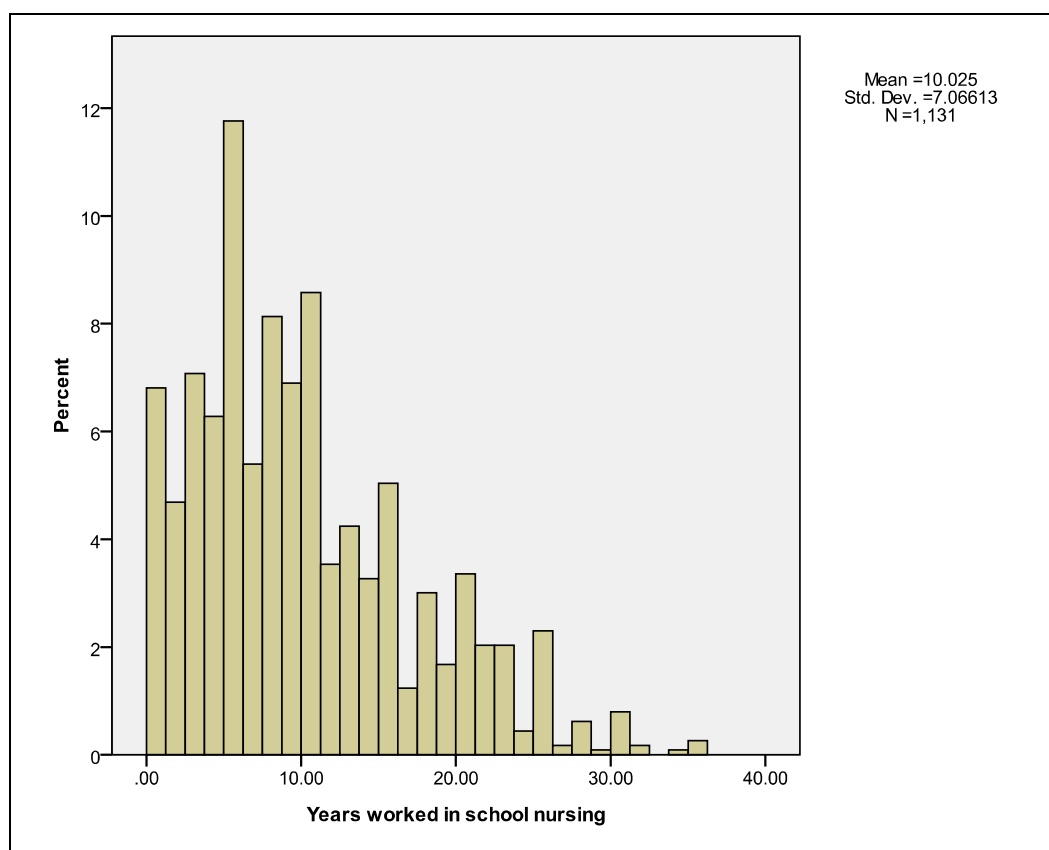
Source:Employment Research Ltd, 2009

School nurses responding to the survey have been in their current post for an average of 7.9 years (8.3 in 2005). The relative distribution in 2009 and 2005 is presented in Figure 5.2. Two-fifths (41%) have been in their current post for less than five years (which is the same proportion as in 2005). The proportion who have been in post for less than a year is greater in 2009 – 11% compared with 7% in 2005.

Figure 5.2 Time in current post – 2009 & 2005
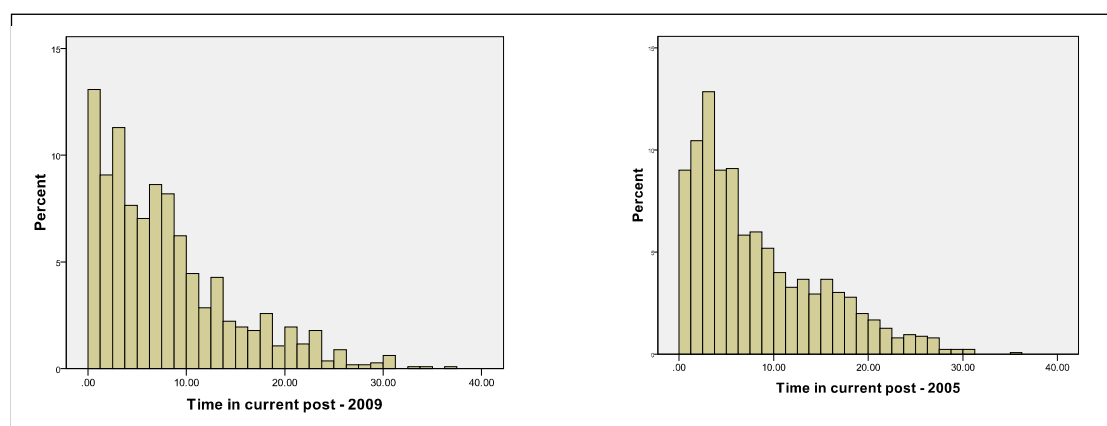
Source:Employment Research Ltd, 2009

5.2 Qualifications

The survey asked which qualifications respondents held. The results for both 2009 and the 2005 survey are presented in Table 5.1.

Although it is still the case that the majority (86%) hold an adult RN adult/RGN qualification, the proportion who hold an RN Children qualification has increased since 2005, from 23% to 30%. A noticeably smaller proportion report that they hold a school nurse certificate compared to four years ago (12% compared with 22%). Meanwhile the proportion indicating that they are specialist practitioners through the school nurse degree pathway has increased from 14% to 23%.

Table 5.1 Nursing qualifications held - percentages

	2009	2005
RN Adult/RGN	86	92
RN Child/RSCN	30	23
RN Mental Health/RMN	1	2
RN Learning Disability	2	-
Health Visitor	2	1
District Nurse	3	4
School Nurse Diploma	4	4
School Nurse Certificate	12	22
Specialist Practitioner – School Nurse Degree Pathway	23	14
Nursing Degree	9	6
Other qualifications related to school nursing	30	44
Base N=	*1127*	*1290*

Source:Employment Research Ltd, 2009

Thus the proportion with a school nursing qualification (degree, diploma or certificate) is 39%, but the mix between the qualifications held has shifted in favour of the school nurse specialist practitioner degree. State school nurses are much more likely to hold one of these qualifications – 46% do compared with 6% of those working in independent schools.

A separate question asked specifically about their NMC registration. Just over a third of school nurses (34%) report that they are registered with the NMC as a 'Specialist Community Public Health Nurse – SN'.

In a specific question, just under a quarter (24%) indicated that they have completed a specialist practitioners degree that leads to entry on the third part of the register. A further 4% are currently undertaking the degree, and 21% report that they plan to do so in the future. Thus half (51%) of all respondents reported that they do not plan to do a specialist practitioner degree.

5.3 Continuing professional development (CPD)

The survey asked school nurses how many days they had spent on continuing professional development (CPD) in the previous 12 months. A large proportion (15%) left this question blank. Seven percent indicated that the total days spent on CPD was zero. Looking across respondents who indicated that they had undertaken some CPD, but excluding those who had undertaken 100 days or more (and are likely to have been engaged in full-time or part-time courses), the average number of days is eight (the same as in 2005).

The results to the attitude items relating to training and development are presented in Table 5.2.

Table 5.2 Views of training and development - percentages agreeing/strongly agreeing

	All - 05	All - 09	State	Independent
I am unable to take time off for training	24	24	23	27
You need specialist school nurse training to do this job well	55	46	53	24
My employer provides me with the opportunity to keep up with new developments related to my job	66	59	61	56
I have access to the professional training and development I need	80	66	70	51
I feel well prepared/trained for this role	76	74	74	72
Base N=	1270	1123	836	256

Source:Employment Research Ltd, 2009

Two-thirds (66%) report that they have access to the professional training and development they need – this is down from 80% in 2005. There has also been a decrease in the proportion reporting that their employer provides them with the opportunity to keep up with new developments, from 66% in 2005 to 59% in 2009. Roughly one in four report that they are unable to take time off for training, and this has not changed since 2005. Three-quarters say that they feel well prepared for the role, but views about whether you need to have specialist training to do the job well vary – half of those in the sector agree, compared with just a quarter of those working in independent schools. The proportion considering that you need specialist training has fallen since the 2005 survey.

In a separate question, 85% of school nurses felt that there were barriers to undertaking further education – access to study time, funding and getting appropriate cover, were each cited by about half of respondents (see Table 5.3).

Table 5.3 Barriers to undertaking further training/education - percentages

	All	State	Independent
Funding	48	44	59
Access to study time	52	49	58
Getting appropriate cover	48	42	63
Finding suitable clinical placements	11	7	22
Finding suitable practice teachers	13	13	13
Geographical distance from suitable education provider	15	15	13
Family commitments	43	43	45
Other *(please describe)*	23	25	16
Base N=	*975*	*702*	*242*

Source:Employment Research Ltd, 2009

Independent school nurses are as likely as their colleagues in state schools to report difficulties finding suitable practice teachers, family commitments or the geographical distance from a suitable education provider as barriers to further education. But they are much more likely to report that getting appropriate cover and finding suitable placements were problems. They were also more likely to have problems with funding or having access to study time.

5.4 Personal training and development plans

68% of all school nurses surveyed indicated that they had a personal development plan (PDP). Whilst the proportion within state schools that have a PDP has stayed roughly the same (74% compared with 72% in 2005), there has been an increase in the proportion of independent school nurses with PDPs – from 36% in 2005 to 46% in 2009.

Overall, three-quarters (74%) of respondents indicated that their manager/employer had been actively involved in drawing up the plan – 82% of cases in state schools and 38% in independent schools.

Respondents were asked when they had last met with their manager to review their PDP - 81% indicated that they had met within the preceding 12 months.

6. Views of school nursing

This chapter presents the findings from two different types of data – attitude items and a series of open questions exploring the aspects of work that they find most satisfying, sources of frustration, and the support needed to help them do the job better.

6.1 Overview of morale

Respondents were presented with 27 attitude items (as used in the 2005 survey) and asked to indicate the extent to which they agreed or disagreed with each, on a 5 point scale.

Table 6.1 shows the percentage agreeing or strongly agreeing with statements about their work life, and contrasts the views of those in state schools with those working in independent schools. The results for all respondents in 2005 are also presented.

The majority (82%) of all school nurses consider that their contribution is valued by the schools they work with and 68% consider that schools make appropriate use of their services.

Overall levels of job satisfaction have stayed the same as reported in 2005 – 57% feel satisfied with their present job. Higher levels of job satisfaction are reported amongst independent school nurses (68% vs. 54% of those in state schools).

Contrasting the results from 2009 with those from 2005, there has generally been little change, with the exception of a few items. Views of various aspects of training and development opportunities have become considerably more negative – fewer have access to professional training and development, or the chance to keep up to with developments related to their job. The proportion who regard their role as well integrated within a multidisciplinary team has also reduced – 55% in 2005 to 46% in 2009.

But in terms of positive change, although half feel emotionally drained form their work, this is 6 percentage points less than in 2005.

Workload and staffing continues to be a source of concern - with just 18% reporting that there are sufficient school nurses in their area and 64% agreeing that their workload is too heavy.

There are big differences between those working in state or independent schools. For example, more than twice as many of those working in independent schools say they have the resources they need to do the job well – 55% vs. 25% of state schools. Independent school nurses are also less likely to feel emotionally drained – just 31% compared with 57% of those in state schools. They are also more likely to consider that the role is clearly defined and less likely to regard schools expectations as difficult to meet.

The biggest differences relate to workload. Almost three-quarters of those working in state schools regard the workload as too heavy, compared to roughly a third of those in independent schools. And two-thirds of state school nurses feel over-stretched in their role compared with a quarter of those in independent schools.

Table 6.1 Views of school nurses – percentage agreeing/strongly agreeing

		All 09	*All 05*	State	Indep
1	I have access to the professional training and development I need	66	*80*	70	51
2	A high level of autonomy is required in my role	95	*97*	96	93
3	I feel well prepared/trained for this role	74	*76*	74	72
4	I feel isolated in my role	30	*34*	25	48
5	I feel emotionally drained from my work	51	*57*	57	31
6	I am given the support I need to do my job well	43	*45*	41	48
7	I feel my contribution is valued by the schools I work with	82	*81*	84	74
8	My role is clearly defined	46	*45*	42	59
9	My role is well integrated within a multidisciplinary team	46	*55*	47	42
10	School/college(s) make appropriate use of services I provide	68	*65*	67	70
11	My workload is too heavy	64	*65*	73	35
12	Considering the work I do I am paid well	24	*21*	24	24
13	There are sufficient school nurses in my area	18	*16*	14	30
14	I am unable to take time off for training	24	*24*	23	27
15	My employer provides me with the opportunity to keep up with new developments related to my job	59	*66*	61	56
16	I feel satisfied with my present job	57	*56*	54	68
17	I am satisfied with the support I have from my manager	50	*52*	50	51
18	You need specialist school nurse training to do this job well	46	*55*	53	24
19	I feel well supported by the RCN in my role	27	*33*	23	38
20	I have the resources I need to do my job well	33	*30*	25	55
21	School expectations are difficult to meet	46	*51*	53	25
22	I feel over stretched in my role	56	*59*	66	25
23	Accessing the records I need is not a problem	52	*57*	47	67
24	It will be difficult to progress from my current grade	72	*76*	68	81
25	I have access to the clinical supervision I need	53	*57*	62	25
26	I am given the supervision I need for child protection cases	70	*69*	79	44
27	I am given the support I need to manage my caseload	38	*35*	37	41
	Base N=	*1123*	*1270*	*836*	*256*

Source:Employment Research Ltd, 2009

Interestingly, despite being more likely to feel under-resourced and over-stretched, state school nurses are more likely to say that their contribution is valued by the schools they work in (84% vs. 74% in independent schools), but less likely to feel satisfied with the job (54% vs 68%).

On the other hand, independent school nurses suffer from problems of being relatively isolated – 48% feel isolated in their role compared with 25% in the state sector. As a result of having less health and school nursing infrastructure around them, they are less likely to feel that they have the clinical supervision they need in general (25% vs 62% in state schools), or for child protection cases (44% vs 79%). They also have less access to the professional training and development needed (51% compared with 70%).

One issue on which all school nurses agree is their pay – 24% in both sectors report that they are paid well considering the work they do. And views are virtually unanimous (95% of all school nurses) that a high level of autonomy is required in their role.

6.2 Sources of satisfaction and frustration

Two open ended questions allowed school nurses to describe in their own words what they find most satisfying (Table 6.2) or frustrating (Table 6.3) about their jobs. The answers were reviewed to identify common themes, and then each response was coded to quantify the prevalence of each theme.

Table 6.2 Sources of satisfaction (percentage of respondents)

	All	State	Independent
Content of the role			
7 Providing support/help	17	18	18
1 Educating/informing/guiding people/Health Promotion	15	18	7
8 PSE/PSHE programmes	6	7	3
3 Using skills/knowledge	2	1	5
9 Empowering pupils	2	2	2
2 Staff Training	1	1	0
5 Gaining skills/knowledge /Developing the role/service	1	1	1
6 Adapting role/service for benefit of pupils	1	1	0
Like this way of working			
10 Variety/Diversity of role	14	14	13
12 Autonomy/Responsible for own caseload	5	5	6
11 Assessing and making decisions/problem solving	2	2	3
13 Challenge	2	1	4
14 Responsibility/opportunity influence policy	1	1	1
15 Flexibility	1	1	1
Having an impact			
20 Making a difference – to health and well-being of pupils/families	17	20	10
21 Seeing QOL improvement for children & families	10	9	12
24 Give pupils time/individual care/complete care	2	1	3
22 See positive impact on policies/practice of schools	<1	1	<1
23 Reduced crime rate/substance misuse/teen pregnancy	<1	<1	0
25 Successfully meeting demand/targets	1	1	1
Working Relationships			
30 Relationship with pupils/families; one to one, ongoing relationship	49	46	61
31 Being part of wider team/Good working relationships	11	12	9
16 Liaising with agencies/team members	5	6	3
32 Respect from pupils/staff/families	2	2	3
33 Working/meeting with variety of people	2	2	2
Appreciated			
40 Students choose to speak to me/confide.	4	3	7
42 Feedback/appreciation from pupils/Families	4	4	4
41 Feel valued by schools/employers	3	4	2
Other			
50 Specific task/activity – i.e. Child protection, immunisations, etc.	6	7	1
60 Working Hours	2	1	2
88 Other	5	5	3
Base N=	*1010*	*777*	*233*

Source:Employment Research Ltd, 2009

Regardless of the type of schools worked in, the majority of school nurses refer to the nature of the relationship they have with pupils and their families as one of the most satisfying aspects of the job, along with being able to provide support and help and make a real difference to the health and well-being of the students they work with. The nature of the relationship with students was referred to by 61% of independent school nurses and 46% of those in state schools, and was as frequently cited in 2009 as 2005.

However several aspects of the job were less frequently cited by state school nurses in the current survey than they were four years ago – fewer referred to the variety of work covered by the role (from 21% to 14%), to making a difference (33% to 20%) or to health promotion/health education (25 % to 18%).

Having working relationships with the wider team and liaising with other agencies was a source of satisfaction referred to by 18% of state school nurses, and 12% of independent school nurses.

A second question asked about the frustrations of working in school nursing and the responses are presented in Table 6.3.

Perhaps unsurprisingly, given the findings on the number of schools covered by school nurses and their feelings of being over-stretched, the most prevalent frustration of the job is lack of staff and having too little time to get the job done properly – 71% of state school nurses referred to one or other of these themes (in 2005 78% did). 16% of state school nurses also referred specifically to lack of funding, constraining the extent to which the service could be delivered or developed. Although time constraints and the problems of being funded part-time came up less frequently in the current survey (31% referred to it as opposed to 41% in 2005), excessive caseloads were just as likely to have been cited as a frustration as they were four years ago (40% vs 37% in 2005).

Although less affected by caseloads/short-staffing, one in five independent school nurses nonetheless cited too few hours or insufficient time as a frustration of their work. The other major frustration for those working in independent schools was the degree of isolation they work within, and lack of nursing colleagues (20% refer to isolation). They are also more likely than state school nurses to find that lack of development or study opportunities are a source of frustration.

For state school nurses the other two frustrations that were referred to by at least one in ten – was the amount of paperwork and admin, and the way in which some routine tasks (such as immunisations etc) dominated the role at the expense of other activities.

Relatively few school nurses referred to their working relationships as a source of frustration, but relationships with school colleagues or with parents were each cited by about a tenth of independent school nurses, and one in ten also said that they did not feel valued by school staff where they work..

Across all school nurses, fewer in the current survey referred to problems connected to a lack of understanding of the role – 7% in 2009 compared with 15% in 2005.

Table 6.3 Frustrations of working in school nursing (Percentage of respondents)

	All	State	Independent
Insufficient funds/resources			
2 Caseload too big/Too big workload/Lack of staff	33	40	12
3 Time constraints – too busy/not enough hours/part-time service	29	31	20
1 Lack of funding to develop service	14	16	5
5 Lack of clerical support/Answering phone etc.	5	6	4
8 Poor opps for training; lack of access to study leave; prof. devt	6	4	13
4 No proper room/base/equipment – poor working environment	3	3	3
9 No room/scope for development	3	3	2
6 ICT/systems/ access to email	2	3	<1
Nature/content of role			
16 Routine task prevent time for other/having to prioritise	9	11	3
10 Working alone/isolation/ no other nursing colleagues	7	3	20
11 No role definition or boundaries	4	4	4
15 Balance between clinical/managerial/clerical work	4	5	3
12 Not using my skills/knowledge/PSHE skills	2	2	2
13 Travel time/covering many areas	2	2	0
14 Too generic	2	2	0
Lack of role clarity			
21 Lack of understanding of role	7	7	5
20 Being "All things to all people"	4	5	<1
24 Manager not from SN background – Doesn't understand	3	4	3
Context working within/relationships			
31 Poor working relationships with school colleagues	6	4	13
36 Lack support from manager	6	6	4
33 Lack of/poor communication/updates	4	3	5
34 Poor communication/coordination between services etc.	4	5	1
35 Attitude of Parents	4	2	10
30 Policy changes	3	4	1
38 Lack of support (in general)	2	2	2
39 Lack of clinical support	2	1	3
Not valued/no prospects			
46 Inappropriate grade/remuneration	5	5	4
42 Not valued by School staff	4	1	11
41 Not valued by other staff - GPs, health visitors, hospital nurses etc	3	3	1
45 Lack of appreciation/recognition/respect	3	4	3
47 Lack of career progression	2	2	<1
92 Undervalued (general)/ low morale	2	3	2
40 Emotional issues (parents/carers/patients/self)	1	1	1
Other - Not valued by public/manager/government	2	2	1
Administration			
51 Amount of paperwork/ computer admin	10	12	7
53 Red tape; bureaucracy/ targets	4	5	3
52 NHS Records/accessing	2	2	2
Other - Incomplete/inaccurate paperwork/ Difficult to measure impact	2	1	4
Not able to deliver service would like			
60 Referral times/procedure too slow	2	2	<1
61 Restrictions	1	1	0
62 Pupil resistance/pupil misuse of services	1	1	<1
Other	4	3	6
Base N=	*1002*	*777*	*225*

Source:Employment Research Ltd, 2009

6.3 Support needed to fulfil potential

A third and final open-ended question asked school nurses: 'What are the most important types of support needed to help you do your job better?'. Again the responses were classified in order to identify the most prevalent themes. The results (presented in Table 6.4) link to the responses to the questions on frustration, and pick up on other themes emerging from the survey.

Table 6.4. Most important types of support needed to help you do your job better (percentage of respondents)

	All	State	Independent
Staffing			
17 More staff/ able to share workload/delegate, not work on own	26	32	8
11 Time/Smaller case-loads/workloads	15	18	7
28 Better skill mix	4	5	1
6 Post needs to be full-time; All year (not just term-time)	2	2	1
Manager/employer support, CPD and supervision			
5 Support from management/director etc.	26	28	19
10 Education opportunities/Skills updates/Training	17	15	24
14 Clinical support/supervision/mentoring/ CP supervision	18	18	16
26 Appraisal/PDP/IPR etc	<1	<1	1
Admin support/ICT/Equipment/Resources			
12 Clerical/admin support	17	20	5
15 Funding/Finances/Resources (eg. health education materials)	15	18	6
8 ICT systems/e-mail/Access	4	4	2
13 Equipment	3	4	1
19 Better Facilities/working environment/ More space	3	3	4
Support/Awareness of those work with			
3 Support/encouragement from other team members; peer support	17	14	26
18 Better understanding and awareness of role/job definitions	13	14	9
2 Support/encouragement from school and school staff	7	3	20
4 Support/encouragement from community & voluntary agencies	2	1	4
20 Feedback from service users	2	1	5
Communication/info			
9 Better communication/debriefs/meetings	7	6	9
7 Access to information	2	2	3
How work			
27 Opp to network /Liaise with agencies	4	3	6
30 Policy development/planning/strategic/PCT wide/liaison, etc.	4	4	3
24 Regulation/accreditation/national recognition	3	3	2
22 Multi-disciplinary working	3	4	3
25 Easier access to schools/pupils	1	1	0
Employment conditions			
21 Flexibility to job share/More flexible working hours	1	1	1
29 Better pay/grading	2	2	1
Encouragement/emotional support generally			
1 Support/encouragement generally – No-one specified	3	2	4
23 Emotional support	2	1	4
88 Other e.g. govt support – withhold benefit to get parent to take child to referrals	0	1	0
N=	*912*	*714*	*198*

Source:Employment Research Ltd, 2009

Within the state sector, 'more staff' is the most frequently cited support required (by 32%), but closely tied to this is the request for more support from their manager/employer (28%). One in five specifically referred to increased admin support as a measure that would enable them to do their own jobs better.

Support from their own manager was also cited by independent school nurses (19%) and related to this (given that schools are their employer) one in five also referred to wanting more support from the school they work in.

Support from other teams members was cited more frequently (26%) than by state school nurses, as was having better access to training and CPD opportunities (24%). Few independent school nurses referred to staffing compared to those in the state sector.