

# HISTORY OF SCHOOL NURSING

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## HISTORY

- History is always very interesting! It shows us how our predecessors struggled with problems almost exactly like those that we meet now.
- As you will see from history, school nurses have ALWAYS worn MANY HATS!!!!

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## THEN

- Before 1900, most health care was delivered in the home and community. "Home" was the place where babies were born, old folks died, and the injured and ill were provided care by the family.
- Society moved from rural communities to densely populated industrialized cities. As a result, public health issues surfaced.
- Some aspects of health care from the home moved to a more "physician-oriented" environment. There was less family and community involvement.
- Health care focused on identification and treatment of disease and disabilities.

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### SECOND QUARTER OF 20<sup>TH</sup> CENTURY

- -Most nurses assisted physicians in caring for patients in hospitals.
- -School nurses assisted physicians with physical examination and record keeping.
- -Less opportunity to promote wellness.

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### ENGLAND- 1880

- -A decade after elementary education became compulsory in England, sickness was identified as the chief cause of absenteeism.
- -Illness was believed to originate from neglect of care for children's minor ailments and injuries.
- -Only five nurses were sent to the 500 elementary schools in London. Even in limited numbers the efforts of these nurses made a significant difference in decreasing absenteeism.

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### UNITED STATES- 1894

- -Boston became the first city to utilize physicians to conduct medical inspection of children in school.
- -Goal of these programs was to identify and exclude students with serious communicable diseases: scarlet fever, diphtheria, pertussis, varicella, measles, mumps, scabies, impetigo, and ringworm.
- -In 1896, medical inspections were initiated in New York City. The dept. of health hired 150 doctors to spend 1 hour a day inspecting schoolchildren.
- -Where the inspections were consistent and thorough, classrooms were nearly vacant.

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### UNITED STATES- CONTINUED

- -Often 15-20 children were excluded daily. In a single school, 300 children were out at one time.
- -The FOCUS of these programs was on “exclusion.” If a child was sent home, it was unlikely that he or she would return.
- -By 1918, twenty-six states had laws requiring medical inspections at school.

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### NURSING SERVICES IN THE COMMUNITY

- -1891- Lillian Wald graduated from the New York Hospital School of Nursing.
- -Shortly after graduating, Lillian became aware of the human needs through an emergency call to the East Side.
- -Lillian decided to become a resident and active participant in the civic and spiritual growth of this community. 90% of ill patients in this community never entered a hospital.

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### NURSING SERVICES- CON'T

- -Lillian established the Henry Street Settlement to address the issues of poverty, homelessness, sub-standard housing, and lack of primary health care.
- -Miss Wald maintained social connections and developed political savvy. This helped with fundraising for the support of the settlement.
- -She is credited with coining the phrase, “public health nurse.” It was her goal to make it known to the public that the public health nurse was their nurse.

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### NURSING SERVICES

- -Lillian and the nurses working with her maintained records on the children they encountered who were out school. They tried to determine the reason for the child's absence.
- -When possible, the nurses provided care or assisted parents in obtaining care.
- -Lillian read an account of the London experiment that was published in the American Journal of Nursing in 1901. This article, along with the documentation collected by the nurses, supported her recommendation that nurses actually treat the children in schools and make follow-up visits to the homes of those excluded from classes by the medical inspections.

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### THE MONTH-LONG PROJECT IN THE NEW YORK CITY SCHOOLS

- -Lina Rogers, a young nurse working at the Henry Street Settlement, was chosen to pioneer the New York month-long project that started on October 1, 1902.
- -The four schools with the greatest number of medical exclusions and highest absenteeism were chosen for the project. The enrollment for these four schools was 8,671.
- -Lina visited each school for 1 hour each school day. With limited supplies and equipment, she cleaned and dressed wounds, treated mild cases of conjunctivitis and minor skin infections as directed by the physicians. (Box 1.3)

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### NEW YORK CITY PROJECT

- -For those students who had to be sent home, Miss Rogers made home visits to instruct parents in care or to assist them as needed in seeking treatment, and to provide follow-up care. (pg.21-treatments used)
- -Detailed records were kept on each child seen in the school dispensary, including the condition, treatment, and outcome.
- Careful notes of the home visits described conditions of the home, needs of the family, teaching, treatment, referrals, and follow-up.

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## NEW YORK PROJECT

- -“At the end of one month the result was more than satisfactory.”
- 893 treatments were given, 137 home visits were made, and 25 children returned to school.
- -Lina Rogers was appointed school nurse by the Board of Health in New York City, the first municipality in the world to take financial responsibility for school nursing.
- -The primary objective of her work was to keep children in school or to have them return as soon as possible. Miss Rogers emphasized,
- “the saving of school time for the children was of the greatest importance.”

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## DECEMBER 1902

- -The project was expanded in December 1902 to include 12 nurses with Miss Rogers as Superintendent of School Nurses.
- -Within 1 year, documentation showed that 98% of students who had been excluded for medical reasons were now in the classrooms!
- -Due to the success of the New York project, school health programs expanded across the United States.

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## EARLY SCHOOL NURSING IN RURAL AREAS

- -As early as 1910, nurses with the American Red Cross, the Frontier Nursing Service, and other privately funded social or health societies provided services to rural schools.
- -Schools were only part of their public health assignment. Visits to schools were often scheduled for : vision screenings, or to advise on an outbreak of a contagious disease.
- -Home visits were often made, health education was provided in the school and home, and referrals were made to other resources such as a doctor or welfare agency.

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### FRONTIER NURSING SERVICE

- -Mary Breckinridge founded the Frontier Nursing Service in 1925 to address health care needs of those families living in the mountains of eastern Kentucky.
- -Mary implemented a school-based immunization clinic to prevent the spread of communicable diseases.

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### SCHOOL HEALTH SERVICES IN SECONDARY SCHOOLS

- -From the turn of the century, school health services focused on the younger children. Children going to secondary school had little, if any, ongoing health education or health screening.
- -In 1928, the Oregon State Tuberculosis Association financed a demonstration nursing-service with a Portland secondary trade school.
- This project DID NOT specifically relate to tuberculosis but rather to general health education and care.
- -The first role of the secondary school nurse was to provide first aid and teach first aid.

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### HIGH SCHOOLS IN PORTLAND

- -The program was so successful that it was expanded to other high schools in the Portland system. The nurse was encouraged to provide care, do individual teaching, and serve as a resource to science, home economics, and homeroom teachers.
- -Control of communicable diseases was of less importance for the school nurses on the secondary level. Older children were more likely to have acquired immunity to the common "childhood" diseases.
- -Mental hygiene was recognized as a significant factor in adolescent health. "Emotional upsets that come in the form of unhappiness in love affairs, anxiety over poor grades, disappointments of various kinds, and sickness used as a means of escape from school difficulties are some of the most outstanding situations."

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EVOLUTION AND CLARIFICATION OF THE  
ROLE OF THE SCHOOL NURSE

- -During the 1930s, school nurses grappled with role confusion between identification with nursing or education. They also suffered from overextension of duties.
- -During the 1940s, although much of the world was at war, school health services were still very important. It was felt that maximizing the health of schoolchildren was a good investment in the future of the nation.

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HEALTHY LIVING

- -School administrators acknowledged the school nurse as an important member of the school team.
- -The school nurse's primary objective at that time was to promote healthful living.
- -Student health councils were formed by school nurses in their schools to promote healthy lifestyles.

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MEETING THE NEEDS OF STUDENTS WITH  
SPECIAL HEALTH CARE CONDITIONS

- -Schools have provided educational opportunities to children with chronic health conditions throughout the history of school nursing.
- -Available funding, personnel, and community resources determined the services provided. Children requiring direct nursing care were more likely to be sent to a residential school.
- -Generally, the school nurse was the liaison between parent, physician, and the school personnel, monitoring the child's condition, making referrals, providing follow-up care as needed, and assisting the family when possible.

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### THE MAKING OF A SCHOOL NURSE

- -Mid-century education changed from focusing only on the physical aspects of a child to recognizing the child as an entire being within the greater community.
- -The nurse working in this environment needed to have the best possible preparation to function effectively.
- -Throughout the history of school nursing practice, the lack of consistency in definition, qualification, and educational preparation has led to role confusion among nurses, their employers, and their clients.

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### TODAY

- -The impact of school nurses continues to be observable in the reduction of communicable disease, decreased absenteeism in school, and involvement of the school nurse in daily classroom health education.
- -School nurses recognize that their most valuable impact occurs in roles that support students' educational success: focus on reducing communicable disease, increasing attendance, providing direct and indirect care and health education.

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### SPECIALIZED PRACTICE

- -As nurses in the decades before them have done, today's school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning.
- -School nursing today is recognized as "a specialized practice of professional nursing that advances the well-being, academic success, and life-long achievement of students." (NASN 1999)

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