

THE PRINCIPAL AND THE SCHOOL NURSE: CONDITIONS AND CONCEPTUAL MODEL FOR BUILDING A SUCCESSFUL AND VITAL PROFESSIONAL RELATIONSHIP

Of the myriad responsibilities of the building principal, the most recognized and critical activity is overseeing and ensuring student success in the classroom. Considering the diverse population of professionals that building principals have under their supervision that directly impact students' classroom learning, the authors posit that a critical and unrecognized contributor to educational achievement and success is the school nurse. The vital importance of the school nurse's role in students' classroom success can be found in the U.S. Department of Health and Human Services fundamental statement, "health is a foundational aspect of children's ability to develop, learn, and thrive" in the classroom. Therefore, in cooperation with a building principal's leadership, the formation of a mutualistic, trusting, professional, and visible relationship with the school nurse is vital in laying a foundation for successful student learning outcomes. Furthermore, the importance and criticality of a successful principal-school nurse relationship is supported in the tenets, directly or indirectly, found in "Whole Child" research and the "Every Student Succeeds Act." Finally, this vital relationship is found to be even more crucial during this period of the COVID-19 pandemic.

Keywords: building administrator leadership, school nurse, academic achievement

The principal has the ultimate responsibility and accountability for the school (Wallace Foundation, 2013) and student educational success is the primary concern of administrators (Cisler & Bruce, 2013). The principal and classroom teachers together have the greatest influence on student educational success. In order to achieve and optimize student classroom success, the principal requires support beyond that provided by teachers and educational support staff. In other words, student success requires a multidisciplinary team. For example, student success in the classroom demands an array of professionals including teacher assistants, related service providers, library staff, and assistant administrators. But there is a key staff member who is imperative to the multidisciplinary team and is often overlooked—the school's registered nurse. Of all the employees who have direct roles in students' classroom success, the member that the principal has the least professional familiarity with and knowledge about is the school nurse (Davis, 2017). This lack of familiarity can create a supervisory challenge from which a natural relationship chasm

can form. This natural chasm can, in turn, negatively impact student performance and classroom outcomes. A lack of familiarity with nursing and the school nurse's role is largely due to the principal's professional background. They most likely were educators and progressed through the teaching ranks (Davis & Lynch, 2018). An additional factor driving this unfamiliarity is the principal's graduate and continuing education activities where little-to-no emphasis is placed on details of the school nurse's role, its importance to the learning environment, and strategies for professional collaboration. Now, facing the COVID-19 pandemic, the school nurse's role may no longer be relegated to a low-profile position in school operations. Given the need to understand the school nurse's role, Davis and Lynch (2018) posited that the principal's lack of familiarity and knowledge chasm can and must be bridged and the relationship optimized in order to maximize students' educational success.

It is the purpose of this paper to share the development and implementation of a simple working relationship model designed through the lens of the principal. The purpose is to create a collaborative relationship that prioritizes student health and readiness for classroom work under all manner of circumstances, meeting the health and safety needs of children and youth in ordinary circumstances and addressing health crises that prompt schools to use the nurse's expertise to plan a safe and effective learning environment.

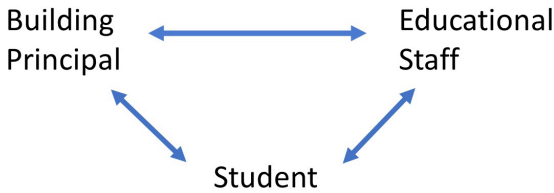
Building a Mutualistic Principal-School Nurse Relationship to Optimize Student Outcomes

The Principal

We accept that the principal is charged with the responsibility and accountability for all activities and outcomes associated with a school. These activities and outcomes are varied and diverse, but, by far, the primary responsibility is the educational achievement of students. Habegger (2008) contends that a principal's key responsibilities are creating and sustaining a high-achieving educational setting. Further, he identifies three essential elements for creating high-achieving learning environments: students, educational staff, and community. Similarly, The Wallace Foundation (2013) identifies five key responsibilities for principals: 1) shaping an academic vision for students; 2) creating an education-focused climate; 3) nurturing leadership growth in educational staff; 4) relentless commitment to instructional improvement; and 5) successful management of educational staff, processes and data. The commonalities between Habegger and The Wallace Foundation's criteria and those identified by Marzano, Waters, and McNulty (2005) are clear and demonstrate the primary, first-order triumvirate relationship model for primary and secondary educational settings comprised of the principal, educational staff, and students, illustrated in Figure 1.

Figure 1

First-Order Triumvirate Relationship Model in Primary and Secondary Educational Settings



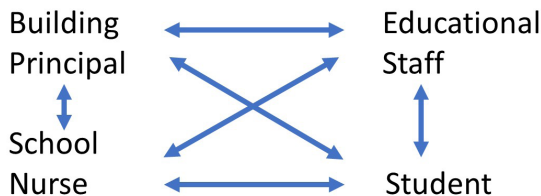
This first-order, triumvirate relationship model is not surprising and is likely the foundation on which the principal’s graduate and continuing-education programs are built (Davis & Lynch, 2018). However, missing from this triumvirate relationship is the role and importance that the school nurse has in fostering students’ academic success and achievement.

The School Nurse

According to the National Association of School Nurses (National Association of School Nurses, 2017), providing for and ensuring the overall health, safety, and well-being of students are the school nurses’ primary objectives. Thus, it is not surprising that successful student performance in the classroom has dependencies beyond those that are identified by the triumvirate, Figure 1. In particular, the absent but pivotal player that needs to be added to the triumvirate is the school nurse. Adding the school nurse forms a new model, i.e., a first-order tetrad model of stakeholders, Figure 2.

Figure 2

First-order Tetrad Relationship Model for Primary and Secondary Educational Settings



It is this tetrad’s daily activities that are key drivers for student success in the classroom and beyond. The identification and addition of the school nurse as a key stakeholder in student academic achievement is grounded in the U.S. Department of Health and Human Services’ (USD-

HHS, n.d) position that the school nurse plays a critical role in students' classroom success. In particular, USDHHS states that "health is a foundational aspect of children's ability to develop, learn, and thrive in the classroom" (p. 1). Furthermore, contemporary education models such as the Whole Child (2012; 2015) research, National Association of School Nurses (2016), and the Every Student Succeeds Act (2018) embraces and acknowledges the school nurse's role in positively impacting student success by clearly arguing that good physical and mental health are integral components to successful learning outcomes. In particular, the Whole Child initiative explicitly calls out as key tenets the importance and criticality that physical and mental health plays in students' classroom success. For instance, the Whole Child initiative posits that students who have access to regular physical and mental health services have fewer absences, are more social, less likely to participate in risky behaviors, have improved focus, and higher test scores. With the school nurse's integral role on the school's educational leadership team to enhance student learning well established, let's examine some specific examples of physical and mental health services they provide to impact classroom successes:

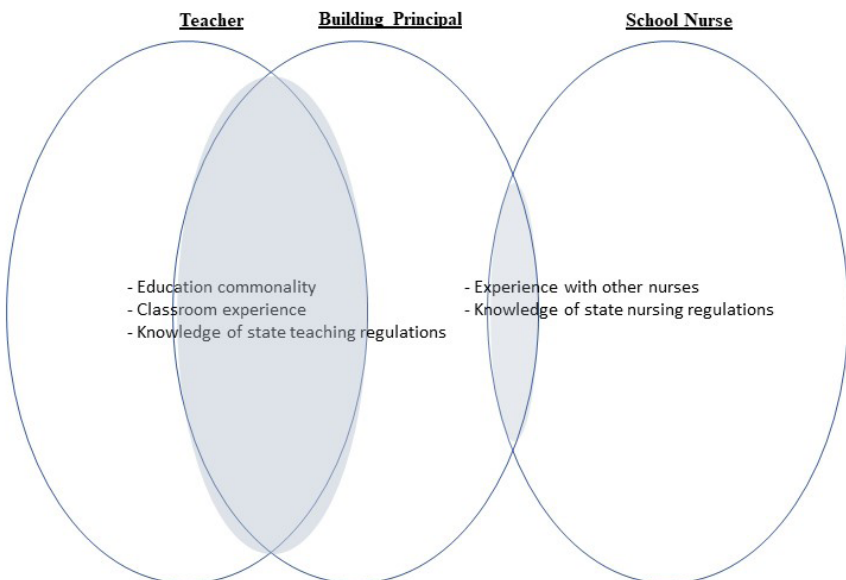
- 1) Administering required medications, as prescribed by primary care providers and specialists, to manage chronic diseases such as asthma, attention-deficit hyperactivity disorder (ADHD), and diabetes.
- 2) Addressing the spectrum of emergent health issues, from scrapes to broken bones or a presentation of strep throat.
- 3) Administering visual acuity and hearing exams and making referrals as necessary to ensure students' physical capacities are optimized.
- 4) Collaborating with teachers and social workers to address new or continuing harmful or self-destructive behaviors and make referrals as necessary to ensure students' emotional and mental health are optimized.
- 5) Creating a climate of health and safety that addresses from a healthcare perspective important issues such as chronic absenteeism, bullying and harassment.
- 6) Collaborating with community healthcare organizations, e.g., hospitals, to provide education to students and parents/guardians about physical transformation, such as puberty, so that students are knowledgeable and grounded with scientific facts to understand both physical and emotional changes they may be experiencing.
- 7) Acting as an educator and resource for parents/guardians about "all things health related" for their child. This can be an overlooked role and responsibility and one that school nurses must embrace in order to optimize the student success in and out of the classroom. For example: 1) educating and preparing female students and their parents/guardians for menarche, including eliminating the percep-

tion that it is necessary to keep her home during this or future occurrences; 2) educating and being a resource for students and their parents/guardians to address the topic of nocturnal emissions, most commonly associated with early adolescent males; and 3) as part of a healthcare team, being the spokesperson to parents/guardians seeking cognitive behavioral therapy for their child who is experiencing emotional distress.

Being a healthcare educator and resource is an especially important part of school nurses' responsibilities during the current COVID-19 pandemic. For example, one of the primary responsibilities and expectations of professional nurses is to take complicated and difficult medical practices, procedures, protocols, and action plans and clearly, succinctly, and with compassion, empathy and patience, communicate vital and necessary information to their targeted patient-audience. For school nurses the audience is students and their families. As an example, during the COVID-19 pandemic, school nurses will take information and guidance from expert sources such as The Centers for Disease Control, their state's and county's Departments of Health and use their medical acumen to help families and students navigate their district's health policies, protocols, and re-entry plans.

Figure 3

Venn Diagram Illustrating a Qualitative View of Commonality, e.g., Regarding Education, Professional Experience and Licensure Regulation for Teachers and Nurses with the Building Principal (Davis, 2017).



Principal-School Nurse Relationship

As identified earlier the principal and school nurse's professional collaboration often possesses the greatest disconnect among those who impact classroom success (Davis, 2017). Historically, an important source contributing to this professional chasm between the principal and school nurse has been qualitatively defined by Davis (2017) and is illustrated in Figure 3.

The Venn diagram illustrates the professional activity and commonality in responsibility between three key stakeholders who directly impact student readiness for educational success and achievement in the school's milieu (i.e., principals, teachers, and school nurses). The strength of this commonality between principals and teachers may be expected. The lack of commonality between principals and school nurses is equally clear. Because of professional history and the laws that govern their roles and responsibilities, principals and teachers share a high degree of commonality and knowledge in terms of their scopes of practice.

However, school nurses operate under separate and disparate practice laws and guidelines. These separate and disparate practice laws and guidelines are a source for a lack of knowledge and understanding about the roles and responsibilities of school nurses to all but the most motivated and inquisitive principals. Thus, it is not surprising to find that many principals have little, if any, familiarity with school nurses' scope of practice and health-office operations and, as a result, the day-to-day activities and longer-term impact these front-line healthcare providers play on student classroom success and achievement. This lack of familiarity can lead not only to poorer student outcomes but also workplace conflict. For example, one of the school nurse's responsibilities is to review immunization records and inform the administrator of students who are out of compliance and require intervention. Depending upon school and state policies, this intervention can include the possibility of students' exclusion from educational settings. Although a principal may be reluctant to exclude students from school because of immunization compliance shortcomings, the school nurse understands the greater negative health consequences to immunocompromised students and staff that can exist when a non-immunized (without acceptable justification) student is allowed to enter and remain in an educational setting. The reluctance to exclude students may also be present during the current COVID-19 pandemic, especially if clear and succinct protocols grounded in medical science aren't developed. Thus, the current health challenge is another example where a school nurses' unique expertise and knowledge is important, and they must have a seat at the decision-making table, especially given the potential significance that a school and its classrooms, gymnasiums, libraries, and cafeterias present as ideal, super-spreader settings.

There are other factors that can contribute to the chasm between the principal and school nurse, resulting in negative impacts on class-

room achievement and success. These include the existing training and preparation practices of principals (Vanderbilt University, 2018; University of Wisconsin-Madison, 2018; Harvard University, 2018; Michigan State University, 2018; Teachers College, Columbia University; Duchesne County BOCES, 2018) as well as historical and contemporaneous topics commonly found (or not found) in the principal literature (Habegger, 2008; The Wallace Foundation, 2013; Lynch, 2018). For example, noticeably absent in many principals' education, training, and research literature are relationship models to guide effective and meaningful interactions with school nurses. Furthermore, simple acknowledgement of the school nurse's unique expertise, role and responsibilities in the educational milieu; and role in student classroom success is lacking. Without relationship models and recognition and acknowledgement, the interactional chasm that can form between the principal and school nurse may lead to decreased desired outcomes for students in the classroom. So how is the conflict addressed and the chasm successfully traversed?

The School Nurse as a Key Team Member for Improving Student Achievement and Classroom Outcomes: A New Model for Nurse Engagement

Although the principal-school nurse relationship is posited to be the most complex in the building (Davis, 2017), and has the highest potential for having a natural chasm form within the school milieu, these challenges can nonetheless be successfully bridged and resolved in order to optimize student academic outcomes. In particular, critical to bridging and resolving this natural chasm is the formation and sustaining of a mutually professional and respectful relationship between the principal and the school nurse. One important element in overcoming these challenges and improving student achievement and classroom outcomes occurs when school nurses are recognized not only for their unique, day-to-day roles and expertise but are engaged as part of the leadership team that makes both tactical and longer-term strategic educational practices, policies, and decisions.

However, based on the anecdotal evidence of the principal-school nurse relationship, in order to begin bridging this potential chasm, an effective and efficient school nurse does not sit idly and wait to initiate student health actions based on a supervisor's recommendations or for an explicit invitation to the educational leadership table. Thus, if the foundational elements for forming a professional and respectful bridge between the principal and school nurse are absent, and the former does not initiate steps toward thoughtful collaboration, the effective and efficient school nurse begins laying the basic structure. For instance, the school nurse would meet with the principal to succinctly identify their unique role and responsibilities and inquire about the latter's expectations for the

health office and preferred method of communication for receiving updates. In addition, the school nurse would share evidence on the role that physical and mental health plays in classrooms and academic success and, hence, the importance of the school nurse and health office (U.S. Department of Health and Human Services, n.d.; Whole Child, 2012; 2015; Every Student Succeeds Act, 2018; & Kelley, 1994). Furthermore, the school nurse recognizes their dependencies on other building professionals and staff. Therefore, they form and sustain important collaborations with other employees—e.g., teachers, teacher’s aides, support-service staff, and food-service and custodial workers—in order to have a successful health office (Davis, 2017; Davis & Lynch, 2018). These practices are supported by Kocoglu and Emiroglu (2017) who found that school nurses were important, positive contributors to students’ academic success and hence classroom performance. Especially during this unprecedented time of COVID-19, school nurses must contribute medically, scientifically sound recommendations and best practices appropriate for their individual and unique educational settings. Such recommendations and best practices need to address specific plans of action for classrooms, gymnasiums, libraries, hallways, visitor protocols, cafeterias, transportation, and custodial services.

In an ideal environment where a school nurse can have maximum impact, several fundamental elements must be present. These fundamental elements include:

- 1) the school nurse recognizes and embraces their diverse roles and responsibilities. These roles and responsibilities include being the school’s healthcare expert as a knowledge worker (Drucker, 1957);
- 2) an advocate for an environment that supports students’ day-to-day and long-term physical and mental health and safety. This advocacy and expertise not only includes first-order school health activities such as providing daily medications to manage chronic conditions like diabetes but can include parent/guardian education, such as communicating the importance of a spacer in the delivery of a fast-acting rescue inhaler medication for asthma or good, universal hygiene practices to prevent the occurrence or spread of COVID-19;
- 3) the school nurse must be the expert and openly share their knowledge regarding school related healthcare laws and guidelines as determined at the local, state, and where appropriate, federal level and disseminate that information as necessary to principals and parents/guardians. For example, an appropriately licensed medical professional, a registered nurse, only administers medications or must advocate a student with a disability cannot be excluded from field trips because it is convenient;
- 4) a principal that is a democratic leader (Lewin, Lippett, & White,

1939). As a democratic leader, principals recognize that they are not the most knowledgeable individuals in the building and the myriad activities that occur in the school milieu, in particular in the area of healthcare, and therefore welcomes and invites the school nurse's input;

- 5) a principal that is a divergent thinker. As a divergent thinker, this unique principal is confident to stray from educational conventional wisdom and judiciously tries leading-edge practices to enhance student success. For instance, they embrace the important role school nurses play in preparing all students for classroom success and welcome them to the educational leadership table.

Springboarding from Kocoglu's and Emiroglu's (2017) research, the importance of health and well-being for students' success in the classroom is best summed up by the 16th Surgeon General of the United States, Dr. Jocelyn Elders "I feel that we can't educate children who are not healthy, and we can't keep them healthy if they're not educated" (Kelley, 1994, p. 1). Furthermore, according to Kelley "...there has to be a marriage between health and education," (1994, p. 1). Therefore, the school nurse must not only be the primary care provider for students but also an integral and active member of a school's educational leadership team. Specific anecdotal examples where a school nurse plays an integral role in the delivery of daily care as well as a member of the school's leadership team where students' classroom success is optimized include:

- 1) Taking the lead in developing a collaboration with the school's food services team to ensure all students have a balanced, nutritious breakfast and lunch available. This collaboration may extend into defining a strategy that seeks and secures funding at the state and national level to reduce or eliminate meal costs to students.
- 2) Taking the lead in developing a collaboration with the school's custodial staff to create strategies that ensure the health office and school rooms are appropriately clean, healthy, and safe. For example, ensuring common touch surfaces (e.g., desk surfaces and doorknobs) are properly cleaned and free from sharp edges.
- 3) Educating parents/guardians about "best practices" for an ill student and illness prevention practices. For example, when a student has gastrointestinal distress, they are expected to be fever/vomiting/diarrhea free for 24 hours prior to returning to the classroom. Furthermore, the school nurse would provide education to parents/guardians regarding hydration and how to return to the student's common diet.
- 4) Collaborating with support services staff, such as licensed clinical social workers, to meet the acute mental health needs of students in an emotional crisis while in parallel, engaging parents/guardians

regarding the creation of a longer-term strategy for meeting their child's needs, such as facilitating out-of-school counseling.

- 5) Taking the lead in developing a collaboration with teachers to develop a caring, compassionate, and meaningful strategy to manage the health office "frequent flier."
- 6) Providing acute and chronic care within the nurse's scope of practice to health office visitors. For example, assessing a student's painful sore throat or administering daily medication as prescribed by a healthcare provider for a diagnosis of ADHD, respectively.
- 7) Taking the lead in reviewing immunization records and identifying students out of compliance and requiring intervention, ultimately including the possibility of their exclusion from the educational setting depending on school and state policies. Although a principal may be reluctant to exclude students from school because of immunization compliance shortcomings, the school nurse understands the greater negative health consequences that exists by permitting a non-immunized student to enter and remain in the educational setting. In particular, the school nurse appreciates the potential for serious harm that non-compliant students can present to themselves and immunocompromised and at-risk students and staff. This example is immediately imperative and concerning as the American Academy of Pediatrics (2018), Pulcini, et al. (2017) and Price, et al. (2013) identify that many chronic diseases are increasing in the school milieu.
- 8) Collaborating with school leadership to develop and implement COVID-19 protocols, procedures and best practices.

Principal-School Nurse Relationship Model

The creation of a successful principal-school nurse relationship that includes providing a place at the educational leadership table for the school's healthcare professional will facilitate and contribute to student classroom success. However, in order for this important relationship to form and be sustained a functioning and application-oriented working model was developed. In the model's development, based on the authors' myriad expertise and experiences, six key elements are considered. These six key elements are:

- 1) A proactive school nurse that advocates for and delivers acute and long-term healthcare services to students.
- 2) Recognition of the seminal work of Drucker (1957) regarding knowledge work and the knowledge worker and recognition that school nurses are in this category.

- 3) Understanding the seminal work on basic leadership styles (i.e., laissez-faire, democratic, and coercive/authoritarian) by Lewin, Lippitt, & White (1939) summarized in Table 1.
- 4) Acknowledgement and respect by the principal of the unique skills, expertise, roles, responsibilities, and state mandated guidelines that the school nurse operates under to optimize student achievement and outcomes.
- 5) Acknowledgement by the school nurse of the skills, expertise, role, responsibilities and state mandated guidelines unique to the principal to optimize student achievement and outcomes including their positional authority within the building.
- 6) The importance and value of bilateral, open communication, both verbal and written, on a timely basis, between the principal and school nurse.

Table 1

Leadership Styles and Their Characteristics Simply Defined (Lewin et al., 1939 & Nelson, D., & Quick, J., 2015)

Leadership Style	Characteristics
Laissez-Faire	Leader is hands off and lets others make decisions
Democratic	Leader involves his/her team in decision making.
Coercive	Autocratic

Let's explore some of these six elements in more detail. School nurses must be professionally proactive, being a constant advocate for students' physical and mental health, tactically and strategically. These healthcare delivery activities must span the spectrum from day-to-day, singular maintenance actions for individual students to advocating for a presence at the educational leadership table where longer range, strategic student educational decisions are made. This foundational element is grounded in Drucker's Landmarks of Tomorrow (Drucker, 1957) where he forwarded the concept of knowledge work and the knowledge worker, two constructs that were developed in the nascent evolution of traditional corporate management to yield high-performance outcomes. Although founded in the corporate setting, Drucker's constructs are nonetheless directly applicable to the principal-school nurse relationship in the educational environment. For example, knowledge work activities are beyond simple tasks that require basic rote memory and repetitious actions. Knowledge work requires critical thinking and application of learned skills, theories, concepts, and purposeful experiences by a unique individual, in this case, the school nurse. Based on the traditional path that many individu-

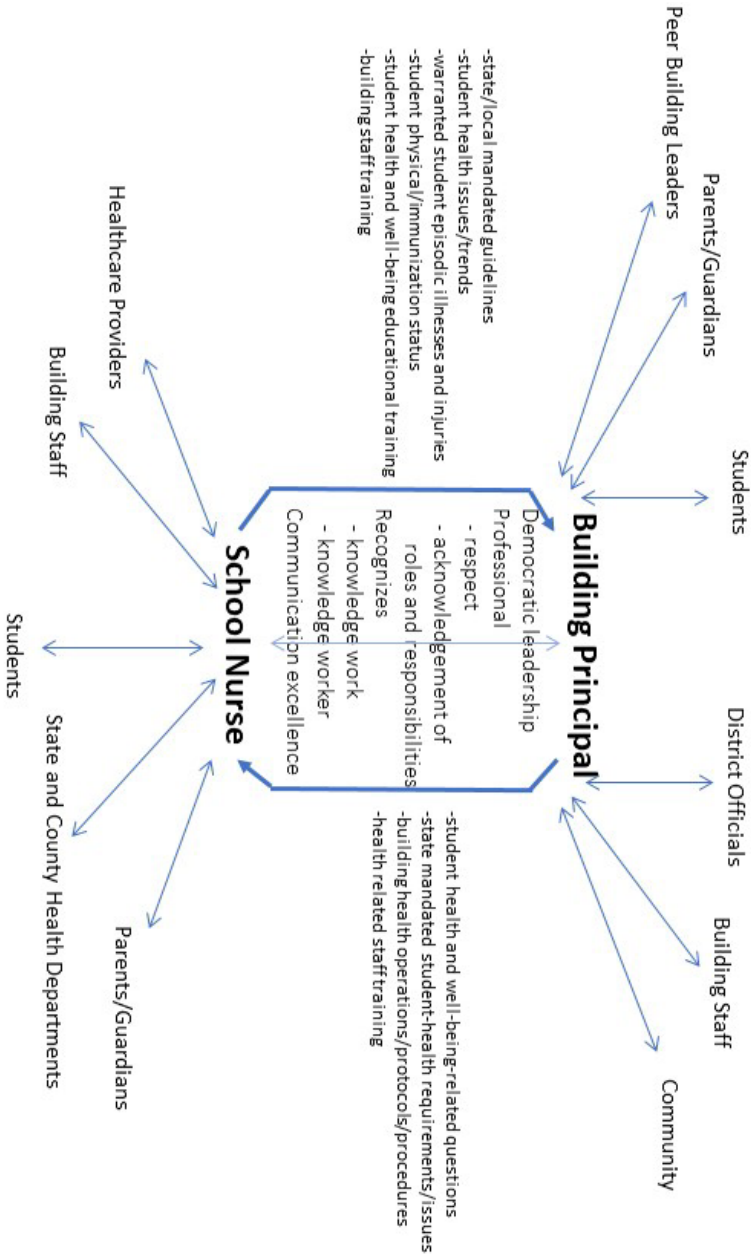
als commonly follow to school principal positions, it is not unexpected to think healthcare knowledge is outside their expertise, background, education and training. Furthermore, merging Lewin's, Lippitt's and White's (1939) seminal investigations and definition of basic leadership styles into the contemporaneous knowledge-worker environment found in a school setting, the democratic leader is the preferred model for the principal to adopt (Davis, 2017). The democratic leader recognizes their experience and knowledge limitations and invites other experts to the table to share their expertise. Finally, a trusting, respectful relationship that mutually acknowledges the needs, expertise, and unique talents that the principal and school nurse possess is paramount.

The importance of this trusting, respectful relationship in a knowledge-work environment is best captured by Wartzman (2014), who identifies that the executive, in this case the principal, is not the most knowledgeable and expert individual in the myriad activities that occur in the school milieu. That is, the principal must rely on their team of experts or knowledge workers to facilitate and foster student success. And for student health related matters and concerns, the school nurse is the expert. Thus, to optimize student outcomes, a professional relationship between the principal and school nurse that is based on trust, mutual respect, and an understanding about each other's roles, responsibilities, and needs must exist. Figure 4 shows the high-performance principal-school nurse relationship model constructed using the aforementioned elements.

In Figure 4, the authors capture the school nurses' roles and responsibilities, extend Drucker's (1957) seminal work by breaking the traditional subordinate-superior relationship paradigm between the principal and school nurse, respectively, while simultaneously incorporating Lewin's, Lippitt's, and White's (1939) construct to justify healthcare providers' place at the educational leadership table in order to optimally prepare them for classroom activities. Although the model shows specific responsibilities and expectations to build a high-performance relationship between the principal and school nurse that will aid in optimizing students' readiness for the classroom, the authors acknowledge that, in actuality, a continuum of competency levels exist from school to school. Therefore, the model must be adjusted for each individual setting and be flexible enough to account for a principal and school nurse's specific knowledge, skills and expertise. Furthermore, the model's flexibility reflects its ability to adjust to the specific needs and expectations required to address the challenges presented to schools as a result of the COVID-19 pandemic.

Figure 4

High-performance professional interaction model for Building Principal and School Nurse to optimize student health, wellbeing, safety and achievement (Davis, 2017).



Conclusion

Although there is a significant disparity in roles, responsibilities, education, training, and expertise between the principal and school nurse, these differences must not serve as obstacles to ensuring the short- and long-term health, safety, and well-being of students. These health and safety tenets are key to preparing students for success in the classroom. We argue that the principal's leadership lays the foundation for creating a respectful, synergistic relationship with the school nurse. However, responsibility for relationship building does not lie solely with the principal. As a professional, the school nurse must also take responsibility for relationship building and be proactive in initiating activities that ensure the greatest opportunity for this vitally important professional collaboration to occur. In addition, a model to support this vital and critical relationship is developed and illustrated, a model that is sufficiently flexible to meet the needs of myriad school settings and situations. School nurses must also have the opportunity to possess a relationship with other school leaders by having a place at the educational leadership table. Forming and maintaining this desirable and beneficial relationship and having a presence at the leadership table leads to more holistic solutions and positive academic outcomes. For example, a mutualistic principal and school nurse relationship, along with the latter having a seat at the educational leadership table, ensures students' health is a foremost concern in decision making, enhancing their readiness to be successful in the classroom. The importance of this relationship and having a seat at the educational leadership table is magnified during the current COVID-19 pandemic.

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