

Delegation Experiences with Unlicensed Personnel by Illinois School Nurses:

Qualitative Phenomenological Study

by

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## Abstract

Delegation of nursing tasks to licensed personnel is commonplace in nursing practice. Problems arise when school nurses delegate nursing tasks to unlicensed school personnel. There is a lack of clarity and empirical data regarding what school nurses' real-life experiences are related to the delegation of nursing tasks to unlicensed school personnel. The aim of this study was to explore if nurses in the school setting have adequate knowledge of the accountability, responsibility, and requirements when delegating nursing tasks to unlicensed school personnel, according to the Illinois Nurse Practice Act (2019). A qualitative phenomenological approach was used to collect data from 15 Illinois school nurses who had experience with the delegation of nursing tasks in public elementary and high schools. The research questions used to guide the study were designed to explore the perspectives of school nurse experience, perceptions, and knowledge regarding responsibility, accountability, and appropriateness of delegation of nursing tasks to unlicensed school personnel. Analysis of the results revealed all of the participants had current or previous experience with delegation in the school setting. More than half of the respondents lacked knowledge of the specifics in the Illinois Nurse Practice Act regarding the delegation of nursing tasks to unlicensed school personnel. School administrators and school nurse leaders can use the results of the study to make decisions about alternative health service delivery methods in the absence of the school nurse as well as school nurse professional development. Transferability of results to others is possible when similar practice protocols are evident.

*Keywords:* Certified school nurse, delegation, Illinois Nurse Practice Act, medically complex, nursing practice, unlicensed school personnel, nursing tasks.

## Dedication

I would like to dedicate this work, first and foremost, to my Lord and Savior Jesus Christ. He provided the vision and provision. He blessed me to keep going when I wanted to give up. I am forever blessed because of His grace and mercy. I would like to dedicate this to my wonderful parents, Cusbord and Louise James. They now rest in heaven, but their love and discipline gave me the confidence to know I could become whoever I wanted to become. I stand on their shoulders. I also want to dedicate this work to my cousin George F. James who has been more of a big brother than a cousin. You always asked me how it was going, and you call me "Dr. Baby Sister." I love you with all my heart. Next, I would like to dedicate this to my mentor and sister in Christ, Dr. Lucy Willis. Thank you for your encouragement and your wisdom. I bless God for allowing you to guide me. Last but certainly not least, my family. My oldest son Jonathan Waterford, thanks for believing in me and pushing me forward. My youngest son, Sidney T. Benson Jr., thanks for calling me "Dr. Momma" and telling me how proud you are of me. Thank you to my wonderful grandson Noah Lopez Waterford; you call me "Dr. Nana," and you fill my heart. And of course, my wonderful, loving, patient, sexy husband, Sidney T. Benson Sr. Thank you for the neck rubs when I had been on the computer for 12 hours. Thanks for the glasses of sugar-free Kool-Aid; thanks for the times you wanted me to be with you, but you did not pressure me. Thanks for the times you said, "keep going, it will be over soon." I love you, and my world would be empty without you. Thank you for never giving up.

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## **Chapter 1: Introduction**

Nursing is one of the largest health care occupations, with a projected growth above 26% by the year 2020 (Anderson & Morgan, 2017; Fleming & Willgerodt, 2017). Nursing's primary role is to assess and provide care to individuals challenged by illness, disease, and trauma (Khomami & Rustomfram, 2019; Walker, Clendon, & Nelson, 2015). Nursing responsibilities include healing the sick, preventing illness, promoting health and wellness, and educating patients and future nurses (Anderson, Schaffer, Hiltz, O'Leary, Luehr, & Yoney, 2018; Baker, Hebbeler, Davis-Alldritt, Anderson, & Knauer, 2015; Houlahan, 2018). Collaborating with other healthcare providers, serving on multi-disciplinary teams, and setting policies to advance the profession are included in the nurse's role (Dubree, Kapu, Terrell, Pichert, Cooper, & Hickson, 2017). Nursing care can be provided throughout the community, including hospitals, clinics, homes, and public schools (Anderson et al., 2018).

This qualitative study was conducted to explore the perception Illinois school nurses have regarding experience with the concept of delegation of nursing tasks to unlicensed school personnel in the Illinois public school system, including elementary and high schools. Delegation as a nursing leadership function is an integral part of nursing education and a professional expectation (Krepia, Katsaragarkis, Kaitelidou, & Prezarakos, 2018). In nursing practice, delegation transfers authority to carry out a task to another person while remaining responsible and accountable for the task's outcome (Lineberry, Whitney, & Noland, 2018; Miller, 2018; Taylor, 2015).

School nursing is a specialty of nursing requiring additional training and credentialing for the classification of a Certified School Nurse (National Association of School Nurses, 2016). School nurses are faced with challenges regarding the delivery of health care in the school

setting, which leads to the use of alternative delivery methods in the absence of the nurse. An alternative delivery system is delegation. Delegation becomes problematic when performed in an unsafe and inappropriate manner (Meiring, 2016). Included in the chapter are the background of the study, statement of the problem, purpose, and significance of the study, research questions that guide the study, the theoretical framework, definitions, assumptions, limitations, delimitations, and the chapter summary.

The Illinois Nurse Practice Act (2019) allows nurses to train unlicensed school personnel to carry out nursing care activities and duties when the nurse is not present at the school. A school administrator is allowed to identify the unlicensed person in collaboration with the school nurse, who assesses the competency and capacity of the person to understand the instruction before receiving the delegation. Once a nursing task is delegated, the school nurse remains responsible and accountable for the outcome of the performance of the task. Nursing research provides data explaining the use of delegation in traditional health care settings (Vollinger, Bergren, & Belmonte-Mann, 2011). A more thorough examination of how nurses view delegation occurring outside the traditional health care environment is needed and was explored in the study to supplement the literature gap, according to Vollinger et al. (2011).

### **Background of the Study/Problem**

School nursing practice has expanded since the inception early in the twentieth century (Houlahan, 2018; Willgerodt, Brock, & Maughan, 2018). The increasing number of children with complex health conditions has resulted in additional workload challenges for school nurses, especially when there is no full-time nurse daily (McIntosh, Thomas, & Maughan, 2015). The role expansion has led to the school nurses' need to delegate nursing responsibilities to unlicensed school personnel (Vollinger et al., 2011) Information found in the review of nursing

literature includes the complexities of school nurse practice. Challenges and barriers are faced daily by nurses, parents, teachers, and administrators in ensuring the delivery of complex health care services in the school setting (Jameson, Engelke, Anderson, Endsley, & Maughan, 2018). An array of explanations and rationales for the school health delivery models being utilized in school settings, including economic, political, and legal influences, is presented (Searing & Guenette, 2016). Many of the challenges identified have led to the need for an increase in the nursing delegation to unlicensed school personnel and subsequently, an increase in concerns regarding student safety (Hughes, Kirk, & Dixon, 2017; McIntosh et al., 2015; Miller, 2018).

### **Statement of the Problem**

The problem was a lack of clarity regarding the understanding nurses in the school setting have of the accountability and responsibility required to appropriately delegate nursing tasks (Lineberry et al., 2018) according to the Illinois Nurse Practice Act (2019). The Act was revised in January of 2018. Recommended changes included, school nurses can delegate nursing tasks to unlicensed school personnel when the nurse believes the unlicensed person is competent to safely perform the task (Illinois Nurse Practice Act, 2019). Tasks to be delegated include medication administration and emergency care management (Lineberry et al., 2018). Nurses delegating nursing tasks to other licensed nurses are common in traditional health care settings (Meiring, 2016; Vollinger et al., 2011). Delegation becomes problematic and dangerous when performed in an unsafe and inappropriate manner, which is the concern reported by some school nurses found in the nursing literature (Lineberry et al., 2018; Meiring, 2016).

The challenges arising from mistakes made in a traditional environment when nurses delegate to other nurses can be managed by organizational policies and procedures. Further investigation is needed to examine delegation from a nurse to an unlicensed school staff member



as an alternative health delivery system. The gap the literature does not address is a description of the experiences school nurses have (Vollinger et al., 2011) with delegation in the school setting and an exploration of the understanding of delegation requirements (Lineberry et al., 2018).

A qualitative study conducted by Lineberry et al. (2018) explored school nursing in Kentucky to elicit school nurses' perceptions. The study defined the role of school nurses in Kentucky, explored the effect nurses have on students, examined the challenges school nurses faced, including delegation, as well as explored the effects legislation and reduction in funding had on nursing services (Lineberry et al., 2018). The recommendation made by the researchers suggested further investigation of the effects of delegation in the school setting would be needed in Kentucky and across the nation (Lineberry et al., 2018).

### **Purpose of the Study**

The purpose of the qualitative phenomenological study was to explore the lived experiences Illinois school nurses have related to the delegation of nursing tasks to unlicensed school personnel. According to the Illinois Nurse Practice Act (2019), a licensed nurse has the option of delegating a nursing task to an unlicensed individual in the school setting. The nurse is required to provide training to the unlicensed person and determine if the person is capable and competent to carry out the task. According to the Practice Act (2019), the nurse remains accountable and responsible for the outcome of the task performed (Illinois Nurse Practice Act, 2019). The increasing number of children with complex health conditions within the public school system has resulted in additional workload challenges for school nurses, especially when there is no full-time nurse in the school daily (Hughes, 2017; Hughes et al., 2017; Lineberry et al., 2018). Many medically fragile students require daily nursing services during school hours to

remain in school (Lineberry et al., 2018). An additional study was needed to inform and guide a discussion among Illinois school nurses, school nurse leaders, school administrators, and unlicensed school personnel.

School nurses provide population-focused health care within the school setting. Many times the school nurse is responsible for managing health care in multiple schools, which may require utilizing the help of other staff members. In most cases, the staff members are not licensed medical professionals. The study provides an exploration of the personal experiences school nurses have when delegating care to unlicensed staff members and the challenges inherent in the delegation experiences. The results of the qualitative phenomenological study provided an in-depth data collection of real-life experiences with the delegation in both elementary and high schools in Illinois (Lineberry et al., 2018). Results of the study can also be used to guide decisions related to school budgets and health policies.

### **Significance of the Study**

In the school setting, students with medical diagnoses such as asthma, diabetes, food allergies, seizures, and other significant health challenges often require nursing services on a frequent or daily basis (Anderson et al., 2018; Baker et al., 2015). When the school nurse is unavailable to attend to the students' needs, the care is likely delegated to an unlicensed school staff person (Lineberry et al., 2018). The ultimate responsibility remains with the school administrator, who is likely to designate someone the nurse needs to train (Bohnenkamp, Stephan, & Bobo, 2015). The data from the study is beneficial for school administrators, school nurse leaders, school nurses, parents, and school district leadership when making policy decisions concerning staffing of school nurses and workload responsibilities. The gap in the literature has been addressed with the exploration of real-life experiences of school nurses who

have delegated nursing tasks to unlicensed school personnel. Determination of the need for additional protocols and policies regarding nursing delegation can be made based on the exploration of authentic data and experiences. The results of the present study add to the body of knowledge related to the delegation of nursing tasks in Illinois public schools.

School nurses are expected to be pediatric experts, clinically competent, and knowledgeable regarding educational laws and standards about students with disabilities and chronic complex health conditions (Bohnenkamp et al., 2015). More than 100,000 nurses provide health care for 50 million students in schools throughout the United States (Jameson et al., 2018; Maughan, 2018; U.S. Bureau of Labor Statistics, 2016; Yonkaitis, 2018). The absence of nurses in the school where daily nursing care is needed leads to the need for delegation of nursing care to a staff person in the school (Vollinger, 2011).

State and federal mandates have guidelines that require public schools to provide students with disabilities, including complex medical conditions, any necessary accommodations to ensure academic access (Becker & Maughan, 2017). The most significant federal mandates are outlined by the Rehabilitation Act of 1973 (U.S. Department of Education, 2004), or the Individuals with Disabilities Education Act (2004). The school nurse's role is crucial in the process of determining whether the student qualifies for special services or accommodations under either plan (Becker & Maughan, 2017). Nursing tasks include medication administration, first aid, and assessment of health status. The school nurse performs a health assessment, gathers relevant health records, and interprets the significance as part of the overall academic evaluation (National Association of School Nurses, 2016). Once the school nurse has determined the student's plan of care, the health care delivery model is determined and may include delegation. The decisions about what care is needed and who is to provide the care becomes a significant

concern of multiple stakeholders, such as the parents, teachers, students, school administrators, school nurses, and school nurse leaders as well as school district officials (Lineberry & Ickes, 2015).

### **Research Questions**

The development of reflective research questions serves as a guide to the concept of inquiry in a research study. The questions in the current qualitative study were designed to explore the perceptions of school nurses in Illinois who work in public school districts. The research questions focused on the concept of delegation of nursing tasks to unlicensed school personnel in the school setting.

Research Question One: What are the experiences of Illinois school nurses in delegating nursing tasks to unlicensed school personnel in the school setting?

Research Question Two: What perceptions do Illinois school nurses have regarding the effect of the 2018 changes to the Illinois Nurse Practice Act on daily nursing practice?

Research Question Three: What knowledge do Illinois school nurses have regarding the responsibility, accountability, and appropriateness of delegation of nursing tasks to the unlicensed school personnel in the school setting?

### **Theoretical Framework**

Transformational leadership was described by James Burns (1978) as a leadership style which motivates and inspires a change in attitudes and beliefs of the follower to a higher level of thinking and performance (Anderson & Morgan, 2017). Burns initially developed the concept of transformational leaders as applied to political leaders in war and later applied it to organizations (Krepia et al., 2018). The concept of transformational leadership is crucial for the successful establishment of the school nurse's relationship with unlicensed school personnel since a key

component of the relationship needs to be trust (Lineberry et al., 2018). The transformational leadership model includes appropriate constructs for use when the school nurse is planning to instruct and delegate nursing tasks to the unlicensed school staff (Lineberry et al., 2018; Thusini & Mingay, 2019). Allen, Grigsby, and Peters (2015) provided an overview of the critical elements of transformational leadership.

The exemplary transformational leader models the desired behavior and demonstrates open communication which inspires, encourages, and empowers others to be better (Clavelle & Prado-Inzerillo, 2018). Followers become aware of the organization's and leaders' vision and goals, seeking to surpass the expectations when motivated and inspired by a transformational leader (Krepia et al., 2018). The building of leadership skill development for the school nurse becomes a critical component to ensuring appropriate delegation in the non-traditional health setting (Orchard, Sonibare, Morse, Collins, & Al-Hamad, 2017).

### **Definitions of Terms**

The definition of the terms listed serves to facilitate collective understanding and clarification. Although the terms are common, the proposed study is specific to a subspecialty of nursing and requires the reader to have an understanding of the distinction of the terms as applied to the research. The definitions provide meaningful limits to ensure understanding of the scope of the proposed qualitative phenomenological study.

***Certified School Nurse:*** A registered professional nurse who has a baccalaureate degree from an accredited college or university who has been licensed by the state or county and has been issued a teacher certificate from the state school board (National Association of School Nurses, 2016).

**Delegation:** Authorizing another individual to perform a task usually done by oneself while retaining responsibility and accountability for the outcome of the task performed (Miller, 2018). Allowing the person receiving delegation to perform a task not normally in the role and which is typically performed by a nurse (National Council of State Boards of Nursing, 2016)

**Illinois Nurse Practice Act:** A set of rules, regulations, guidelines, and laws, which includes the standards of practice, which nurses in the state are required to abide by and provides oversight from a board of nurses. The act has specific definitions, titles, and standards, which effectively guide the nursing practice of all nurses in the state (Russell, 2012).

**Medically Complex:** a health condition involving multiple body systems, which are malfunctioning and potentially life-threatening, requiring specialized nursing care (McClanahan & Weismuller, 2015).

**Nursing Practice:** The provision of direct physical care to individuals with health needs such as an injury, illness, or trauma, by a health professional holding a state-issued nursing license and having education and training to perform care (Willgerodt, Brock, & Maughan, 2018).

**Nursing Tasks:** Any activity which requires specific training, education, and judgment, which has been acquired by a licensed individual (Illinois Nurse Practice Act, 2018).

**Unlicensed School Personnel:** School employees who have been delegated the task of providing nursing care to students in the absence of the school nurse (Darnell, Hager, & Loprinzi, 2019).

### **Assumptions**

In research, assumptions are elements of the study not completely under the control of the investigator, and if not included, could make the study irrelevant (Jobin & Turale, 2019). Several

key assumptions were made for the qualitative phenomenological study. The first assumption was participants were presumed to have honestly answered the selection criteria questions regarding the possession of an active Illinois nursing license. Secondly, all participants were assumed to be educationally prepared to hold the title of School Nurse, (Illinois Association of School Nurses, 2020). Thirdly, participants are assumed to be clinically competent to provide health services in the school setting. Lastly, participants were assumed to have had delegation experience in the school setting and were aware of the regulations in the Illinois Nurse Practice Act (2019) and the potential effect on nursing practice.

### **Scope and Delimitations**

Delimitations in research are those elements limiting the scope of the study and are controlled by the investigator (Theofanidis, & Fountouki, 2018). Participant selection criteria for the study included only nurses in the state of Illinois. Professional and personal curiosity and concern led to the decision to exclude nurses employed in private school settings and who have not had a delegation experience. The phenomenological design was chosen as the best method to ensure credibility since the collected data was believed to be the authentic, lived experiences of the participants. A qualitative phenomenological study design seeks to gather, explore, and describe the real-life experiences of the study participants in a manner reflecting the meaning and significance for the participant (Ozyigit, 2017). Applicability to school nurses in other states could be possible if delegation to unlicensed school staff is a concern.

### **Limitations**

Study limitations are beyond the researcher's control, such as time constraints, participant location, and funding (Theofanidis & Fountouki, 2018). Phenomenological studies are limited by the participant's perspective, judgment, and applied meaningfulness to the concept being

explored (Creswell, 2012). Interview questions for data collection were self-created and semi-structured. The data were collected via audio recorded interviews conducted by phone.

Transferability of the results was limited by the single-state location where the data were gathered. Pre-selection criteria questions were accessible via the internet, excluding results that could have been gathered from face-to-face participant selection. Study results included data from rural and urban public school districts and may not be useful or meaningful for other school districts. Some participants were personal acquaintances, which was a source of potential bias and was addressed by ensuring participant confidentiality.

### **Chapter Summary**

The qualitative phenomenological approach allowed for exploration of the lived experiences of school nurses throughout Illinois, relating to the delegation of nursing tasks to unlicensed school personnel. Nursing literature provided a significant amount of information concerning the delegation of nursing tasks in the school setting, but there is limited information depicting school nurses' experiences. Having to provide care to students in the public school system with chronic, complex health conditions, suggested the need for additional options of health care delivery in the school setting, including delegation. School nurses are credentialed and educated to collaborate with parents, health care providers, school administrators, students, and teachers to determine the type of care needed in the school setting (Willgerodt et al., 2018). The collection of data from public school nurses across the state of Illinois provided insight regarding the relationship school nurses have with unlicensed school personnel to ensure appropriate health care services are available in the absence of the nurse. Provided in Chapter 2 is a synthesis of the nursing literature that addresses the issues and concerns regarding the delegation of nursing care and the challenges faced by school nurses to ensure health service



delivery in the school setting.

## **Chapter 2: Literature Review**

The literature review provides a brief historical view of the start of school nursing, the role of school nurses, a description of the differences in practice since inception, and an overview of how the practice has changed. The theoretical framework applicable to the qualitative phenomenological study is addressed. Outlined in the literature review were the differences in nursing practice in traditional settings and school nursing. A gap in the literature, indicating the need for exploration of school nurses' experiences with delegation was addressed as well as the phenomenon of delegation as used by nurses in the traditional health care setting and the school setting (Vollinger et al., 2011),

School nursing practice has expanded since its inception in the early twentieth century (Houlahan, 2018; Willgerodt et al., 2018). An increasing number of children with complex health conditions has resulted in additional workload challenges for school nurses, especially when there is no full-time nurse in the school (Maughan, 2018; McIntosh et al., 2015; Vollinger et al., 2011). Role expansion has led to the need for school nurses to delegate nursing responsibilities to unlicensed school personnel (Vollinger et al., 2011).

The problem is a lack of clarity regarding the understanding nurses in the school setting have of the accountability and responsibility required to appropriately delegate nursing tasks (Lineberry et al., 2018) according to the Illinois Nurse Practice Act (2019). Delegation of nursing tasks to other licensed professionals is common in traditional health care settings (Meiring, 2016; Vollinger et al., 2011). Delegation becomes problematic when performed in an unsafe and inappropriate manner (Meiring, 2016). Proper delegation is preceded by training and evaluation of the competency of the person receiving the delegation (Meiring, 2016). The nurse

who transfers the responsibility for a nursing task, through delegation, remains responsible and accountable for the outcome of the delegation (Miller, 2018).

The purpose of the qualitative phenomenological study was to explore the lived experiences Illinois school nurses have related to delegation of nursing tasks to unlicensed school personnel. A qualitative phenomenological study was needed to inform and guide a discussion among Illinois school nurses in kindergarten through twelfth grade, school nurse leaders, and school administrators regarding safe and appropriate delegation of nursing tasks within the school setting. Without exploring what school nurses know and understand about responsibility and accountability with delegation in the school setting, implementation of the revised Illinois Nurse Practice Act (2019) could be a challenge and possibly result in a lack of appropriate delegation.

### **Brief Overview of Literature Review and the Gap in the Literature**

The literature review presented the complexities of school nurse practice which included the challenges faced by nurses, students, parents, teachers, and administrators in the delivery of complex health care. An array of explanations and rationales for school health delivery models utilized in school settings, including economic, political, and legal influences, are presented (Searing & Guenette, 2016). The gap in the literature is a description of the perspectives held by school nurses (Vollinger et al., 2011) throughout the Illinois school system regarding delegation in school nurse practice and an exploration of the understanding of delegation requirements. A qualitative study by Lineberry et al. (2018) explored school nursing in Kentucky to elicit school nurses' perceptions. The study sought to define the role of school nurses in Kentucky, explore the effect nurses have on student health, examine challenges facing school nurses, and review the

effects legislative changes and reductions in funding had on nursing services (Lineberry et al., 2018).

The authors of the study recommended further investigation of the effects of delegation in the school settings in Kentucky and across the nation (Lineberry et al., 2018). A descriptive study conducted by Vollinger et al. (2011) provided data on the advantages and disadvantages of utilizing substitute staff in place of nurses as an alternative health care delivery model. The study did not provide data describing the nurses' perspectives on having to delegate nursing tasks to the substitute non-nursing personnel.

Published nursing literature provided information about delegation of nursing tasks to other licensed personnel but lacked empirical data discussing nursing perception and knowledge regarding the delegation process (Hughes, 2017; Hughes et al., 2017). There is sparse empirical data regarding the perception and knowledge nurses have when delegating to unlicensed school personnel (Lineberry et al., 2018). The current phenomenological study allowed specific attention to be given to the delegation of nursing tasks to unlicensed school personnel, including responsibility and accountability. The perspectives gathered from the participants provided insight into what Illinois school nurses knew and understood about the changes in the Illinois Nurse Practice Act, implemented in 2018, related to delegation in the school setting, and whether or not the changes affected school nurse practice.

### **Defining Delegation**

Previous nursing research indicated delegation in the profession of nursing is not a new concept but could be new to many school nurses who have never had to delegate nursing responsibilities to someone other than another licensed nursing professional (Hughes, 2017). Results of the current qualitative phenomenological study suggested delegation is defined as the

transfer of responsibility for performing a task to another individual while retaining accountability and responsibility for the results of the task (Hughes, 2017). Before delegation, the delegator provides training, assesses comprehension ability, determines the right task is being given to the right person and provides an evaluation of the outcome (Lineberry et al., 2018).

The qualitative phenomenological study approach was utilized to focus on the experiences of Illinois school nurses in delegating to unlicensed school personnel. Exploring the knowledge Illinois school nurses have regarding the changes in the Nurse Practice Act specifically related to delegation and the effects on daily practice in the school setting was needed to determine if delegation was being done properly and school and national policies are being met (Maughan, McCarthy, Heim, Perkhounkova, & Kelly, 2018). Another focus of the study was to determine if delegation was an optimal alternative method for the delivery of health services to students in the absence of the school nurse.

### **Literature Search Strategy**

The literature review search strategy for the qualitative phenomenological study began with accessing the EBSCO Information System via the library of the American College of Education. The database was accessed using the following keywords and phrases, including delegation, nursing delegation, unlicensed school personnel, phenomenological research in nursing, transformational leadership in nursing and health care, phenomenological qualitative research in school nursing, school nursing, public health nursing, and theoretical frameworks in leadership. Additional databases where relevant articles were found included Proquest and Chadwick, Google Scholar, Medline, and CINAHL. A peer-reviewed journal of the National Association of School Nurses provided an additional search resource. The use of relevant references cited throughout several articles served as a source of peer-reviewed publications,

which were accessed through EBSCO and Proquest. References were accessed from the Education Resources Information Center and Ovid Research Technologies Inc. using Google and Bing as the search engines.

### **Theoretical Framework**

A theoretical framework serves as the guide on which a study is conducted and is foundational to the alignment of the components of the study (Grant & Osanloo, 2014). The framework provides a roadmap for a study's direction and should be known at the beginning, where decision-making about what is to be studied is done (Grant & Osanloo, 2014). The theoretical framework ensures the problem statement, study purpose, methodology, topic significance, and research questions align and move a study forward with a clear and logical trajectory (Anderson, 2017).

Transformational leadership, as described by James Burns (1978), is a leadership style that motivates and inspires a change in attitudes and beliefs of the follower to a higher level of thinking and performance (Anderson, 2017). The concept of transformational leadership is crucial for the successful establishment of the school nurse's relationship with unlicensed school personnel. A key component of the transformational relationship is trust (Lineberry et al., 2018). The transformational leadership model includes constructs appropriate for use when the school nurse is planning to instruct and delegate nursing tasks to unlicensed school staff. The critical elements of transformational leadership are shown in Figure 1 (Lineberry et al., 2018; Thusini & Mingay, 2019). Allen, Grigsby, and Peters (2015) provided an overview of the critical elements of transformational leadership, which are shown in Figure 1.



*Figure 1.* Components of transformational leadership.

The exemplary transformational leader models desired behavior, demonstrates open communication, inspires, encourages, and empowers others to be better (Clavelle & Prado-Inzerillo, 2018). Followers become aware of the organization's and leader's vision and goals, seeking to surpass the expectations when motivated and inspired by a transformational leader (Krepia et al., 2018). The building of leadership skills for the school nurse becomes a critical component to ensuring appropriate delegation in the non-traditional health setting (Orchard et al., 2017).

Staff motivation is needed before engagement when unlicensed school personnel is asked to assume a responsibility (delegation), which would typically not be a part of the daily activity (Allen et al., 2015). The establishment of trust catalyzes the development of the additional components of the transformational leadership approach (Krepia et al., 2018). Each element of transformational leadership could be refined and reinforced over time (Allen et al., 2015; Anderson, 2017). Effective transformational leadership could motivate followers to accept the

shared goal, which is safe health care delivery in the school setting and might positively affect the health care delivery model within the school (Allen et al., 2015).

Appropriate buy-in and task performance are achievable when the school nurse utilizes the transformational leadership approach (Omery, Crawford, Dechairo-Marino, Quaye, & Finkelstein, 2019). The school nurse remains responsible and accountable for the actions delegated to unlicensed school personnel (Miller, 2018). Trust, mutual respect, proper training, goal agreement (ensuring appropriate health services are provided), inspiration, and motivation of the unlicensed school personnel to perform tasks beyond the usual job description are components essential to the delegation process (Krepia et al., 2018; Miller, 2018). Some professional development being provided to school nurses has focused primarily on helping with building transformational leadership skills and establishing a health care delivery model allowing delegation to be done in the school setting with minimal fear and anxiety (Mullen, 2014).

The present study was conducted to explore delegation, which is the process of providing guidance, and training to another individual, to perform a task while maintaining responsibility and accountability for the outcome of the delegated task (Hughes et al., 2017; Miller, 2018). The delegation of a nursing task includes the school nurse providing instructions and training to unlicensed school personnel on medication administration, first aid, and managing urgent or emergent episodes (Lineberry et al., 2018). Delegation is a function of the school nurse's leadership role and requires a level of trust and agreement, ultimately addressing student success by ensuring the student remains in school despite any complex health condition (Dibakwane & Peu, 2018; Maughan, 2018; Meiring, 2016). For delegation to be effective and achievable, the school nurse needs to reflect a transformational leadership style which fosters trust, creativity, and motivation for goal attainment (Krepia et al., 2018).



## **Research Literature Review**

The school nurse's multifaceted role has become increasingly complex and includes an assessment of the health needs of students, staff, and the school community as a whole (Lineberry et al., 2018). The need for alternative healthcare delivery models in the school setting has become evident over time (Maughan, 2018). The delegation of nursing tasks to unlicensed school personnel might cause fear and anxiety for school nurses (Miller, 2018). Many states, including Illinois, Kentucky, and Ohio, have passed legislation allowing state boards of nursing to include language in the Nurse Practice Act which directs nurses to delegate nursing tasks to unlicensed personnel in various settings (Meiring, 2016; Miller, 2018; National Council of State Boards of Nursing, 2016). Previous nursing research addressing delegation in nursing practice is addressed in the literature review and is useful for the qualitative study to be done.

### **Nurse Practice Acts**

The nursing profession requires licensure, which is obtained from the state in which the nurse seeks to practice (Carnevale et al., 2018). To qualify for licensure, the nurse minimally obtains an undergraduate degree or diploma from an accredited school of nursing (Carey & Marcinko, 2019). Licensed practical nurses work under the direction of a registered nurse or medical doctor and obtain a license to practice upon completing a diploma or certificate program (Carey & Marcinko, 2019). Registered nurses hold either an associate's or a bachelor's degree and are licensed by the state (Carnevale et al., 2018). Licensure requirements are determined by the National Council of State Boards of Nursing (National Council of State Boards of Nursing, 2016). The Illinois Nurse Practice Act provides guidelines for nursing practice in Illinois and affects all Illinois nurses' work performance, including delegation.

## **Delegation in Nursing**

Literature in the field of nursing delegation has focused on the nurse delegating to other nurses or other medically trained personnel (Miller, 2018; Wagner, 2018). Delegation of nursing tasks to other health care providers is a common practice, especially in the traditional health care environment (Miller, 2018; Wagner, 2018). When nursing tasks are delegated in the school setting as a function of care coordination, this provides an alternative health care delivery model. The delegation model is useful when there is no nurse available in the school building, and the student(s) require(s) health services (McClanahan & Weismuller, 2015). Previous researchers provided examples and support delegation in health care where training and accountability were the delegator's responsibility and the delegation was to a member of the health care staff (Wagner, 2018). In such instances, there is a balance of properly delegated tasks with instruction, supervision, and evaluation being completed by the delegator and includes thorough communication (Hughes, 2017).

## **Scope of Nursing Practice**

Nursing is one of the largest health care occupations, with an expected growth of 7% between 2019 and 2026 (U. S. Bureau of Labor Statistics, 2020). The primary role of a nurse is to assess and provide care to individuals challenged by illness, disease, and trauma (Khomami & Rustomfram, 2019; Walker, Clendon, & Nelson, 2015). Health services delivered by nurses can be provided in the community, including schools, hospitals and clinics, or the home (Anderson et al., 2018). The delivery of nursing care might be provided by registered or licensed practical nurses and nurses' aides (Carnevale et al., 2018). Registered nurses might hold either a nursing diploma, associate degree, or a bachelor's degree (Carnevale et al., 2018). A licensed practical nurse typically has a post-secondary or associate degree (Carnevale et al., 2018). In Illinois, a

school nurse is a registered nurse with a bachelor's and or master's degree and has been awarded a teaching certificate from the state board of education National Association of School Nurses (2016).

Formal nursing education began late in the 1800s (Houlahan, 2018). The medical model served as the foundation of nursing training (Anderson & Morgan, 2017). Nurses are responsible for providing health care, intervening to prevent and treat illnesses, educating populations about health and wellness, and serving as patient advocates, policymakers, and leaders in health care (Fackler, Chambers, & Bourbonniere, 2015). The professional skills nurses learn are designed to promote clinical competency to assess, evaluate, and implement care plans to improve the health outcomes of the patients to whom care is being provided (Farzi, Shahriari, & Farzi, 2018). The theoretical component of nursing education serves as a foundational framework upon which the nurse builds expertise and provides a rationale for the evidenced-based practice strategies to be implemented in daily practice (Farzi et al., 2018). The clinical component provides a foundation for hands-on, bedside technical skills (Farzi et al., 2018).

### **School Nursing**

The professional role of nursing includes healing the sick, preventing illness, promoting health and wellness, and educating patients and future nurses (Anderson et al., 2018; Baker et al., 2015; Houlahan, 2018). In addition, the nursing practice includes collaborating with other health care providers and disciplines as well as setting policies to advance the profession (Dubree et al., 2017). There are many specialties in the nursing profession, which require additional credentialing (Carnevale et al., 2018). School nursing is a specialty of nursing that requires additional training and credentialing for classification as a Certified School Nurse (National Association of School Nurses, 2016). In addition to an undergraduate degree, the registered nurse

needs courses that address the education of the special needs child, educational psychology, a school nurse theory course, and a school nurse internship (National Association of School Nurses, 2016). Nurses can specialize in public health, psychiatry, anesthesiology, critical care, pediatrics, geriatrics, law, obstetrics, and several others. Each specialty's focus is determined by the professional organization, which sets forth the practice guidelines (Carnevale et al., 2018). The estimated number of children enrolled in the United States public school system is more than 50 million, and 51% are from low-income households (National Center for Education Statistics, 2017). Many students live in poverty, suffer from chronic illnesses, and face violence daily (Brown, Looman, & Garwick, 2019). For several students, the primary source of health care comes from interactions with the school nurse (Lineberry et al., 2018). The school nurse is uniquely positioned to assess and determine students' health needs and make referrals for health care (Lineberry et al., 2018).

### **History of School Nursing**

School nursing began in 1902 on the lower East Side of New York City in the Henry Street Settlement (Houlahan, 2018). Lillian Wald, a progressive nurse, established the Henry Street Settlement and later worked alongside Lina Rogers, who was considered the first school nurse since she was the first municipal nurse in New York City (Houlahan, 2018). The training Rogers had in pediatrics included extensive care of children, allowing the development of protocols and guidelines for school nursing (Houlahan, 2018). More than 800 children were treated by Rogers in the schools and more than 130 home visits were conducted (Houlahan, 2018). The success of Lina Rogers' work prompted the New York City Board of Health to hire additional nurses and name Rogers as the Superintendent of School Nurses (Houlahan, 2018).

Financial resources were acquired, which allowed the work of school nurses to expand (Fleming & Willgerodt, 2017).

Nurses were focused on children who were not allowed to attend school due to minor, treatable illnesses, which required nurses to provide care in the home (Houlahan, 2018). Students were allowed to return to school once successfully treated (Houlahan, 2018). The Board of Health began to allow nurses to work in schools in 1902 after receiving funds to hire 12 nurses (Houlahan, 2018). The majority of children receiving care were poor immigrants who had little to no access to health care, beyond what was provided by the free clinics (Houlahan, 2018). Nurses were concerned with assessing and managing communicable diseases, which were the result of a growing immigrant population, poor sanitation practices, poverty, and limited access to health care or vaccinations (Johnson, 2017; McIntosh et al., 2015; Vollinger et al., 2011).

Throughout the 20th century, the growth in the number of children attending school with complex diagnoses such as asthma, diabetes, epilepsy, life-threatening food allergies, hemophilia, sickle cell anemia, and numerous mental health disorders dramatically increased (McIntosh et al., 2015; Vollinger et al., 2011). School nurses are responsible for providing health care to millions of public school children (Vollinger et al., 2011). The job responsibilities for school nurses is extensive and includes health assessments, health education, illness prevention, disease management, medication administration, behavioral health, and emergency care, as well as care of children with special needs (Bohnenkamp et al., 2015; Endsley, 2017; McIntosh et al., 2015; Vollinger et al., 2011).

### **Public Expectations**

The expectations are, school nurses are pediatric experts, clinically competent, and knowledgeable regarding educational laws and standards about students with disabilities and

chronic complex health conditions (Bohnenkamp et al., 2015). More than 100,000 nurses provide health care for 50 million students in schools throughout the United States (Jameson et al., 2018; Maughan, 2018; Yonkaitis, 2018). The role of the school nurse has expanded to include the provision of physical health care such as medication administration, monitoring, and addressing chronic health conditions such as asthma, diabetes, food allergies, and epilepsy (Anderson et al., 2018; Baker et al., 2015; Becker & Maughan, 2017; Endsley, 2017; Houlahan, 2018). Additionally, the school nurse functions as a leader in the school building, having the responsibility to ensure a coordinated school health program designed to meet the needs of students, staff, and the school community (Bohnenkamp et al., 2015).

School nurses provide disease prevention education, as well as assessment and referrals to address behavioral health and social-emotional issues (Bohnenkamp et al., 2015; Lineberry et al., 2018; Maughan, 2018). School nurses have the opportunity to influence policy decisions and legislation through research, gather data on the health needs of school-age children, and advocate on behalf of students and the school community (Houlahan, 2018; Lineberry & Ickes, 2015). At times parents and school administrators lack an understanding of the true nature of the school nurse role. Nursing research suggests school nurses can change the public perspective and ensure public support through effective communication and increased visibility within the school building (Brown, Looman, & Garwick, 2019).

### **Role of the School Nurse**

Lineberry and Ickes (2015) determined that the school nurse's role is divided into four main areas: health and wellness promotion with disease prevention; assessment and treatment of urgent, emergent, and infection issues, chronic illness management; and social-emotional assessment and referrals. In addition to health and wellness promotion, school nurses provide

health education as part of the curricula, during assemblies, in the classroom, and at health fairs (Lineberry et al., 2018). Another role school nurses fulfill is monitoring state-required health services compliance (Anderson et al., 2018). School nurses assess the immunization and physical examination status of students entering school for the first time, those transferring from other states or countries, and students entering state-mandated grades where there are state-specific vaccination requirements (Lineberry et al., 2018). Once the non-compliant students have been identified, school nurses make referrals to resources where services might be obtained, or the nurse might have the resources to provide the needed health services in the school setting (Lineberry et al., 2018). The focus of the present study is the practice of school nurses in the state of Illinois.

### **Value of School Nurses**

Having nurses available to assess student health complaints and make recommendations versus other adults in the school building can promote student attendance (Maughan, 2018). When students report to the health office for physical symptoms such as headaches, stomachaches, and abdominal cramps are evaluated and treated by the school nurse, they are often able to return to class and are less likely to be sent home (Vollinger et al., 2011). Conversely, students were more likely to be sent home unnecessarily when seen by the school clerk or the classroom teacher (Maughan, 2018). When nurses can perform assessments, make recommendations, and have in-depth discussions with parents, students might be referred for health services, eliminating the need for unnecessary school absences and missed work for parents (Lineberry & Ickes, 2015; Lineberry et al., 2018; Maughan, 2018). In addition to performing health services, providing health promotion education, assessing the need for urgent or emergent care, making referrals to additional health resources, advocating for student health,

and consulting with teachers, parents, and school administrators, school nurses provide health training and supervision to other members of the school's health care team (Jameson et al., 2018).

The training and supervision of licensed practical nurses, health service nurses (registered nurses without a teaching certificate), health aides, school clerks, and teachers are viewed as a cost-saving method in direct response to continuing the provision of health care services in the absence of the regular school nurse (Jameson et al., 2018). Additionally, school nurses serve as vital members of the school's multi-disciplinary team (Orchard et al., 2017). Multi-disciplinary teams assess and determine the need for special education services within the school system. Special education services are provided to students with physical, mental, cognitive, or health impairments, needing accommodations to access the educational program (Baker et al., 2015). Accommodations are needed to allow all students to access public education while preventing discrimination directed at students who have disabilities (Becker & Maughan, 2017).

Federal mandates set forth the guidelines for implementing academic accommodations via either a Section 504 plan as outlined by the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act of 2004. The school nurse's role is crucial in the process of determining whether or not the student qualifies for special education services or accommodations under either plan (Becker & Maughan, 2017). The school nurse performs a health assessment, gathers relevant health records, and interprets the significance as part of the overall academic evaluation (National Association of School Nurses, 2016).

Health assessments conducted by the nurse include measuring the student's heart and respiratory rate, blood pressure, height and weight, and conducting hearing and vision screenings (Baker et al., 2015; Best et al., 2018; National Association of School Nurses, 2016). The data



gathered from health assessments help determine if the student's difficulties are health-related or a true learning disability (Maughan, 2018). An example of a deficit versus a true learning disability includes a student with a vision impairment who might need glasses to read or see the blackboard, and once obtained, the difficulty is eliminated (Best, Oppewal, & Travers, 2018). Often the nurse's assessment of students leads to identifying a health condition and referral for evaluation, resulting in the implementation of an individual health plan or special education plan in the school setting (Baker et al., 2015).

Schools have a legal obligation to provide free and appropriate public education to students who have complex health care needs (Baker et al., 2015). School nurses play a vital role in determining students' needs in collaboration with the parent or guardian and health care provider (Best et al., 2018). Often the school nurse is the primary individual in the school setting who ensures the student can attend school safely while receiving necessary health care services (Baker et al., 2015). Coordination of school health services, collaboration with key community and public health stakeholders, as well as prioritizing student health needs are responsibilities of the school nurse (Baker et al., 2015; Lineberry et al., 2018; Orchard et al., 2017). An additional responsibility often placed on nurses is the training of unlicensed school personnel such as the classroom and bus aides, teacher assistants, and lunchroom and janitorial staff to recognize and respond to emergencies (Schaffer et al., 2016). The type of emergencies the nurse is faced with include life-threatening food allergies, asthma attacks, seizures, bone fractures, and bleeding episodes (Lineberry et al., 2018). School nurses collaborate with the school social worker and psychologist to identify social-emotional or psychological issues, which may hamper the student's academic success (Bohnenkamp et al., 2015).

## **Challenges to School Nursing Practice**

Studies described school nurses having reported multiple challenges faced daily in the school setting, impeding the ability to function as desired (Anderson et al., 2018; Baker et al., 2015; Becker & Maughan, 2017; Bohnenkamp et al., 2015). School nurses' challenges include lack of sufficient time to complete all required tasks, redundant and excessive documentation, a constant interruption for non-emergent issues, and lack of administrative support (Becker & Maughan, 2017). Other challenges include lack of education of parents concerning chronic illnesses resulting in a lack of access to health services and a lack of resources to support a comprehensive school health program (Baker et al., 2015; Dibakwane, & Peu, 2018; Lineberry et al., 2018).

Additional challenges faced by school nurses include privacy acts such as the Family Educational Rights Privacy Act and the Health Insurance Portability and Accountability Act (Bohnenkamp et al., 2015). Guidelines provide a safeguard for student information but could hinder obtaining needed health services when parents and guardians have not provided written authorization for the release of valuable information (Bohnenkamp et al., 2015). When parental consent is not provided and nurses are unable to receive information from the student's primary health care provider or give information, there could be a delay in services (Bohnenkamp et al., 2015).

A descriptive qualitative study conducted by Becker and Maughan (2017) reported the need to explore several health care delivery models. The research described models in which schools employed full-time school nurses and the development of a team approach where the delegation of nursing tasks was taught and delivered (Becker & Maughan, 2017). Although the delegation approach was not ideal, the strategy's use was determined to be successful, and further

study was suggested (Becker & Maughan, 2017; Bohnenkamp et al., 2015). Additional research suggested using school-based health centers and the employment of health aides and full-time licensed practical nurses as viable options (Maughan, McCarthy, Heim, Perkhounkova, & Kelly, 2018).

### **School Health Care Delivery**

School nurses are responsible for delivering school health services to more than 50 million students in public elementary and high schools in the United States (Becker & Maughan, 2017). Nursing research has reported one in four children under the age of 17 have a chronic health condition such as diabetes, asthma, life-threatening food allergies, or epilepsy (Becker & Maughan, 2017). Many schools do not have a full-time school nurse in the building and although there might be a full-time nurse working in the district, the nurse has to serve more than one school in a single day (Endsley, 2017; Jameson et al., 2018; Schaffer et al., 2016). A school district's inability to deliver needed health care services to students, resulting in missed school days, have both academic and fiscal repercussions (Baker et al., 2015). The lack of appropriate health services to children hurts families, communities, and subsequently burdens the health care system (Anderson et al., 2018; Schaffer et al., 2016; Willgerodt et al., 2018).

Many school administrators have had to collaborate with school health leaders to determine how to provide health services to students in the absence of a school nurse (Allen et al., 2015). One health care delivery model includes the delegation of nursing services by school nurses to unlicensed school personnel (Allen et al., 2015; Lineberry et al., 2018; Thusini & Mingay, 2019). Effective school health care delivery models are designed to address the needs of the students, teachers, parents, school community, and districts (Dibakwane, & Peu, 2018). Schools' ability to provide appropriate and effective school health delivery is predicated on many

factors, including allocation of funding resources, policy decisions, assessment of needs, and local, state, and federal legislation (Becker & Maughan, 2017).

One strategy to deliver timely health services, especially in the case of students with mental health concerns, is a collaboration among multiple key stakeholders (Bohnenkamp et al., 2015). Collaboration decreases fragmented service, improves resource allocation and usage, as well as promotes early detection of illness, which leads to early intervention of service (Bohnenkamp et al., 2015). A qualitative study done by Lineberry et al. (2018) explored school nursing practice in Kentucky. The study's focus was on the practice of school nursing in Kentucky, the effect school nurses had on students, the challenges school nurses faced, including delegation and the effects of budget cuts, and legislation on school nursing practice (Lineberry et al., 2018). When health service delivery is delayed or cannot be provided directly by a school nurse, an alternative such as delegation of services to unlicensed school personnel, is likely to be the next strategy implemented (Lineberry et al., 2018). Additional research on delegation as an optimal alternate method of health care delivery in the school setting is needed, as reported by the study (Lineberry et al., 2018).

### **Delegation in Health Care**

Since the inception of school nursing practice, in the early 20th century, more demands have been placed on nurses to provide high-quality nursing care with limited resources (Taylor, 2015). The expectations and responsibilities nurses face daily in traditional health care settings mirror what nurses face in non-traditional settings such as private and public schools (Schaffer, Anderson, & Rising, 2016). Caring for children with complex medical needs in the school system presents a challenge nurses are required to meet without exception. Meeting the challenge requires an alternative healthcare delivery model (Pufpaff et al., 2015). Delegation of nursing

care to unlicensed school personnel is an example of an alternative method (Becker & Maughan, 2017).

### **Delegation in the Nursing Profession**

The act of delegation of nursing services from a registered nurse to another health care professional is not uncommon in a traditional health care environment, such as a hospital or nursing home (Miller, 2018). Expanding nursing roles and professional demands challenge registered nurses to find time for professional and personal growth within the workplace, leading to the need to delegate some nursing care to other members of the health care team (Hughes, 2017; Meiring, 2016; Miller, 2018). Additionally, a reduction in the nursing workforce and the utilization of non-nursing personnel to provide nursing services further necessitates the use of delegation (Meiring, 2016). Delivering appropriate delegation is an important leadership skill, requires an understanding of who is responsible for ensuring adequate training and competency, and an understanding of accountability for outcomes (Meiring, 2016; Miller, 2018).

Worries with delegation include uncertainty concerning whether the individual accepting delegation has the ability to understand and properly complete the task and achieve the desired outcome (Meiring, 2016). The person delivering the delegation ensures the task can be appropriately performed, provides sufficient instruction, and properly supervises and evaluates the performance and outcome (Hughes, 2017). Nurses have concerns with legal liability exposure, which could result if the delegation results in an undesirable outcome, causing injury to the student or patient (Miller, 2018).

### **Legal Aspects of Delegation**

In addition to concerns regarding the appropriateness of delegation, legal questions need to be addressed. Collaboration and teamwork are needed for effective delegation, along with

trust and mutual respect (Meiring, 2016). Organizational guidelines and policies are needed to clearly define who can delegate, which tasks can be delegated, who can receive the delegation, and who is responsible and accountable for delegation outcomes (Gassas et al., 2017; Miller, 2018). The five major legal concerns of ensuring responsible and appropriate delegation are known as the *Five Rights of Delegation* and include the right task; right circumstance; right person; right directions and communication; and right supervision and evaluation (Miller, 2018). Before the task is delegated, the nurse ensures the task is appropriate and can be carried out by the person receiving the instructions and the outcome of the task once performed is what was desired. An example of such a task is the administration of oral medication. Federal, state, and local municipalities could have legal requirements as well as those of the state licensing boards and the organization (Miller, 2018).

### **Delegation in the School Setting**

Delegation of nursing tasks to unlicensed school personnel causes a concern to school nurses (Lineberry et al., 2018). Laws regarding delegation vary by state. The primary concern for the present study is exploring the understanding Illinois school nurses have with changes to the Illinois Nurse Practice Act related to delegation to unlicensed school personnel. Some of the changes suggested registered nurses could delegate nursing tasks to unlicensed school personnel while maintaining responsibility and accountability for the supervision and training of the unlicensed school personnel and the outcome of the task performance (Adorno, 2017; Miller, 2018). The need for delegation of nursing tasks to unlicensed school personnel in the school system is the result of several factors, which include the absence of a nurse in the school daily, students with complex health needs, and the unavailability of nurses due to performing other professional role functions and time constraints (Lineberry et al., 2018).

## **Challenges to Delegation in the School Setting**

Not all school nurses are comfortable with the delegation of nursing services to unlicensed school personnel and may refuse to train for such delegation (Lineberry et al., 2018). There could be several reasons for the refusal, which is, in part, the purpose of the qualitative phenomenological study to be conducted. There is a lack of clarity regarding the knowledge school nurses in Illinois have of the changes to the Nurse Practice Act related to delegation and the practice of school nursing (Lineberry et al., 2018). Some studies have discussed fear as one source of anxiety for school nurses, as the literature revealed nurses remain accountable for the outcomes of the delegated care performed by others (Hughes, 2017; Meiring, 2016; Wagner, 2018). Knowledge regarding the responsibilities, accountability, and skills needed to delegate to school personnel appropriately could be lacking (Lineberry et al., 2018). Exploring school nurses' perceptions and understanding of the concept of delegation is best gathered via a phenomenological approach, which provides real-life experiences and is the aim of the qualitative phenomenological study (Larsson et al., 2014; Lineberry et al., 2018).

Another challenge with delegation in the school setting included conflicts that may arise when school nurses are required to delegate nursing tasks to unlicensed school personnel such as the school clerk, classroom teacher, and others (Vollinger et al., 2011). Often unlicensed school staff are busy performing the required job functions as assigned and might resent having to do additional tasks, normally exclusively handled by the nurse (Vollinger et al., 2011). The potential for conflict makes the transformational leadership approach an ideal leadership style leading to successful delegation when used by school nurses delegating nursing tasks to unlicensed school personnel (Orchard et al., 2017).

### **When Delegation Goes Wrong in the School**

When delegation is not done with meticulous and thorough adherence to organizational and professional guidelines, problems may arise, and injury to students could occur (Daughtry & Engelke, 2018). The school nurse provides training and education to the unlicensed school personnel regarding the medication, use, name, mode of action, and potential side effects (Lineberry et al., 2018). The nurse ascertains the ability of the person receiving delegation to understand the instructions and determines if the person has the capacity to carry out the task as instructed (Daughtry & Engelke, 2018; Lineberry et al., 2018; Meiring, 2016; Miller, 2018). If the unlicensed personnel gives the wrong dose or makes a mistake, the accountability and responsibility remain with the nurse (Hughes, 2017).

Nursing delegation to unlicensed school personnel requires time, communication, and relationship development to be successful (Meiring, 2016). School nurses rely on the development of a trusting relationship with the person to whom delegation is given (Orchard et al., 2017). Research has shown the value of mutual respect, trust, honest and open communication, modeling the expected behavior, and empowering others to be critical hallmarks of effective transformational leadership (Orchard et al., 2017).

### **Nursing Leadership**

As school nurses work to carry out the school district's vision to ensure students receive an appropriate education even while being challenged with complex health conditions, leadership becomes a hallmark of professionalism (Dubree et al., 2017). Nurses are expected to lead the discussion regarding health and wellness promotion on a global scale (Marcellus et al., 2018). As organizations continue to seek ways to streamline expenses while providing high-quality health care, nurses are positioned to bring practical, realistic viewpoints to the discussion (Dubree et al.,



2017; Orchard et al., 2017). Nurses have the training and education to affect policy changes aimed at restructuring health care systems to be more beneficial in environments where health care is needed (Dubree et al., 2017; Marcellus et al., 2018).

### **Transformational Nursing Leadership**

Leadership is an integral part of nursing education and professional expectations (Krepia et al., 2018). Nursing leadership is critical to achieving desired patient outcomes, building teams, increasing the profession's visibility, ensuring the profession's advancement, educating future nurses, and setting policy, which guides health care delivery (Glassman & Whithall, 2018). Transformational leadership is a desired leadership style for nurses and exemplifies a relationship based on trust, respect, and a desire to place others' needs above one's own, which reflects the profession of nursing (Krepia et al., 2018; Marcellus et al., 2018). The leadership style described here has benefits in education, health, and nursing (Allen et al., 2015; Krepia et al., 2018).

In a study conducted by Allen et al. (2015), there was a correlation between inspired motivation and behavior reflective of the school leader's ideals. Similarly, in nursing, the nurse leader who utilizes a transformational leadership approach is likely to inspire, motivate, and cause a change in the behavior of those to whom instruction and delegation are to be given (Krepia et al., 2018). As transformational leaders develop a vision for the future, the ability to inspire, motivate and influence others to capture the vision, which stimulates an interpersonal change, becomes the goal of effective leadership (Krepia et al., 2018). The expansion in health care services because of the development of new technologies creates the need for a shift in how health care is perceived and services are provided (Krepia et al., 2018). Research provides details

of a need for leaders who recognize new developments and prepare others to consider an innovative approach to providing health care services (Schaffer et al., 2016).

In the school setting, the school nurse is called upon to function in the leadership capacity as the primary and, in most cases, the solitary medically trained individual in the building (Anderson et al., 2018). An additional responsibility is to ensure the coordination of an effective and safe health care delivery model (Becker & Maughan, 2017; Dibakwane & Peu, 2018). School nurses have the skill and knowledge to assess student health needs and determine how to meet those needs (Lineberry et al., 2018). As school nurses interface with external health care providers, parents, unlicensed school personnel, and students, leadership skills are refined and enhanced to ensure students can attend school despite the challenge of complex health conditions (Lineberry et al., 2018).

### **Delegation as a Component of Nursing Leadership**

Delegation of nursing tasks is a function of nursing leadership (Lineberry et al., 2018; Meiring, 2016). The development of nursing leadership skills begins as a part of nursing education but continues as the nurse works within the field and are refined as the nurse becomes willing to grow professionally (Glassman & Whithall, 2018). Nurses are positioned to guide nursing care's trajectory at the local and national levels (Schaffer et al., 2016). In the school environment, the nurse is likely the only medically trained professional with accurate knowledge and ability to speak to the health needs of students and the school community (Baker et al., 2015; Bohnenkamp et al., 2015; Lineberry et al., 2018). As nurses delegate nursing tasks and provide the needed training in the school setting, there is an opportunity to change the school culture related to how school staff perceives student health needs (Schaffer et al., 2016). Utilizing a transformational leadership approach, school nurses could help school staff understand the ever-

changing health needs of medically fragile students (Orchard et al., 2017). School nurses could serve the school community, promote self-motivation for learning new skills, and help create a new vision for a coordinated school health program, as well as serve as role models (Allen et al., 2015; Krepia et al., 2018).

Leadership in any field requires effective communication for success (Dutton et al., 2018; Orchard et al., 2017). Articulated instructions and expectations are needed if delegation is to be done successfully (Dutton et al., 2018). Delegation as a function of nursing leadership training can be used to develop team-building and collaboration skills leading to professional growth for nurses (Orchard et al., 2017).

### **Indicators of Successful Leadership**

Successful leadership development includes holding all team members accountable for achieving the organization's goals, ensuring responsibility for individual behavior, and creating a culture of fairness, trust, and mutual respect (Dubree et al., 2017). School nurses, utilizing a transformational approach, serve as mentors for unlicensed school personnel in the school setting when considering who receives delegation (McIntosh et al., 2015). In the leadership role, the school nurse needs to be especially careful when selecting the individual to whom delegation is to be given to ensure the individual can understand and carry out the task (Meiring, 2016; Miller, 2018; Mullen, 2014).

School nurses have focused on reducing disease proliferation, especially vaccine-preventable diseases, such as polio, smallpox, and diphtheria, resulting in eradicating potentially life-threatening illnesses (McIntosh et al., 2015; Vollinger et al., 2011). Orchard et al. (2017) provided an example of successful leadership, including team building, collaboration, team empowerment, effectiveness, and relationship building. The model aligns with the

transformational leadership approach, which is designed to argue the need for change on an interpersonal level to ensure behavior change leading to personal growth and organizational success (Orchard et al., 2017). Education in leadership skill development is crucial as a foundational layer for growth in nursing (Marcellus et al., 2018). Continued transformational skill development requires ongoing professional growth and continuous learning (Krepia et al., 2018). The successful transformational leader promotes growth through inspirational motivation and influence, which set the course for a vision and capacity for leadership (Marcellus et al., 2018).

Effective transformational leaders consider the personal growth of the individual and the advancement and success of the team (Choi et al., 2016). Encouragement of the heart, which is needed to ensure continued commitment to the shared vision and goals, is facilitated when followers are permitted to provide input on key decision-making items (Clavelle & Prado-Inzerillo, 2018). Successful transformational leadership is demonstrated when followers articulate the vision with passion, work to bring the vision to fruition, and are inspired and motivated to perform beyond expectations (Clavelle & Prado-Inzerillo, 2018). Nursing care components include disease management, illness prevention through education and assessment, patient advocacy, policymaking, and collaboration with other members of the health care team (Fackler et al., 2015).

Successful delegation of nursing services within any setting is guided by state, federal, and local laws as well as state licensing boards (Adorno, 2017; Meiring, 2016; Miller, 2018). When delegation is necessary, the delegator provides training and assesses the individual's ability to comprehend and carry out the task (Daughtry & Engelke, 2018; Lineberry et al., 2018; Meiring, 2016; Miller, 2018). Working within the school setting and practicing within several

arenas, namely community and public health, focusing on population-based health delivery, requires significant collaboration and coordination (Fleming & Willgerodt, 2017). By utilizing evidenced-based health strategies, school nurses can promote student health and wellness through health education, assess barriers to health care services and manage students with chronic health conditions, thus helping to ensure daily school attendance and academic success (Lineberry et al., 2017; Schaffer et al., 2016)

Additional indicators of successful leadership behaviors include a change in the workplace culture, which reflects workers' agreement with the organization's mission and vision, adherence to protocols, and a desire to cultivate improvements when needed (Thusini & Mingay, 2019). The creation of a work environment where creativity, innovation, and a passionate driving force for mutual success become hallmarks could be a measurement of the effectiveness of a transformational leader (Thusini & Mingay, 2019). For nurse leaders, being supportive, encouraging, and caring and providing recognition for talented co-workers and followers results in motivation that is needed to garner trust and build relationships (Orchard et al., 2017). Successful leaders can recognize barriers to success and work to eliminate the barriers as quickly as possible, seeking to ensure success in the provision of high-quality, sustainable health care delivery (Brown et al., 2019).

### **Chapter Summary**

According to researchers, school nursing in the United States has been a vital service to children, families, and communities since the start of the 20th century (Houlahan, 2018; Jameson et al., 2018; Johnson, 2017). The role of school nursing practice has expanded significantly since the inception and now includes providing complex health care to millions of public school children (Powell et al., 2018; Vollinger et al., 2011). Nurses comprise the largest group of health

care professionals, with school nursing being a specialized branch of the nursing profession (Anderson & Morgan, 2017; Fleming & Willgerodt, 2017). Nursing's primary function is to assess and provide care to individuals challenged by illness, disease, and trauma (Khomami & Rustomfram, 2019; Walker et al., 2015).

In the school setting, health care delivery can be affected by economic, political, and legislative factors (Searing & Guenette, 2016). School nurses understand and embody interprofessional collaboration via effective communication and team-building (Fleming & Willgerodt, 2017). Nurses in the school setting promote healthy, safe environments; provide health education; intervene to manage acute and chronic health conditions; and advocate reducing illness-related barriers affecting learning (Best et al., 2018).

Although the review of nursing literature provided insight into what delegation encompasses in traditional settings, additional information regarding the perception of school nurses' experiences, knowledge, and understanding of the nurse's responsibility and accountability is needed (Lineberry et al., 2018). The purpose of the qualitative phenomenological study was to explore the lived experiences Illinois school nurses have related to delegation of nursing tasks to unlicensed school personnel. Qualitative approaches to nursing research allow researchers to explore phenomena from various perspectives (Jobin & Turale, 2019). Delegation of nursing tasks to unlicensed school personnel is one phenomenon that requires exploration from multiple viewpoints, including the nurse delegator, the delegation recipient, the person receiving the care, and administrators (Lineberry et al., 2018). The qualitative phenomenological presented seeks to gather data from school nurses throughout the state of Illinois. The data collected provides rich, meaningful insight as to the experiences of school nurses (Lineberry et al., 2018).

Provided in Chapter 3 is a comprehensive review of the qualitative phenomenological methodological approach to gather, describe, and understand Illinois school nurses' perceptions regarding delegation. The Illinois Nurse Practice Act changes, which were adopted in 2018, could affect school nurse practice related to the delegation of nursing tasks to unlicensed school personnel. There is a lack of clarity in the published nursing literature addressing the knowledge school nurses have about the act's changes and their responsibility when delegating to unlicensed school personnel (Lineberry et al., 2018). Chapter 3 outlines the method of participant selection, data collection, management, analysis, and ethical considerations.

### **Chapter 3: Methodology**

The purpose of the qualitative phenomenological study was to explore the lived experiences Illinois school nurses have related to delegation of nursing tasks to unlicensed school personnel. A qualitative study was required to inform and guide a discussion among Illinois school nurses, school nurse leaders, school administrators, and unlicensed school personnel concerning the safe and appropriate delegation of nursing tasks, as outlined by the Illinois Nurse Practice Act (2019).

Using a qualitative approach to explore human experiences and perceptions is a suggested technique when conducting phenomenological inquiry (Creswell, 2012). Minimization of instrument bias was achieved via review and evaluation of the questions by the appropriate faculty of the American College of Education. In addition, validity was established by field-testing with experts who were registered nurse educators in the fields of nursing and sociology. Each expert has a doctorate degree and reviewed the research and interview questions. The increasing number of children with complex health conditions has resulted in additional workload challenges for school nurses, especially when there is no full-time nurse in the school daily. Nursing services are needed daily for the health of the students. The role expansion has led to school nurses needing to delegate nursing responsibilities to unlicensed school personnel.

#### **Research Questions**

The development of reflective research questions serves as a guide to the concept of inquiry in a research study. For the qualitative phenomenological study being presented, the questions are designed to explore the perceptions of school nurses in a single state, working in a public school system. The research questions are designed to focus on the concept of delegation of nursing tasks to unlicensed school personnel in the school setting.



Research Question One: What are the experiences of Illinois school nurses in delegating nursing tasks to unlicensed school personnel in the school setting?

Research Question Two: What perceptions do Illinois school nurses have regarding the effect of the 2018 changes to the Illinois Nurse Practice Act on daily nursing practice?

Research Question Three: What knowledge do Illinois school nurses have regarding the responsibility, accountability, and appropriateness of delegation of nursing tasks to the unlicensed school personnel in the school setting?

The utilization of an interpretive phenomenological analysis guided the discovery of an overarching theme supported by emerging subthemes, which were grouped as a set of themes (Croston, 2014). Included in the chapter are the purpose, design and rationale, participant selection criteria, and the investigator's role. Additionally, the chapter details the research procedures including data collection, storage, analysis, and instrument reliability and validity. Ethical considerations, including the methods to ensure minimization of bias, full disclosure of personal relationships with the participants, some of whom were the investigator's co-workers, and procedures for maintaining participant confidentiality were outlined.

### **Research Design and Rationale**

A qualitative research approach allowed the gathering of rich data regarding the experiences of Illinois school nurses related to delegation to unlicensed school personnel within the natural school setting. The qualitative phenomenological approach was selected and considered the best method for the study presented here. The data could not be obtained using a quantitative method (Johansen Evanson, Ralph, Hunter, & Hart, 2018). A qualitative phenomenological study design seeks to gather, explore, and describe the real-life experiences of the study participants in a manner reflective of the meaning and significance of the participant

(Ozyigit, 2017). The use of a phenomenological approach for the study presented was appropriate as a means of understanding the perspectives, opinions, and experiences of school nurses who had delegated nursing tasks to unlicensed school personnel and to determine what additional research is needed.

The research design used in the study was integral to discovering, understanding, and acquiring knowledge about the phenomenon of delegation as experienced by Illinois school nurses throughout the state. A qualitative design is useful when interpreting the complex details of the school nurse experience (Ozyigit, 2017). The hope was to utilize the data to guide discussions with school nurse leaders, administrators, school nurses, teachers, and school staff concerning appropriate and safe delegation of nursing tasks to unlicensed school personnel.

The phenomenological approach allows meaningful discussion of individual experience with the phenomena, delegation (Jobin & Turale, 2019). The results of the study can be used in future discussions addressing school nurse concerns regarding safety in the delegation of nursing tasks to unlicensed school personnel. The data collected addressed the experience and perception school nurses have regarding responsibility and accountability once the nursing tasks have been delegated to the unlicensed school personnel.

### **Role of the Researcher**

The researcher's role in a qualitative phenomenological study is to gather, explore, interpret, and describe the real-life experiences of the study participants in a manner that reflects the meaning and significance for the participant (Johansen et al., 2018; Ozyigit, 2017). The researcher serves as the primary interviewer and data collector. The study required disclosure of employment in the same school district where some of the participants were employed. Maintaining participant confidentiality via self-identified pseudonyms is important. The

participants were instructed to inform the interviewer if uncomfortable during the interview or if the recorder needed to be turned off. Participants were ensured withdrawal from the study would be done without penalty.

Five common biases are evident in research (Jobin & Turale, 2019). While no research is bias-free, minimizing the most common biases was achieved. Acquiescence bias is avoided by reviewing and revising questions to prevent the participant from thinking there is a "right" answer. Questions asked elicited a true participant point of view. The participant can avoid social desirability bias when answering interview questions as a third party. When the participant remained engaged and conversational while answering interview questions, habituation bias was avoided. The goal was to avoid question-fatigue and rote responses. The avoidance of confirmation bias was achieved by constant review of participant responses and clarification of participant meaning, avoiding researcher confirmation instead of the participant's thoughts.

### **Research Procedures**

Qualitative phenomenological research design allows an in-depth exploration of the lived experiences of participants. Selected procedures provided clarity and understanding of the topic to be explored and the significance of the results. Procedures utilized for data collection and analysis promoted the confidentiality and protection of participants (Jobin, & Turale, 2019).

### **Population and Sample Selection**

Phenomenological studies utilize a criterion sampling approach, meaning participants are selected based on a particular set of criteria (Moser & Korstjens, 2018). The sampling method was purposeful, as the participants had current experience delegating nursing tasks to unlicensed school personnel in the school setting. The sample size was 15 participants. The informed consent was sent via email to each participant (see Appendix A). Additionally, pre-selection

criteria questions (see Appendix B) were made available via a nursing listserv on the internet. A letter of request for site permission (see Appendix C) was sent to the administrators of the nursing listserv. The letter asked to be allowed to distribute a brief letter of introduction about the study and included a link to a survey with pre-selection questions.

As requested by the site administrator, the interview questions (see appendix D) and the interview protocol (see Appendix E) were sent to the administrator. Directions were given to access the Association's website to download and complete the required documents. Upon completion of the Association's required documents, additional documents were made available as requested. The Certificate of CITI training completion (see Appendix F), The Illinois Association of School Nurses Memorandum of Agreement (see Appendix G), the Illinois Association of School Nurses Research Proposal Request (see Appendix H), and the IRB approval letter from the American College of Education (see Appendix I) were submitted. Approval was granted to post the study information on the website and begin the request for participants.

The pre-selection questions established participant eligibility to participate in the study. Nurses who were not eligible were immediately self-identified based on their responses. All eligible nurses received the researcher's contact information. Once eligibility was established, participants were directed to the study information.

Participants were provided with a written explanation of the study's purpose and informed of voluntary participation. The information letter included employment disclosure and a statement emphasizing participation as voluntary and confidential, with withdrawal possible at any time without penalty. A brief review of data collection, storage, security, and analysis procedures was provided.

Participants returned the signed consent form via email and included contact information. Upon receipt, a self-identified pseudonym was chosen by the participant and used for publication of the results. The inclusion criteria for recruiting participants included Registered Nurses employed in Illinois, holding a School Nurse title in a school setting, and having experience delegating nursing tasks to unlicensed school personnel. Additionally, the participants were asked about their knowledge of the Illinois Nurse Practice Act (2019) and consented to an audio-recorded, telephonic interview. Exclusion criteria were nurses working in the school setting who were not Registered Nurses, functioned in a role other than as a school nurse, had never delegated a nursing task to unlicensed school personnel, and had no knowledge of the Illinois Nurse Practice Act.

### **Instrumentation**

The study instrument was a telephonic, audio-recorded interview consisting of researcher-developed semi-structured questions. The utilization of the interview method is the optimal design when conducting a qualitative phenomenological research study (Creswell, 2012). The questions were developed based on the literature review and field-tested. Two field experts provided written comments suggesting minor changes to the interview questions to ensure alignment with the research questions. The suggestions were provided via email. The third field expert made a written correction to the questions and sent the revisions via email. The initial question was designed to open the discussion and allowed participants to describe a personal experience. The follow-up questions were generated by the information provided by the participant. All questions were developed based on the literature review of similar qualitative nursing studies.

### **Data Collection**

Data were collected via telephone interviews. The interviews were conducted at a mutually agreed upon time and initiated with an introduction and a conversational topic intended to reduce anxiety. A review of the interview protocol was conducted before the start of the interviews. The introduction of the recording device occurred once the participants had signed and returned the informed consent, although participants had prior knowledge of recording as a part of the interview process. The participants were informed when the recording had begun. The participants were told the recording would be stopped at any point if the participant felt the need to share something not to be recorded. No requests to stop recording were made.

Data collection was completed by using open-ended and semi-structured interview questions. To ensure the acquisition of rich data, the opening question guided the direction of the interview in real-time (Barrett & Twycoss, 2018). The interviews were conducted at a mutually agreed upon time when privacy and confidentiality were maintained (Moser, & Korstjens, 2018). Triangulation of the collected data serves as a means to mitigate researcher bias and ensure all aspects of delegation have been included (Fusch, Fusch, & Ness, 2018). Triangulation in qualitative phenomenological research was achieved via data collection from multiple sources. For the study, the use of semi-structured and open-ended interview questions with 15 participants provided a significant number of different perspectives and experiences.

The interview concluded once the participants confirmed all relevant aspects of the experience had been discussed. Once interviews were completed and the data transcribed into a Word document, the participants were allowed to confirm the accuracy of the transcription and interpretation of the data through member checking via receipt of the transcript by email. Validity and reliability were achieved via triangulation, including member checking. A review of

the data protection, storage, and analysis was provided to the participants. The destruction of the recordings and transcription documents are to be done according to federal guidelines, which indicate the collected data should be kept for three years after the research is completed.

Notification of the destruction of the transcripts and recordings would be provided to participants if desired. An opportunity for self-chosen pseudonyms was provided as well as a reminder of the option to withdraw from the study at any time without penalty. The participants had access to evidence of Institutional Review Board approval, successful completion of the CITI Researchers course (See Appendix F), and disclosure of the investigator's place of employment. Upon completion of the data collection and analysis, including member checking, participants were informed the study was complete and were asked to provide a brief overview and evaluation of the experience. The evaluation included describing elements of the interview experience, comfort level during the interview, opinions of the interview questions, and protocol. Refusal to complete the evaluation was allowed. Most respondents verbally acknowledged enjoyment with the interview and were grateful for the opportunity to express honest opinions. Contact information was provided along with a reminder a copy of the dissertation would be available if desired.

### **Data Preparation**

Participants' transcribed responses were secured on a password protected electronic device. The audio recordings were on a portable recording device and password-protected until transcribed. Transcription documents included the participants' pseudonyms to ensure the confidentiality of the participants' identity. Additional preparation was needed to optimize data cleaning before analysis. Verification of accuracy of meaning and understanding was accomplished with member checking and rewording of questions to ensure clarification of

meanings and accuracy of the interpretation of participants' responses (Aarts et al., 2015; Fusch et al., 2018; Saunders et al., 2018).

### **Data Analysis**

Phenomenological research data analysis is conducted using one of two fundamental approaches to data gathering and analysis, which are descriptive or interpretive (Compton-Lilly et al., 2015). In descriptive analysis, data is gathered to document participant experiences as described by the participant (Pisarik et al., 2017). With interpretive analysis, an understanding of the participant's interpretation is made to find rich meaning (Scull & Mousa, 2017). Colazzi's (1978) method lies within the descriptive methodology and is appropriate for the study by facilitating the gathering of rich, meaningful experiences of school nurses who had delegated nursing tasks to unlicensed school personnel in the school setting (Morrow, Rodriguez, & King, 2015).

Data analysis was achieved utilizing Colazzi's 7-step method (Morrow, Rodriguez, & King, 2015). Colazzi's method allows a concise and thorough analysis by aligning closely with the data, presenting comprehensive descriptions, and participant validation (Morrow et al., 2015). The seven steps of Colazzi's method include becoming familiar with data; identifying relevant statements, meanings, or themes; clustering themes together; writing a description of the phenomenon; incorporating all identified themes; developing a statement of all themes capturing the essence of the phenomenon of delegation; and ensuring with participants, meaning and perceptions were accurately captured (Morrow et al., 2015).

Using a qualitative approach to explore human experiences and perceptions is a suggested technique when conducting phenomenological inquiry (Creswell, 2012). Minimization of instrument bias was achieved via review and evaluation of the questions by the appropriate



faculty of the American College of Education. In addition, validity was established by field-testing with experts who were registered nurse educators in the fields of nursing and sociology, holding doctorate degrees, and who reviewed the research and interview questions. The use of qualitative data analysis software is prevalent in qualitative studies as a means to ensure accuracy in study results, although there remains a debate about its use (Bonello & Meehan, 2019). The categorization of coding and connections between categories creates cohesion and facilitates understanding of delegation to unlicensed school personnel in the discussion phase.

### **Reliability and Validity**

To be considered trustworthy, Korstjens and Moser (2018) posit the following four criteria are to be met when conducting qualitative research; credibility, transferability, dependability, and confirmability. According to Houghton et al. (2013), credibility establishes truthfulness or believability of the study and the results. The participants' credentials were verifiable via a public-facing database on the website of the Illinois State Board of Education. Additionally, personal knowledge of the participants' place of employment, job title and required credentials ensured truthfulness and credibility. Transferability of this study is possible in districts where school nurses are allowed to delegate to unlicensed school personnel, have similar state nurse practice acts, school districts without nurses present in the school daily but have students needing daily nursing services, and have implemented similar protocols. Under these conditions, the results are useful. Dependability compares to reliability in quantitative analysis and demonstrates the consistency and repeatability of the findings (Korstjens & Moser, 2018).

The use of an audit trail outlining and describing research procedures, ensuring the process remains consistent, was outlined in chapter three and approved by the dissertation chair and committee. Confirmability establishes the neutrality of the findings. During the interviews,

the participants' answers were read back for clarity and to ensure the investigator did not misrepresent the participants' interpretation of the experience. In this study, the participants' responses were recorded and transcribed without investigator bias and authenticated through member checking.

### **Ethical Procedures**

A critical component to ethical considerations in conducting research includes knowledge of and adherence to laws outlined in the Belmont Report (National Commission for the Protection of Human Subjects for Biomedical and Behavioral Research, 1979). The report outlines the protection of human subjects and is the result of inhumane abuses suffered by participants in biomedical experiments during the Second World War. The guidelines and protocols which have been established are designed to ensure three primary concepts: respect of person, beneficence, and justice. Respect of persons means each person is capable and autonomous in determining how to live and make decisions, which is to be respected (National Commission for the Protection of Human Subjects for Biomedical and Behavioral Research, 1979). In the case of an individual who is incapable of such autonomy, such as a child or an adult with diminished mental capacity, protection is essential.

The next concept is beneficence. According to the Belmont Report (National Commission for the Protection of Human Subjects for Biomedical and Behavioral Research, 1979), there is a clear obligation to minimize any harm and maximize every possible benefit to individuals participating in research (National Commission for the Protection of Human Subjects for Biomedical and Behavioral Research, 1979). The third concept of justice demands equality in distribution and avoidance of undue burden. In other words, individuals should not be deprived of something beneficial for no good reason and should not experience

any unnecessary risks (National Commission for the Protection of Human Subjects for Biomedical and Behavioral Research, 1979).

The study participants were provided with detailed study information, including why and how the study was to be conducted. Participants were asked for informed consent via email, which was signed, and returned via email. The information packet included a statement that allowed withdrawal from the study at any time without any repercussions. The information packet discussed the benefits and purpose of the study. Also included was how the results would be used, the amount of time needed for the interviews, post transcription verification of information, and an optional evaluation of participation in the study. Confidentiality was explained. Co-workers who might have been reluctant to participate due to a personal relationship were given assurance identity was protected.

A detailed description outlining the steps to be taken for data collection procedures, including password-secured storage of digital recordings and transcription documents, was shared with participants. All approval information was shared with participants, including proof of completion of the CITI Research Program. Before data collection was initiated, approval from the Institutional Review Board of the American College of Education was obtained (see Appendix I). An explanation of steps to be taken to ensure the minimization of bias and maintenance of anonymity and confidentiality was included in the information shared with participants before obtaining informed consent. Clear instructions were provided, indicating when participation was concluded, where collected data was stored, how long the data would be kept and then destroyed. Recorded interviews were kept on a password-protected audio recording device and transcripts were kept electronically on a password-protected external flash drive. Both the flash drive and recordings were placed in a locked cabinet. A comprehensive

method for preventing participant harm was described and included, along with a reminder of freedom for participants to withdraw at any time. The participants were informed that the recordings and transcripts would be kept securely protected for 3 years, after the completion of the study as mandated, after which the transcripts will be shredded and the recordings deleted.

### **Chapter Summary**

The chapter discusses the purpose of the phenomenological qualitative study conducted, which was to explore the perspectives of the lived experiences Illinois school nurses had regarding the changes in 2018 to the Illinois Nurse Practice Act (2019). The focus of the study was to interpret or describe the experiences with delegation on the daily nursing practice of school nurses. Included are the three research questions, which guided the study and were designed to capture the meaningfulness of the lived experiences and perceptions of Illinois school nurses in the school setting who had delegated nursing tasks to unlicensed school personnel. The rationale for conducting a qualitative phenomenological study instead of a quantitative approach was to ensure the data collection was authentic and rich. The pre-selection criteria and eligibility requirements focused on school nurses in Illinois and provided insight as to the needs of school nurses as related to delegation challenges. Data collection instrumentation consisted of audio-recorded interviews with semi-structured questions, which allowed participants to delve deeply into personal experiences, thoughts, and feelings about delegation and the leadership skills needed to ensure safety. The need for secure data management, storage, preparation, and analysis methods has been emphasized to ensure participant confidentiality. Every effort to ensure the comfort level of participants and the freedom to withdraw from the study remained a priority throughout the data collection period. Required ethical considerations are outlined as well as participant protection, confidentiality, and informed consent procedures.

The understanding gained from the review of the Belmont Project served as a standard for conducting the study in a manner that was just, fair, equitable, ethical, and respectful of all participants.

## **Chapter 4: Research Findings and Data Analysis Results**

Delegation of nursing tasks to licensed personnel is commonplace in nursing practice. Delegation of nursing tasks to unlicensed school personnel could be problematic for school nurses. Nursing literature provides detailed information about nursing delegation to other nurses but has limited information regarding school nurse perceptions of delegation to unlicensed school staff (Dutton et al., 2018; Endsley, 2017; Gassas et al., 2017; Hughes, 2017; Hughes et al., 2017; Meiring, 2016). Delegation is authorizing another individual to perform a task usually done by oneself while retaining responsibility and accountability for the outcome of the task performed (Miller, 2018). The study aimed to explore the lived experiences of Illinois school nurses in the school setting regarding delegation of nursing tasks to unlicensed school personnel, understanding of the responsibility and accountability nurses have when delegating, and knowledge of the information in the Illinois Nurse Practice Act (2019) regarding delegation.

The problem was a lack of clarity regarding the understanding nurses in the school setting have of the accountability and responsibility required to appropriately delegate nursing tasks (Lineberry et al., 2018) according to the Illinois Nurse Practice Act (2019).

### **Research Questions**

The research questions guiding the study explored school nurses' experience, perceptions, and knowledge regarding responsibility, accountability, and appropriateness of delegation of nursing tasks to unlicensed school staff. Each of the questions was designed to focus on the delegation of nursing tasks to unlicensed school personnel in the school setting. Field-testing by experts in the field of nursing was a guide for the development of the seven interview questions.

**Research Question One:** What are the experiences of Illinois school nurses in delegating nursing tasks to unlicensed school personnel in the school setting?

**Research Question Two:** What perceptions do Illinois school nurses have regarding the effect of the 2018 changes to the Illinois Nurse Practice Act related to delegation in daily nursing practice?

**Research Question Three:** What knowledge do Illinois school nurses have regarding the responsibility, accountability, and appropriateness of delegation of nursing tasks to the unlicensed school personnel in the school setting?

Informed consent, sampling pre-selection criteria, interview protocol data collection and analysis, evidence of trustworthiness, presentation of results, and a summary are presented to provide clarification of the research methodology. Adjustments were needed in planning the location of the interviews due to the occurrence of the global COVID-19 virus pandemic. No in-person interviews could be conducted, and some of the telephone interviews had to be rescheduled, causing a delay in the research progression. Some participants expressed feeling overwhelmed with having to take on the added responsibilities of homeschooling children because of school closures. Others experienced the illness or loss of loved ones because of the virus. Eventually, 15 telephonic audio-recorded interviews were completed.

### **Data Collection**

Approvals from the Institutional Review Board of the American College of Education and the dissertation chair were obtained and shared with the participants before data collection. Additionally, proof of completion of the CITI Research Program was made available upon request and shared with the administrator of the National and Illinois Association of School Nurses' database. A detailed description outlining the steps to be taken for data collection, analysis, storage, and participant identity protection, was included in the study information shared with participants.

### **Sampling**

Participant recruitment was sought by accessing a database of Illinois school nurses who were members of the Illinois Association of School Nurses and the National Association of School Nurses. Permission was granted upon completing the organization's required protocol as outlined thoroughly in chapter 3. The pre-selection criteria questionnaire was posted on the Association's website, allowing potential participants to self-determine eligibility to participate in the study. The research purpose, methodology, the significance of the study, a statement of confidentiality and anonymity as well as contact information for the primary investigator were all included on the website posting. Although the desired number of participants was 20, recruitment was halted after 60 days when 15 nurses were determined to be qualified for the study. The participants were 13 registered nurses and 2 registered nurse managers employed as school nurses in Illinois. Participants confirmed interest in the study by phone, text, or email. The informed consent document, which included comprehensive information about the study, the interview procedures, data collection, protection, and analysis procedures was sent to each participant. Participants were informed of the freedom to withdraw from the study and the procedure for maintaining each participant's confidentiality was outlined. Signed informed consent was received within 24-48 hours. The use of self-selected pseudonyms was requested for the publication of the study results.

### **Interview Procedures**

Each interview was conducted at a time and date of mutual agreement. The first interview was started in April, and the last interview was completed 30 days later in May. Upon commencement of the interviews, participants were informed of the recorder and verbally



consented to be recorded. The opening question allowed participants to describe personal delegation experience within the school system.

During the interviews, participants were allowed to provide examples of experiences and often shared feelings and opinions. Transcripts of the audio-recorded interviews were reviewed numerous times, corrections made, and shared with each participant to confirm accuracy. Each participant was informed the recording and transcription would be securely kept for a mandated, specified amount of time following federal research guidelines. Receipt of Institutional Review Board approval was shared with each participant and made available upon request. Interviews were completed at varying lengths of time. For example, the shortest interview was 7 minutes and 33 seconds, and the longest interview lasted 35 minutes.

### **Demographics**

All participants were females of varying ages and years of school nurse experience. Table 1 provides an overview of the age range and the range of years as a school nurse. Two of the participants were nursing administrators and provided no direct care or delegation to students but were responsible for providing guidance and support to the nurses who delegated to unlicensed school personnel. Regarding additional credentials beyond a nursing license, nine (60%) of the participants were certified school nurses and held a professional educator license, known as a Type 73 school personnel certificate, issued by the Illinois State Board of Education. The remaining six (40%) did not have a professional educator license. All participants stated familiarity with the process of delegation in the school setting and had a direct or indirect experience with delegation to unlicensed school personnel.

Table 1

*Description of the Sample (n=15)*

Characteristics	n	%
Gender		
Female	15	100
Age Range		
25-35	4	27
36-45	1	7
46-55	7	46
56-65	3	20
Years in school nursing (range)		
1-5	4	27
6-10	3	20
11-20	2	13
Greater than 20 years	6	40

**Data Analysis**

Each of the 15 recorded interviews was transcribed and converted to a Word document. The transcripts were password protected on an external flash drive. The audio recordings were password-protecting on an electronic device. Both the flash drive and recordings were placed in a locked cabinet. Each recording was compared to the transcript for accuracy. Each participant was given an opportunity for member checking as the transcript was sent via email.

Colaizzi's 7-step method was used for data analysis. The transcripts from each participant were read multiple times while listening repeatedly to the recordings to assess the participants' experiences with delegation, as the first step. Step 2 included assessing the responses for significant statements and phrases. Formulation of meanings from the significant statements was then coded, which was step 3. Meanings from the statements were organized into categories from which themes emerged, aligning with step 4. The emerging themes were integrated in a manner which described the phenomenon of delegation, which fulfills the requirements of step 5. The

participants' responses to the interview questions provided details that subsequently addressed the three research questions and established the phenomenon of delegation, which satisfies the 6th step and the fundamental structure and authenticity of the phenomenon were verified via member checking. A table (for personal use) was created, which listed the seven interview questions and each participant's response for a total of 105 responses. The use of a response table allowed a review of each participant's significant responses to each interview question and assessment of similar statements.

### **Findings**

Seven questions were utilized during the interview to gain an understanding of the respondents' experiences. The study explored the experiences Illinois school nurses had with delegating nursing tasks to unlicensed school staff and included assessing the nurses' knowledge of appropriate delegation requirements, knowledge of the Illinois Nurse Practice Act (2019), and assessment of the understanding of responsibility for delegated task outcomes. The delegated tasks are health services for students such as assistance with medication administration, diabetic care (monitoring blood sugar level and administering insulin), or any non-emergency, routine health service the child would receive daily.

The central theme of the study was delegation, which is transferring the authority to perform a task from one's self to another individual while maintaining the responsibility for the outcome of the task performance (National Council of State Boards of Nursing, 2016). The participants' responses answered each of the three research questions, with detailed information provided from their responses to the 7 interview questions, which yielded 5 subthemes.

The findings revealed for all of the participants, the school administrator or principal was the primary person to determine which unlicensed school staff member could receive delegation.

The principal had no specific guidelines to follow to determine who would be the best candidate and often the decision was made based on which staff member would be available at the time the care was needed. The responses varied regarding the nurses' willingness to accept the principals' designee. Nicole, Lion (manager), That Girl, and Chris, would ask if the designee had any training. Sue would agree to the selection after assessing the students' overall health status, the potential of student harm, the predictability of the outcome being as desired, and as long as no additional nursing judgment or decisions would be needed in the performance of the task.

All but one nurse, Nicole, reported they would provide training if needed. All 15 nurses would assess the designee for competency and the ability to understand the delegated task procedure. Lion, a nurse manager, reported instructing the nurses under her supervision to make a request to the nursing administrative team to provide for a "nursing visit" to the school if the student requires nursing care beyond what the unlicensed staff member could safely perform.

### **Results**

The probative interview questions were designed to elicit a deeper meaning of the lived experiences of the participants and provide rich, detailed perspectives. Each of the interview questions related to one or more of the research questions. The participants' responses included how delegation decisions were made and by whom, whether or not the nurses provided training, and an assessment of the competency of the school staff member to understand the training. Additionally, the results addressed the nurses' understanding of who was responsible and accountable for the outcome of the tasks performed, knowledge of the Nurse Practice Act, and if there would be any changes to the nurses' practice based on the revisions of the Nurse Practice Act. Although two of the 15 participants are nursing managers, guidance is provided to the

nurses who report to the managers and the managers were able to recall the delegation experience they had before becoming managers.

Research Question 1: What are the experiences of Illinois school nurses in delegating nursing tasks to unlicensed school personnel in the school setting?

The first three interview questions addressed Research Question one (see Table 2). The participants were asked to describe the delegation experience, including the decision to choose who would receive the delegation and the use of guidelines in making the decision. Fifteen nurses indicated the school administrator or principal decided which staff member would receive the delegation. Having limited decision-making ability regarding the selection was problematic because the choice was not based on the individual's competency or ability to carry out the delegation appropriately. The decision was based on who would be available at the time the delegated task would be needed.

Once the nurses were informed of the principals' decisions, some would assess the staff member's level of comfort and competency. Theresa would review the task-specific protocol and determine if the staff member had prior experience. Sandra would review the district's policy related to medication administration, as this was the only task she would delegate. TU states, "I would prefer to work with someone I know and trust. But if the selected staff member was reluctant or uncomfortable, I would inform the principal." That Girl prefers someone with "working knowledge of the disease." Coconut reported she has done no training since the staff members "seemed to know what they are doing." Nicole reports, "I will supplement the training they already have and make sure they understand." Sandra reported she would "Review everything the person needs to know and before I leave the building, I make sure they have my cell phone number." MOS stated, "Sometimes people get a real attitude when you ask them to

help, but I just tell it's for the student. That seems to make a difference." Sue stated she "would prefer to give delegation to another nurse, but if the student can't get the care, they can't come to school. So delegation is needed." Joyce, reported, she "would provide the needed training and make sure the person understands and is competent." Marie reported, "If the designee was uncomfortable, I would tell the principal, then I would look for someone else."

Table 2

*Summary of Participant Responses to Interview Questions 1-3 Related to Research Question 1*

Research Questions	Related Interview Questions	Summary of Responses
Q1: What are the experiences of Illinois school nurses in delegating nursing tasks to unlicensed school personnel in the school setting?	1. Description of delegation experience.	Several nurses indicated the school administrator or principal chose the staff to receive delegation.
	2. Deciding to whom to delegate.	
	3. Guidelines for decision, assessment of ability, and need for training.	Guideline for the choice was based on which staff member was available.
		Most respondents had to train the staff receiving the delegation.
		Several nurses report staff members would refuse, "push back", show displeasure with having to receive the delegation.
		Several staff did not want the extra work/responsibility.

Research Question 2: What perceptions do Illinois school nurses have regarding the effect of the 2018 changes to the Illinois Nurse Practice Act regarding delegation, on daily nursing practice?

Interview questions four and five specifically addressed the participants' knowledge of the Illinois Nurse Practice Act, the new changes added in 2018, regarding delegation of nursing tasks by nurses in the community setting (see Table 3). Schools are considered community settings. Since school nurses practice within the school, delegation of nursing services often

occurs, as several schools do not have a nurse available in the building daily. Responses to the interview questions revealed a wide range of perspectives. Most respondents were aware there were changes to the practice act.

Nurses had either read about the changes or were told. Three nurses, Sue, Theresa, and Kia were aware the act included a provision for the school nurse to have more responsibility in deciding who could receive delegation as well as the ability to refuse to delegate. Two nurses, Nicole and Earlene, could not recall the specifics of the changes but report believing nursing practice would be unfavorably affected. Two nurses, MOS and Mrs. TU had limited knowledge of the specific delegation language but believed the nursing practice "might" be affected. Two nurses, Nicole and Marie, were unsure if there had been any changes made to the Act and if so, had no knowledge about the effect on nursing practice. Six nurses, Pam, Coconut, Lion, That Girl, Joyce, and Sandra, reported having limited or no knowledge of the Acts effect on nursing practice.

Table 3

*Summary of Participant Responses to Interview Questions 4-5 Related to Research Question 2*

Research Question	Related Interview Questions	Summary of Responses
RQ2: What perceptions do Illinois school nurses have regarding the effect of the 2018 changes to the Illinois nurse practice act regarding delegation, on daily nursing practice?	4. What have you read or heard about the changes to the Illinois nurse practice act, specifically related to delegation to non-nurses in the school setting?	I have very little knowledge of the act, but I believe it refers to delegated care aides" (Pam).
	5. In what ways do you think these changes will affect your nursing practice?	"I believe the changes are detrimental for nursing, but I can't tell you what they are specifically" (Nicole).
		"I really don't know what the act says" (Coconut).
		"I don't remember precisely what was in the act but it's not favorable for nurses" (Earlene). "I am unsure of what's in the act. I'd have to read it" (Lion)
		I am not aware of any changes to the act" (That Girl).
		"I believe the act requires us to delegate more". (Ms. T.U.)
		"Nurses will need to be more selective in who they give delegation, they have the right to refuse delegation and cannot be forced to do so". (Kia)
		"Principals cannot decide who will get delegation without including the nurse" (Theresa ).

Research Question 3: What knowledge do Illinois school nurses have regarding the responsibility, accountability, and appropriateness of delegation of nursing tasks to the unlicensed school personnel in the school setting?

Interview questions six and seven addressed the nurses' accountability and responsibility and the outcome of the performed delegation tasks (see Table 4). All but one nurse, Pam, believes the nurse retains responsibility and accountability for the delegation. One nurse, Sandra,



reported believing any mistakes made by the person receiving the delegation and performing the task, remains the responsibility of the staff. That Girl, TU, Lion, and Coconut reported believing there is shared responsibility between the nurse and the unlicensed staff member. Nicole reports the school administrator and staff member are responsible for the outcome, and the nurse, administrator, and staff member are responsible for the actual delegation.

Table 4

*Summary of Participant Responses to Interview Questions 6-7 related to Research Question 3*

Research Question	Related Interview Questions	Summary of Responses
RQ3: What knowledge do Illinois school nurses have regarding the responsibility, accountability, and appropriateness of delegation of nursing tasks to the unlicensed school personnel in the school setting?	6. Tell me what you understand about the accountability and responsibility nurses have when delegating nursing tasks to unlicensed school personnel?	Nurses remain responsible and accountable for tasks and outcomes.
	7. What do you understand about the responsibility of the outcome of the delegated nursing tasks?	The nurses and the principal are accountable.
		Only the person receiving delegation is responsible if an error is made. The nurse, principal, and person receiving delegation are responsible.

### **Emergence of Major Theme, Subthemes, and Key Phrases (Codes)**

Upon completing the data analysis, a central theme and five subthemes became apparent (see Table 5). School nurses who participated in the study delegated the responsibility for the performance of health services to unlicensed school personnel. The health services were provided daily to the students in the school by the unlicensed school personnel. The five subthemes address the critical delegation components identified consistently by all the participants and relate to the research question's essence. The key phrases reflect the perspectives, beliefs, and understandings held by the participants.

Table 5

*Major Theme, Subthemes, and Key Phrases (Codes)*

Major Theme	Subthemes	Key Phrases (Codes)
Delegation	Decision and guidelines for delegation.	School administrator decides
		Staff has prior experience
		Nurse and staff comfort level
	Training and Competency	Staff member available
		Task can legally be delegated
		Staff has knowledge of student and task
Delegation	Task Performance	Task requires no nursing judgment
		Staff verbalizes understanding
		Staff demonstration
	Effects on Nursing Practice	Staff provides proof of prior training
		Staff receives training from nurse
		Requires no nursing judgment
Delegation	Responsibility/Accountability	Only simple instructions needed
		Not technical
		Should only be supervision
	Effects on Nursing Practice	Nurse has more control
		Nurse can refuse to delegate
		Unsure if practice changes
Delegation	Responsibility/Accountability	No changes to practice
		Nurse exclusively
		Nurse and staff
	Effects on Nursing Practice	Nurse, staff & school administrator
		Staff only (if an error)
		Administrator only

**Explanation of Themes and the Relationship to the Research Questions**

The central emerging theme was the concept under inquiry, which was delegation of nursing tasks to unlicensed school personnel. The first research question asked participants to share meaningful, in-depth recollections of delegation experiences in the school setting. Some respondents described the delegation experience as "difficult and problematic," citing reluctance or refusal as the reason for the difficulty. Others recall having "some good and problem-free" experiences. One participant, a nurse manager, reported the only delegation done had been to

other nurses but stated, as a manager, guidance had been given to nurses who had to delegate to unlicensed school staff.

### **Subtheme One: Decision Guidelines, Training/Competency.**

The first subtheme emerging included decision-making and guidelines for delegation, which address the first research question by providing insight into the participants' lived experiences. Key phrases (codes) highlighted who made the delegation decisions and the guidelines considered before decision-making. All respondents reported the principal or school administrator decided who could receive delegation, and the nurse had little to no input. Criteria that were considered by the nurse, once informed who was selected, included assessing if the staff member had prior experience, knows the student, is familiar with the illness, or is comfortable with the task. Guidelines reported used by the principal were, which staff member was available at the time the service was needed, and can the task legally be delegated to the unlicensed staff member, or if the task required nursing judgment. Pam, Joyce, Sue, Theresa, Sandra, That Girl, TU, and Chris, report the guideline they use which is essential, is to assess the cognitive ability of the principals' selection. Pam, Coconut, and Marie admit the guideline they followed is the recommendation of the principal.

### **Subtheme Two: Training and Competency**

All the nurses reported they will provide training for the staff member if needed. Joyce reports there are individuals she can delegate certain tasks to, such as overseeing the administration of oral medication or the use of a rescue inhaler. Joyce is adamant about not delegating the administration of an injectable medication or treatment of a diabetic student. Joyce will find another nurse or will provide the care herself. Theresa, Sandra, MOS, Sue and Kia,

report having to do "extensive" training, which they prefer, if it will prevent a student from suffering from a mistake at the hands of an unlicensed staff member.

### **Subtheme Three: Task Performance**

Task performance aligns with research question 1 and is a branch of the second theme as it requires the nurse to assess the designated staff member's ability to carry out the task, which is predicated on having an understanding of exactly what should be done. Chris reported once the training has been done with the staff member, additional "check-ins" are done to make sure if any questions arise they will be answered quickly. That Girl asks the designee to do a return demonstration when possible. In the case of oral medication administration, all the nurses except for Coconut and Nicole required proof of knowledge and the ability to perform the task adequately. Nicole reports she expects the staff member will get the district-mandated training, and if needed, she will supplement to give a brief review. Coconut believes the administrator and staff members are ultimately responsible if the task is poorly or improperly performed.

### **Subtheme Four: Effects on Nursing Practice.**

The fourth subtheme regarding nursing practice directly addressed the second research question, which sought to understand the perspectives nurses have regarding changes to nursing practice. More than half of the respondents believed there are no changes in nursing practice due to the Nurse Practice Act's revisions. Few nurses in the study reported limited or no knowledge of the act's new language, while others reported thinking there would be more control for nurses within the school. Two nurses reported understanding the refusal to delegate any nursing tasks was supported by changes in the act. One nurse reported the act's language addressed only care of diabetic students, while another nurse believed the act encourages more delegation. Still,

another nurse believed the act now requires the nurse to provide more training to unlicensed school personnel and an explanation of the school district's policy regarding delegation.

### **Subtheme Five: Responsibility and Accountability.**

The fifth subtheme directly addressed Research Question three which explored what school nurses understand about the responsibility and accountability of the delegated task and outcomes once the task has been performed. Eight nurses, Theresa, Marie, MOS, Sue, Joyce, Chris, Kia, and Earlene reported the nurse has full and exclusive responsibility and accountability for the delegated task performance and the outcome. One nurse, Sandra, believed the nurse is no longer responsible or accountable if the training was done appropriately, but the staff member committed an error. Nurse Pam stated the nurse had no responsibility once all training was completed and instructions are understood. Nicole believed the nurse, school administrator, and staff member share equal responsibility and accountability.

### **Reliability and Validity**

Phenomenological research, like other qualitative methods, is to be conducted with rigor to ensure the results are trustworthy. For research to be seen as trustworthy, Korstjens and Moser (2018) offered the following four criteria as essential: credibility, transferability, dependability, and confirmability. According to Houghton et al., (2013), credibility establishes truthfulness or believability, and dependability is similar to reliability in quantitative analysis. Confirmability ensures neutrality and data accuracy, which would allow other researchers to confirm the truthfulness of the results. Transferability addresses the usefulness of the results to similar contexts in other research while keeping the connection to the current study (Korstjens & Moser, 2018).

The use of semi-structured or open-ended interview questions are offered as the optimal

method of data collection in phenomenological qualitative studies, allowing the participant to provide rich, detailed, lived experiences with the concept under inquiry (Ozyigit, 2017). The interview questions were field-tested by individuals who were knowledgeable about the phenomenon under inquiry. The purpose of field testing was to ensure the validity of the instrument and eliminate bias.

The reviewed transcripts were sent via email to all respondents for member checking to allow corrections and confirmation of the accuracy of meaning. Not all participants returned the corrected transcripts, although most replied via email, indicating the perspectives were accurately documented. The research questions served as a guide for the exploration of the concept of delegation in the school setting to unlicensed school personnel. The qualitative phenomenological study sought to explore perceptions of school nurses in a single state, Illinois, working in a public school system. Transferability of the study's results is limited to school districts with similar protocols and guidelines.

### **Summary**

The results and analysis presented addressed each of the three research questions, which guided the study. Research Question one was designed to explore the experiences Illinois school nurses had with delegation, utilizing rich, descriptive thought and feelings. Each participant reported having either direct or indirect delegation experience with unlicensed school personnel. Research Question two asked participants to elaborate on the knowledge of the changes to the Illinois Nurse Practice Act, specifically related to delegation in the school setting. Most participants were aware of the act, but more than 50% of the respondents reported being unaware of the specific information in the act. Some nurses were aware the act allows the nurse to have a key role in selecting who receives delegation in the school, while others had no knowledge.

Research Question 3 inquired about the knowledge the respondents had regarding responsibility and accountability for delegation. All participants reported being aware the nurse has responsibility. Two participants believed the responsibility lied with the person receiving delegation and the school administrator.

Following these results and analysis, the next chapter presents a comprehensive interpretation of the findings, the study limitations, recommendations for school nurse leaders, and practicing school nurses. Additionally, the significance of the study for parents, teachers, students, and school administrators was made clear. Lastly, a personal perspective on the need for school nurses in the school building daily is addressed.

## **Chapter 5: Findings, Interpretations, Conclusions**

Delegation of nursing tasks to licensed personnel is commonplace in nursing practice. There are advantages and disadvantages for school nurses in Illinois when there is delegation of nursing tasks to unlicensed school personnel. The problem was a lack of clarity regarding the understanding nurses in the school setting have of the accountability and responsibility required to appropriately delegate nursing tasks (Lineberry et al., 2018) according to the Illinois Nurse Practice Act (2019). The act underwent a revision in January 2018, specifically related to the delegation of nursing tasks in a community setting, including schools (Illinois Nurse Practice Act, 2019). Exploring the thoughts, perspectives, and lived experiences of Illinois school nurses regarding delegation is significant for the school community. Important school community stakeholders include school administrators, teachers, parents, students, district leaders, school nurses, and school nurse leaders (Bergren, 2016).

When a nurse is unavailable in the school building, and there are students with daily health needs, an alternative health service delivery model is needed (Anderson et al., 2018; Baker et al., 2015). Delegation is the alternative health service delivery model likely to be implemented (Lineberry et al., 2018). Nursing literature discusses nursing delegation as a health service delivery model in the traditional health care environments, where there is nurse-to-nurse delegation. The literature lacks substantive information on school nurses' lived experiences, specifically in Illinois, who have delegated nursing tasks to unlicensed school personnel (Vollinger et al., 2011).

Several themes, subthemes, and perspectives emerged from data collected from the 15 nurse participants in the study. While the rich descriptions of the lived experiences varied, significant commonalities were experienced by all the nurses. Unexpectedly, most of the nurses



reported having little knowledge of the specifics of the Illinois Nurse Practice Act, (2019) related to delegation, but all were aware the act addressed the concept of delegation and reported a desire to investigate the act further to get an understanding of the language.

### **Findings and Conclusions**

Three research questions guided the study. Each question was designed to explore the school nurses' experience, knowledge, and understanding of delegation of nursing tasks to unlicensed school staff. The inquiry also included determining if the participants were aware of the responsibility, accountability, and appropriateness of the delegation. The research questions were answered by the participants.

Research Question One: What are the experiences of Illinois school nurses in delegating nursing tasks to unlicensed school personnel in the school setting?

Research Question Two: What perceptions do Illinois school nurses have regarding the effect of the 2018 changes to the Illinois Nurse Practice Act on daily nursing practice?

Research Question Three: What knowledge do Illinois school nurses have regarding the responsibility, accountability, and appropriateness of delegation of nursing tasks to the unlicensed school personnel in the school setting?

Each of the 15 participants reported having a direct or indirect delegation experience. The direct experience reported indicated the nurses gave delegation directions to an unlicensed school staff member. Twelve of the 15 nurses are staff nurses who have provided direct delegation to unlicensed school staff and were able to describe the challenges of the experience. The challenges were mostly centered on having to help the staff member overcome the fear of performing a task outside of the daily job responsibilities. The remaining two nurses were nursing managers who provided guidance and direction to a nurse giving the delegation

instructions. The descriptions of the delegation experience each nurse shared addressed the first research question and supported the limited nursing research, exploring delegation in the school setting (Vollinger, 2011).

At times participants did not believe the recommended staff person was competent to carry out the delegated task appropriately. In those instances, the nurse would go back to the administrator and report the staff member's response or refusal. School administrators would either speak with the staff member or choose someone else.

The participants provided limited information about the knowledge of the changes to the Illinois Nurse Practice Act, related to the delegation of nursing tasks in the school setting, which addressed the second research question. Two of the nurses (13%) reported having limited knowledge of the act but believed there is information in the act, addressing the use of a dedicated care aide to manage students with diabetes. Four participants (27%) reported having no knowledge of what was in the act and could not address if the act's changes would affect nursing practice. Six (40%) of the participants reported being aware the act allowed the nurse to have more responsibility for determining who could receive delegation, in collaboration with the school administrator, but only three of the six had read the act, could address the specific language, and describe how the guidelines in the act would affect nursing practice. Four of the 15 respondents had no knowledge of the guidelines written in the act and could not address the act's effect on nursing practice. Each of the four participants expressed a desire to learn more about the act and stated nursing licenses might be in jeopardy if delegation was done improperly.

Varied responses emerged from the third research question. Some nurses expressed believing the nurse alone was responsible and accountable for any delegated nursing tasks. Other nurses believed the responsibility and accountability lie with the nurse and the school personnel

receiving the delegation. Still, some nurses believe the responsibility and accountability lie primarily with the school administrator, who has chosen who receives the delegation. Yet other nurses report believing the responsibility lies with the nurse unless there is a mistake ("human error") made by the person performing the task, in which case the sole responsibility lies with the unlicensed school personnel. One nurse reported the responsibility and accountability lie exclusively with the person receiving the delegation, while another nurse believed the school administrator, school nurse, and the unlicensed school personnel are equally responsible and accountable.

Proper delegation is to be preceded by training and assessment of the competency of the person receiving delegation (Meiring, 2016). The nurse who transfers the responsibility for a nursing task through delegation remains responsible for the outcome of the delegation (Miller, 2018). Before delegation, the nurse provides detailed instructions, assesses for comprehension, determines if the right task is being given to the right person, and evaluates the outcome (Lineberry et al., 2018). Each respondent provided information on the steps taken prior to and during the delegation. "Theresa," a pseudonym, reported supplemental training is given to the person designated at the school, citing the individual has been the primary "go-to" person for more than 20 years, which is the length of time Theresa has been assigned to the school. Theresa reported there had been times others in the building received delegation to perform nursing tasks from someone other than herself. Theresa had been concerned as there is no indication the person was properly instructed or was competent to perform the task.

Several participants expressed frustration when the school staff gave "push back" upon being asked to accept delegation. Many feared the legal liability of performing tasks "which should be done only by the nurse." Others felt resentful, stating "we have our work to do" and yet

others reflected having no desire to accept responsibility "for doing someone else's' job." All participants reported having some degree of support from the school administrator, which is essential to effective delegation of nursing tasks to unlicensed school personnel. When the administrator could find no willing staff member to accept the delegated task, the administrator would be forced to perform the task. Several participants expressed concern, noting on many occasions the administrator was busy and forgot to perform the task or address the students' needs.

### **Interpretations**

The theoretical framework used to guide the study was transformational leadership. Transformational leadership's essential features include trust, mutual respect, mutual goals, training, motivation, and inspiration (Burns, 1978; Clavelle & Prado-Inzerillo, 2018; Orchard et al., 2017). The study's findings make clear the relationship between the school nurse and the unlicensed school personnel requires the characteristics of a transformational leader. Since school nurses are responsible for ensuring a health care delivery system is in place to address student health, the development of a trusting relationship with the school staff is essential when the delegation of nursing tasks is needed (Willgerodt et al., 2018). All 15 participants revealed a need to delegate nursing tasks to unlicensed school personnel to ensure students received care during the school day. Nursing literature supports the need for delegation to unlicensed school personnel when the school nurse is not present in the building (Lineberry et al., 2018).

Each nurse in the study recalls the delegation process was initially challenging and required establishing a rapport with the unlicensed school staff as well as support from the school administrator. At least eight of the 15 nurses reported the initial response from the unlicensed school staff member was either a refusal to take on the additional role or fearful

reluctance. When the respondents were met with refusals and apprehension, the need to explain the benefit to the student's health became apparent. Once the unlicensed staff member understood the value of providing the service for the student, a sense of mutual understanding and respect between the nurse and the staff member was established (Clavell & Prado-Inzerillo, 2018).

The literature review described in Chapter 2 showed a gap in the literature addressing the perspectives of school nurses' lived experiences with delegation of nursing tasks to unlicensed school personnel. The review highlighted the expanded role of the school nurse. Providing safe, essential health care services to the millions of students for whom school nurses in the United States are responsible was a priority (Becker & Maughan, 2017). The priority demands an alternative health service delivery method in the absence of the school nurse.

Delegation of nursing tasks to unlicensed school personnel has become a method used by school nurses in Illinois' public school districts. School nurses in the study provided evidence of the strategies needed to ensure students receive the health services needed daily. Participants in the study reported the delegation experience included assessing student needs, capability, and willingness of school staff; collaboration with school administrators; and providing training and evaluation for the safe provision of health care in the school setting.

The literature review and the study results provide evidence of the challenges to delegation in the school setting. When health service delivery is delayed or cannot be provided directly by a school nurse, delegation of services to unlicensed school personnel is likely to be an alternative (Becker & Maughan, 2017; Lineberry & Ickes, 2015; Lineberry et al., 2018). The results of the study reflect what is known in the nursing literature regarding the school nurse's leadership role. The development of nursing leadership skills could begin as a part of nursing education but continues as the nurse works within the field and are refined as the nurse becomes

willing to grow professionally (Glassman & Whithall, 2018). Delegation of nursing tasks, including the provision of training, assessing for understanding, and evaluation of outcomes, directly reflects nursing leadership (McIntosh et al., 2015).

The school nurse has the skill and knowledge to assess and address student health needs. Delegation of nursing tasks to unlicensed school personnel is one of the skills serving as a component of nursing leadership in the school setting. Participants in the study provided evidence of the need for leadership that may serve as a catalyst to change the school's culture related to the staff's perception of student health needs. As reported by several participants, when meeting resistance to delegation, motivation and inspiration were achieved by emphasizing a student-centered goal.

### **Conclusions**

The study's findings build upon the current body of knowledge by providing rich, detailed descriptions of Illinois school nurses' lived experiences with the delegation of nursing tasks to unlicensed school personnel in public elementary and high schools throughout Illinois. A need for school nurses to collaborate with school administrators and unlicensed school personnel to ensure student health concerns are addressed in the nurse's absence was presented in the results. Emphasis on training and assessment of competency by the nurse delegator when delegating to school staff was highlighted in the results. Additionally, school nurses are advised to know the Illinois Nurse Practice Act (2019) and understand the responsibility and accountability remains with the nurse once a task has been delegated. Participant responses indicated a knowledge deficit for 10 of the 15 participants specifically related to the language in the Nurse Practice Act and the effect of the guidelines outlined in the act upon nursing practice. The overall shared perspective of the respondents is the agreement for the need to have a nurse in

the school building daily, especially where there are students with daily health needs. The legal ramifications of delegating nursing tasks to unlicensed school staff remains a concern of significant importance to all the participants.

### **Limitations**

Limitation regarding sampling is evident, considering the participants are all nurses who are members of the Illinois Association of School Nurses. The sampling was one of convenience. The data collection interviews were limited to being conducted telephonically due to the global pandemic of COVID-19. The lack of face-to-face interviews prevented observing facial expressions and body language, which could have provided richer meaning to the participants' reporting. Some respondents were personal acquaintances and may have answered based on what was believed to be an expected answer. Member checking required several reminders, including multiple emails and texts. Not all participants provided corrections to the transcripts, stating there were minor errors in the transcription but felt the "essence" of thoughts and meanings were accurately reported. The transferability of the results is limited to school nurses in public schools within the city and suburbs of Illinois and may be meaningful in other states with similar school nurse practice protocols. Themes and trends in other geographical locations or other types of school districts, such as private or charter, could be different.

### **Recommendations**

Several recommendations have emerged because of the qualitative study. The first suggestion is for a companion quantitative or mixed-method study. Quantitative measurement of student outcomes when the performance of nursing tasks have been done by unlicensed school personnel could inform school stakeholders of the effectiveness and potential lack of safety of the performance of delegated tasks. A study measuring the reasons and frequency of students

who are sent home by unlicensed school staff and compared with those sent home by the school nurse could reveal evidence to support having a nurse available in every school daily. An inquiry into the dynamics of the school nurse's relationship with school staff and school administrators would highlight key school community stakeholders' viewpoints regarding student health and wellness needs.

Focus groups consisting of school nurses, school staff, parents, teachers, school administrators, and school nurse leaders should be conducted to gather information regarding optimal alternative health service delivery models in the absence of school nurses to determine if the model is beneficial to students. Additional research supporting the need for a greater nurse presence in the school could affect policy decisions and funding allocations. Another recommendation is to conduct a study to provide evidence addressing whether school nurses being available to provide health services can improve student attendance and achievement. More study is needed with a larger sample of school nurses, across all 50 states, to gather information about the practice and challenges of delegation to unlicensed school staff in more diverse locations.

Budget cuts and lack of resources have led to many schools having to address student health needs with alternative service delivery methods without a school nurse (Leroy, Wallin, & Lee, 2017; Lineberry et al., 2018). Schools where students have direct access to school nurses and comprehensive health services have proven more favorable health outcomes for the students, more adherence to treatment protocols, and reduced absenteeism (Leroy et al., 2017). Finally, students using emergency services versus having regular visits to a health care provider could be related to not having a nurse available in the school to conduct an assessment and make appropriate referrals and should be studied.



### **Implications for Leadership**

The study results highlight the expanded role of school nurses, which includes how nurses are leaders, educators, and caregivers in the school setting. Students with complex health needs attend public schools. Many of these students require health services, such as medication administration, diabetes management, assessment, and management of emergency episodes during school hours. School nurses and school nurse leaders have the knowledge and skill to make a case for having a nurse in the school building daily. When there is no nurse available, delegation becomes a valuable health service delivery method but should be done appropriately and safely. The study provides valuable lived experiences of school nurses who have delegated nursing services to school staff, not holding a nursing license, or possessing medical knowledge. The results show delegation is not without challenges and risks for errors and potential student harm.

The experiences recounted by the school nurse participants in the study emphasize the challenges school nurses, school staff, and school administrators face daily when meeting the medical needs of students with a health concern. For delegation to be a viable alternative method of health care delivery, school nurses should be fully aware of the legal guidelines set forth within the state's Nurse Practice Act, addressing appropriate delegation guidelines. Nurse leaders should establish ongoing professional development opportunities to ensure school nurses have access to vital information needed for safe, quality nursing practice. School nurse leaders could produce empirical evidence that reflects the work of school nurses. The data might justify support for changing policies and ensuring properly managed allocation of nursing resources. Nurses provide health care services, promote wellness through health assessments, health education, disease management, and illness prevention, which further justifies reexamining the

models of the workload of nurses in the school setting. (Bohnenkamp et al., 2015; Endsley, 2017; McIntosh et al., 2015; Vollinger et al., 2011).

The results of the study reflect the need for increased school nurses' knowledge and understanding of practice guidelines as written in the Illinois Nurse Practice Act (2019). Public expectations suggest school nurses are pediatric experts, clinically competent, and knowledgeable regarding educational laws and standards pertaining to students with disabilities and chronic complex health conditions (Bohnenkamp et al., 2015). School nurse leaders have a responsibility to ensure the supervised nursing staff has a thorough and comprehensive understanding of the regulations that guide nursing practice.

### **Conclusion**

The study results provided new information highlighting the rich, detailed delegation experiences of public school nurses in Illinois. While previous studies have provided information about the process of nurses delegating nursing tasks to other nurses, little is known about the lived experiences and perspectives of school nurses who have delegated nursing tasks to unlicensed school staff. The challenges faced by school nurses include refusal by others to accept delegation, errors in the execution of the delegated task, lack of comprehension by the person receiving the delegation, and occasional missed service to students. The study underscores the need for increased collaboration and communication between school nurses, nurse leaders, school administrators, teachers, and parents to ensure students' health needs are adequately met daily.

The qualitative phenomenological study gathered, explored and presented the lived experiences of school nurses in Illinois regarding delegation to unlicensed school personnel in public schools. What has been presented in the concluding chapter are the study findings,

interpretations, limitations, recommendations, and implications for nursing leadership. While the perspectives presented in the study provide a valuable understanding of the lived experiences of the participants, the value lies in the discussions yet to be had. School nurses are essential to students' academic success because of the possession of the skills and knowledge to address acute and chronic health concerns. The ability to assess, manage, and treat ongoing and urgent health issues in the school setting are only adequately addressed by a trained medical professional, a school nurse. School nurses, school nurse leaders, school administrators, school district leaders, parents, and students have the collective power and ability to address the concerns presented in the study and implement change strategies.

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## Appendix A

### Informed Consent

#### American College of Education

#### Guidelines for Informed Consent for Research Participants

Prospective Research Participant: Read this consent form carefully and ask as many questions as you like before you decide whether you want to participate in this research study. You are free to ask questions at any time before, during, or after your participation in this research.

#### Project Information

Project Title: Delegation of Nursing Tasks to Unlicensed School Personnel by School Nurses: A Qualitative Study

Researcher: Janet James Benson

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#### Introduction

I am Janet James Benson, and I am a doctoral candidate student at the American College of Education. I am researching under the guidance and supervision of my Chair, Dr. Neumann. I will give you some information about the project and invite you to be part of this research. Before you decide, you can talk to anyone you feel comfortable with about the research. This consent form may contain words you do not understand. Please ask me to stop as we go through the information, and I will explain. If you have questions later, you can ask them then. There are a few questions, which will be presented in a brief survey, to establish your eligibility to participate in the study. These questions will take less than 5 minutes. If you are eligible, you will click on the link, which will lead you to the study information page and consent form.

#### Purpose of the Research

You are being asked to participate in a research study, which will assist with understanding experiences and perceptions on delegation of nursing tasks, by school nurses in the school setting to unlicensed school assistive personnel such as the school clerk, teachers, administrators, and staff. By exploring these experiences and school nurse perceptions, I believe we will get information to drive a discussion about the recent changes to the Illinois Nurse Practice Act, as it relates to delegation in the school.



### Research Design and Procedures

The study will use a qualitative methodology and phenomenological research design. The informed consent will be available to all Illinois school nurses who are eligible to participate. The study will involve either face-to-face or telephonic 60-minute interviews with the researcher(s) in the participant's school, mutually selected location, or telephone.

### Participant selection

You are being asked to participate in this study based on your answers to the initial survey questions, which made you eligible to participate. Your experience in delegating nursing tasks to unlicensed school personnel in the school setting, your licensure as a Registered Nurse in Illinois, your employment in an Illinois school district and your responsibility for ensuring the performance of nursing care to students in your school on a daily basis, makes you eligible to participate. Your experience and perception make your participation in this study valuable.

### Voluntary Participation

Your participation in this research is voluntary. It is your choice whether to participate. If you choose not to participate, there will be no punitive repercussions and you do not have to participate. If you select to participate in this study, you may change your mind later and stop participating even if you agreed earlier.

### Procedures

I am asking you to help me examine the experience and perceptions of Illinois school nurses currently employed in a school in Illinois who have delegating nursing tasks to unlicensed school personnel. You will participate in a 60-minute interview either by telephone or face to face, as mutually agreed upon, to discuss your experience delegating nursing tasks to unlicensed school personnel. You will also be given the opportunity to verify your responses once transcribed by the writer for accuracy, which should take no more than 30 minutes. You can withdraw from the study at any time without penalty. We are inviting you to participate in this study. If you agree, you will be asked questions about your employment and your nursing role and responsibilities as they relate to delegation of nursing tasks.

### Duration

The research will take place over 1-2 months. The initial interviews will take 60 minutes. A brief follow-up discussion, which will take 30 minutes to ensure the researcher has captured your thoughts completely and accurately, will occur after recordings have been transcribed. An optional post-study evaluation session will take place and last 15 minutes to allow you to complete an evaluation of the research process and researcher. Your responses on the evaluation will have no effect on your participation in the study and you may elect not to participate in the evaluation.

### Risks

The researcher is asking you to share personal and confidential information, and you may feel uncomfortable talking about some of the topics. You do not have to answer any questions or take part in the discussion of you do not wish to do so. You do not have to give any reason for not responding to any question.

### Benefits

While there will be no direct financial benefit to you, your participation is likely to help us find out what Illinois school nurse experience when they are required to delegate nursing tasks to unlicensed school personnel. The potential benefit of this study will guide a discussion among Illinois school nurses, school nurse leaders, school administrators and unlicensed school personnel (USP) with regard to the safe and appropriate delegation of nursing tasks, as outlined by the INPA.

### Confidentiality

I will not share information about you or anything you say to anyone outside of the researcher. During the defense of the doctoral dissertation, data collected will be presented to the dissertation committee. The data collected will be kept on a password-protected audio recorded device which will be locked in a lockbox with a combination lock, known only to the researcher. This data, including the recordings and transcripts, will be destroyed, according to federal guidelines, which indicate 3 years after the research is done and once all recordings have been transcribed and transcriptions have been verified by the participants for accuracy and completeness. You will receive an alphanumeric identifier known to the researcher as well as a self-identified pseudonym, which will be used for dissertation publication purposes.

### Sharing the Results

At the end of the research study, the results will be available for each participant. It is anticipated the results may be published in a school nurse journal and serve to help other school nurses.

### Right to Refuse or Withdraw

Participation is voluntary. At any time, you wish to end your participation in the research study; you may do so without repercussions. You may also request the recording be stopped and your responses written by the researcher and read back to you for accuracy of meaning.

### Questions About the Study

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact me Janet James Benson, Benson3798@gmail.com. My telephone number is 773/677-5696. The Institutional Review Board of American College of Education has approved this research plan. This is a committee whose role is to make sure the research participants are protected from harm. If you wish to ask questions of this group, email IRB@ace.edu or you may contact Dr. Crystal Neumann at Crystal.Neumann@ace.edu.

### Certificate of Consent

I have read the information about this study, or it has been read to me. I have had the opportunity to ask questions about the study, and any questions have been answered to my satisfaction. I consent voluntarily to be a participant in this study and understand that I can withdraw my participation at any time without penalty.

---

Printed Name of Participant

---

Signature of Participant

---

Date

I confirm the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered to the best of my ability. I confirm the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

---

Printed Name of Principal Investigator

---

Signature of Principal Investigator

---

Date

KEEP THIS INFORMED CONSENT COVER LETTER FOR YOUR RECORDS.

## Appendix B

### Participant Pre-Selection Criteria

#### American College of Education

Greetings, my name is Janet James Benson. I am a doctoral student at the American College of Education. I am researching my dissertation, and you have been identified as a possible participant for my study. I have provided several questions for you to answer to determine if you are eligible to participate. If you are, please use the information at the bottom of the page to contact me to set up a date, time to discuss the research project in greater detail.

#### Purpose of the Research Project:

The purpose of this research project is to explore the perspectives of the lived experiences Illinois school nurses have regarding the changes in 2018 to the Illinois Nurse Practice Act (INPA) and interpret or describe the effect of this change on nursing practice. This qualitative study is needed to inform and guide a discussion among Illinois school nurses, school nurse leaders, school administrators and unlicensed school personnel (USP) with regard to the safe and appropriate delegation of nursing tasks, as outlined by the INPA.

#### Pre-Selection Participant Questions:

1. Are you a Registered Nurse (RN) licensed to practice in Illinois? *If no, thank you. Stop here.*  
☐ YES      ☐ NO
2. Do you hold the title School Nurse (Certified School Nurse-CSN) or Health Service Nurse (HSN) or Health Aide? *If no, thank you. Stop here.* ☐ YES ☐ NO
3. Do you work as an RN in a public, private or charter school in Illinois? *If no, thank you. Stop here.* ☐ YES      ☐ NO
4. Does your job description include providing direct nursing care (medications, catheterizations, suctioning, gastrostomy tube feedings, blood sugar monitoring, etc.) to students anytime during the workday? *If no, thank you. Stop here.* ☐ YES ☐ NO
5. Are you aware of the changes to the Illinois Nurse Practice Act from January 2018, allowing RNs to delegate nursing care to unlicensed school personnel (USP)? ☐ YES ☐ NO? *If no stop here.*
6. Since January 2018 have you delegated or been asked to delegate or know of any RNs who have delegated nursing care to unlicensed school personnel in the school setting? *If no, to all 3 aspects of this question, thank you. Stop here.* ☐ YES ☐ NO

If you answered Yes to all 6 questions, please contact the researcher for further information and to provide informed consent if you desire to participate in the study.

Researcher: Janet James Benson

Organization: American College of Education

Email: Benson3798@gmail.com      Telephone: 773/677-5696

Researcher's Dissertation Chair: Crystal Neumann

Organization and Position: American College of Education, Department Chair, Leadership, and Administration. Email: Crystal.Neumann@ace.edu

## Appendix C

## Letter of Site Permission for the Illinois Association of School Nurses

## American College of Education

Dear IASN Administrators,

My name is Janet James Benson. I am a Certified School Nurse with Chicago Public Schools. I am a doctoral candidate at the American College of Education. I am emailing you to inform you of a study I am conducting with school nurses in the state of Illinois and to ask for your assistance and permission in distributing the study information and Pre-Selection Participant Questionnaire to the nurses who are members of the Illinois Association of School Nurses. The purpose of this research project is to explore the lived experiences Illinois school nurses have regarding delegation of nursing tasks to unlicensed school personnel and the knowledge school nurses have about changes to the Illinois Nurse Practice Act which occurred in 2018. Additionally, I will have the nurses discuss any changes they have implemented directly related to the changes to the nurse practice act. This is a qualitative phenomenological study, which is needed to inform and guide a discussion among Illinois school nurses, school nurse leaders, school administrators and unlicensed school personnel with regard to the safe and appropriate delegation of nursing tasks, as outlined by the nurse practice act

Participation in the study will include a 60-minute interview conducted either in person or via telephone. Participants will be provided with the semi-structured and open-ended interview questions which can be provided to you upon request. All interviews will be audio-recorded, password protected and stored in a locked box. In addition, participants will be given an alphanumeric identifier and a self-identified pseudonym, which will be kept confidential and used only for publication of the dissertation. This study is voluntary and participants can withdraw at any time without penalty. Participants will be allowed to request the recording be stopped at any time and answers be written by the researcher and read back for accuracy.

Researcher: Janet James-Benson

Email: Benson3798@gmail.com      Phone: 773/677-5696

Researcher's Dissertation Chair: Crystal Neumann

Organization and Position: American College of Education, Department Chair, Leadership, and Administration

Email: Crystal.Neumann@ace.edu

## Appendix D

## Semi-Structured Interview Questions

## American College of Education

1. Can you tell me about your experience in delegating nursing tasks to unlicensed school staff, to be done in your absence? (RQ1)
2. Can you describe how you decided to whom you would delegate the task? (RQ1)
3. Can you talk about what guidelines you used to make your decision as to who would receive the delegation, how you knew they would be capable to carry out the delegation, and if you had to do any training with this person? (RQ1)
4. What have you read or heard about the changes to the Illinois Nurse Practice Act, specifically related to delegation to non-nurses in the school setting? (RQ3)
5. In what ways do you think these changes will affect your nursing practice? (RQ2)
6. Tell me what you understand about the accountability and responsibility nurses have when delegating nursing tasks to unlicensed school personnel? (RQ3)
7. What do you understand about the responsibility of the outcome of delegated nursing tasks? (RQ3)

Researcher: Janet James-Benson  
Email: Benson3798@gmail.com      Phone: 773/677-5696

Researcher's Dissertation Chair: Crystal Neumann  
Organization and Position: American College of Education, Department Chair, Leadership, and Administration  
Email: Crystal.Neumann@ace.edu

## Appendix E

## Interview Protocol

## American College of Education

My name is Janet James-Benson and I will be conducting this interview. The purpose of the interview is to gather first-hand information from school nurses regarding personal experiences with delegation of nursing tasks to unlicensed school personnel, in the school setting. In addition, I would like to know what knowledge and understanding Illinois school nurses have concerning the changes made to the Illinois Nurse Practice Act in January 2018 specifically related to delegation of nursing tasks and whether you think these changes have impacted your daily nursing practice. Your experiences will be digitally recorded based on researcher-developed questions and your thoughts and perceptions. You may request the recording be stopped at any time and if you prefer, your answers will be written by the researcher and read back to you for confirmation and accuracy. The recordings will contain no identifying information about you other than an alpha-numeric assignment and a self-identified pseudonym of your choice. The recordings will be password protected and stored in a locked container for transcription. Once transcribed and verified by you for accuracy of meaning, the data will remain protected and stored for 3 years as required by federal guidelines and then destroyed.

Before this interview, you were given 6 pre-selection criteria questions which because of your answers made you eligible to participate in the study. You were also given information that described the nature and purpose of the study, why the study is being conducted, the significance of the study, key stakeholders involved in the study, and how the results will be used. You were informed the interviews would last no longer than 60 minutes and would include semi-structured and open-ended questions. You were informed you could withdraw from the study at any time without harm or repercussions and you were given a consent form which you signed, agreeing to participate in the study. For telephonic interviews, you signed and scanned your consent forms for me and in-person interviews. Here is a copy of your signed consent.

*"Before we start are there any questions or concerns I can address for you now? If not, let's get started."*

Researcher: Janet James-Benson

Email: Benson3798@gmail.com      Phone: 773/677-5696

Researcher's Dissertation Chair: Crystal Neumann

Organization and Position: American College of Education, Department Chair, Leadership, and Administration

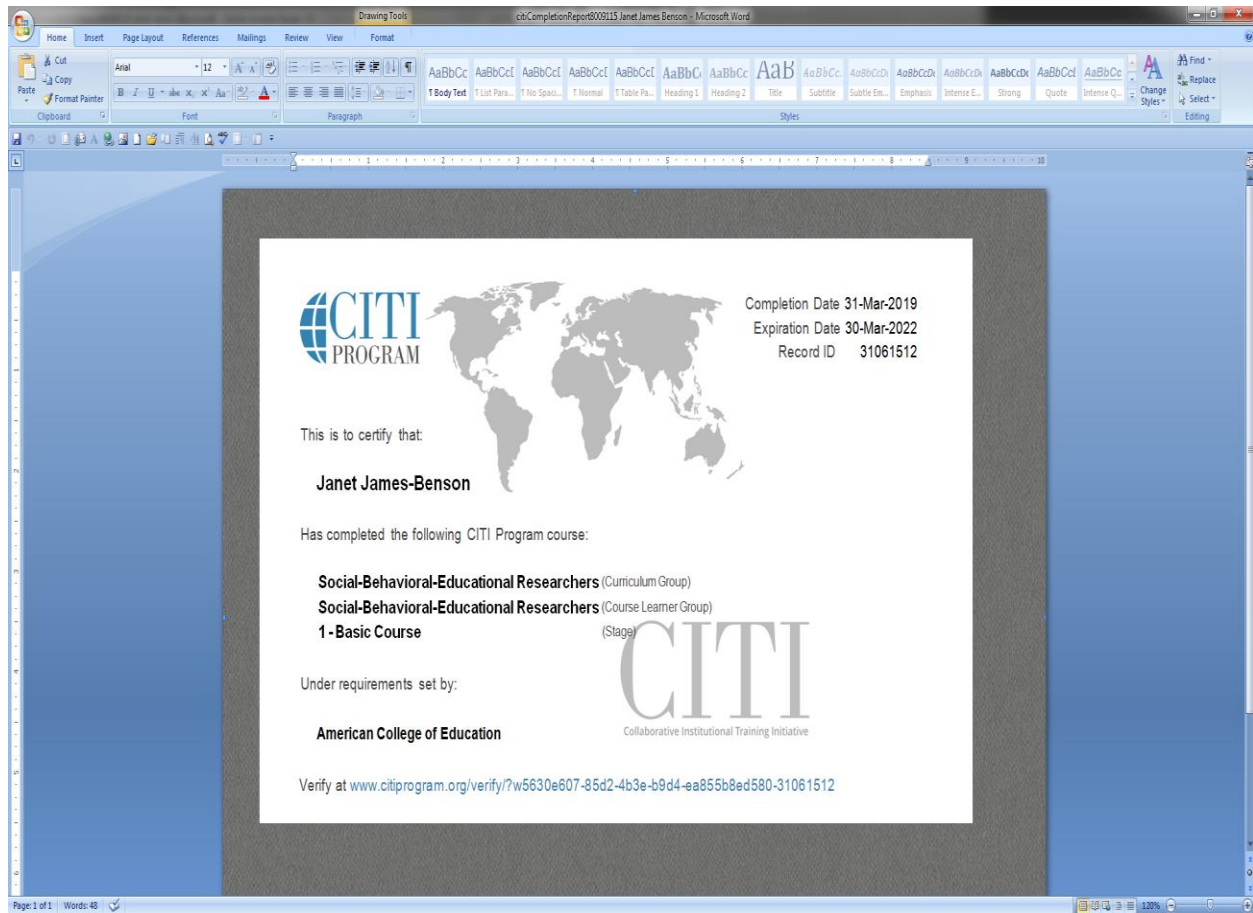
Email: Crystal.Neumann@ace.edu



## Appendix F

## Certificate of CITI Training Completion

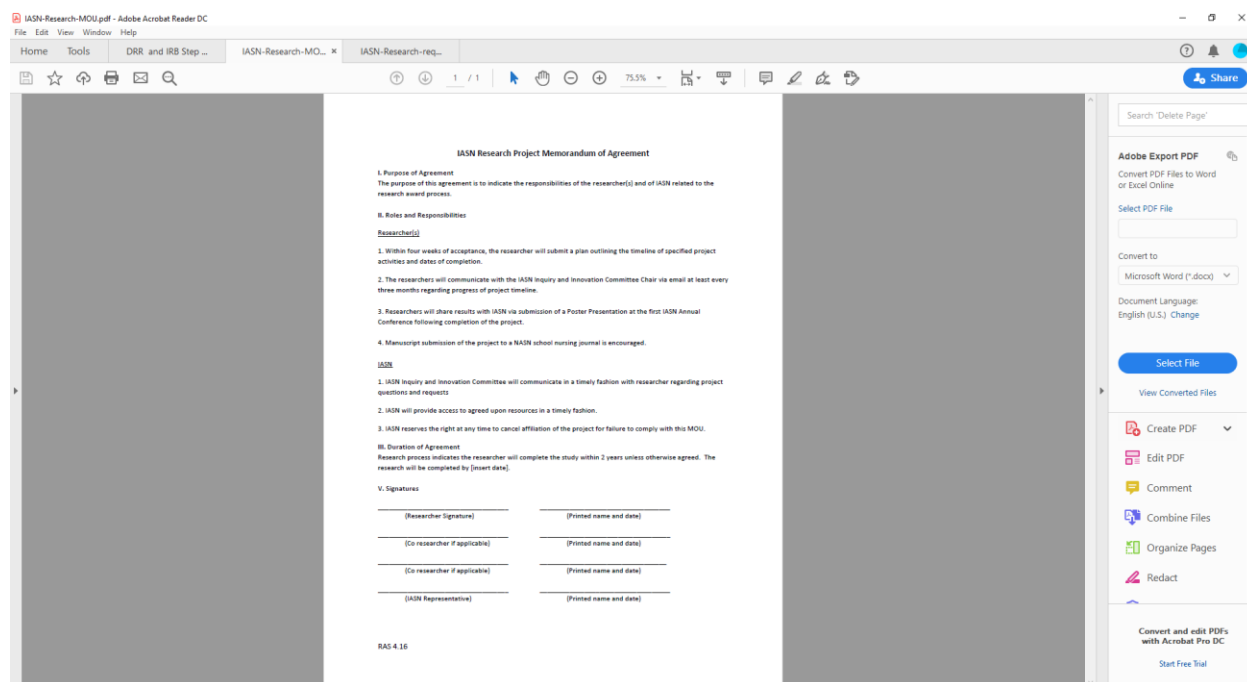
## American College of Education



## Appendix G

### Illinois Association of School Nurses Memorandum of Agreement

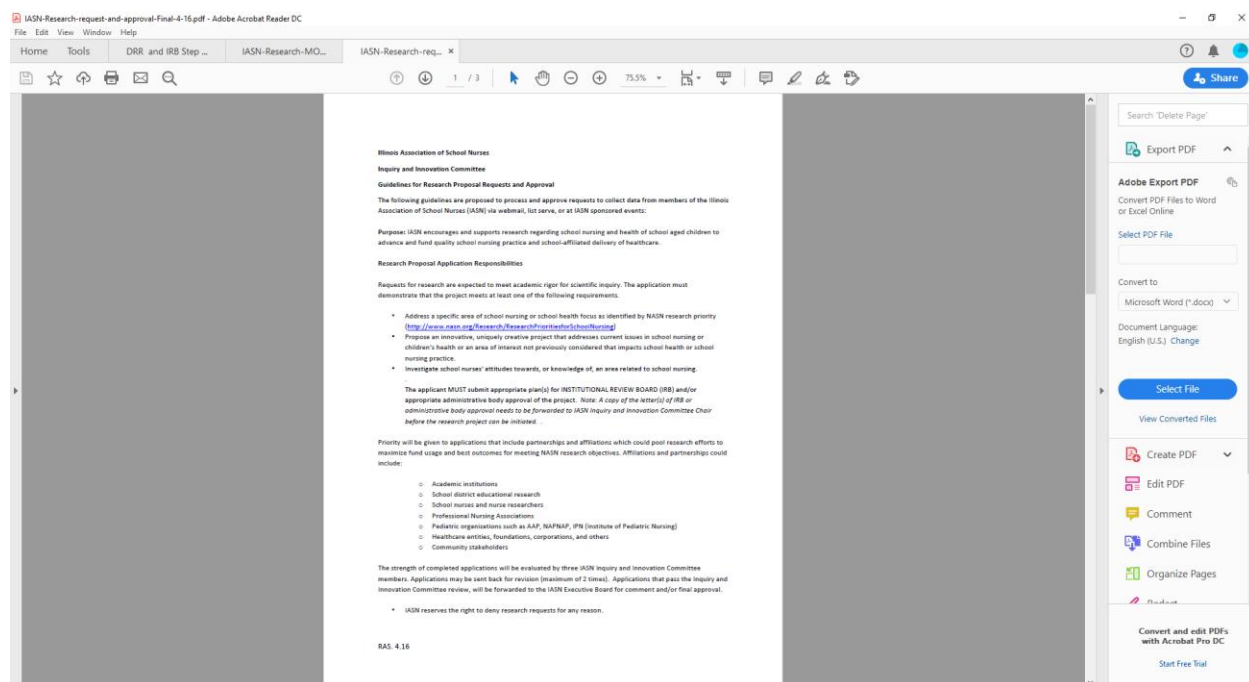
### American College of Education



## Appendix H

### Illinois Association of School Nurses Research Proposal Requests

#### American College of Education



## Appendix I

## Institutional Review Board Approval Letter

## American College of Education

