Survey of Missouri School Nurses to Determine Priority Health Resources to be Developed for the World Wide Web
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BACKGROUND: School nursing is increasing in complexity and school nurses are no longer just "Band-Aid" nurses. In schools throughout Missouri, nurses must work with families of children who are acutely or chronically ill, may be facing chemotherapy, or have a physical or cognitive impairment. School nurses are often isolated in their individual school districts and do not have easy access to nursing and medical support systems. Based on the design advocated by Brennan (1995), we propose to develop a comprehensive school health information resource for use by children and school health nurses to provide decision-making assistance, communication support, care information, electronic mail, research data bases, and health resources. These resources are intended to extend and enhance school nursing practice. The purpose of this survey is to gain information for design by determining school nurses' perceptions of common conditions and health information needs.

SPECIFIC AIMS: The specific aims of Phase I of this multiphase project were to determine: 1) specific health resources school nurses in Missouri felt would be beneficial to Missouri school children and to school nursing practice, and 2) the priority for placing the health resources on the web site.

METHODOLOGY: All Missouri school nurses N=1125 were mailed a School Nurse Survey. Selected demographic variables were elicited. Nurses were asked to prioritize a list of 32 broad categories of health resources: high priority (make available on web site immediately, information is used on a daily basis or is critical even if used only several times during the school year); middle priority (make available on web next, use information regularly but can wait); or low priority (make available on web as time permits, available from other source or seldom used). The school nurses were then asked to identify specific health problems they encounter in their school nursing practice that would benefit from an extensive Internet health information system for direct use by children.

RESULTS: 292 (26%) surveys were returned. Of the 32 health categories, 11 were identified as high priority, 18 middle priority, and 3 low priority. High priority health categories include: individualized health care plans, emergency care plans, communicable disease control plans, acute illness, injuries, communicable diseases, hot line numbers, medications in schools, immunization protocols and standards, community based health care resources, and Department of Elementary and Secondary Education regulations impacting school health. The four top health problems school nurses see frequently in their practice were asthma, attention deficit disorder, diabetes, and head lice.

CONCLUSIONS: Results of this survey, despite a lower than anticipated response rate, will guide the next phases of the development of a prototype World Wide Web based computer health information system for Missouri school nurses and school children. It is hoped that by placing priority health resources on the web site, the likelihood that school nurses and school children will use the health information system will be increased, thus, impacting in a positive way the health of Missouri school children. By November, prototype web pages will be available for viewing.

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References