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Understanding the role of secondary school nurses and their collaboration with athletic trainers

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ABSTRACT

Background: Interprofessional and collaborative practice between secondary school nurses and athletic trainers may improve the quality of care to students and student-athletes.
Purpose: To determine secondary school nurses' role in treating musculoskeletal injuries, role in treating student-athletes, general responsibilities, perceptions about athletic trainers, and the extent of their collaboration with athletic trainers in the secondary school setting.
Method: We used qualitative interview with 15 secondary school nurses and a grounded theory approach to data analysis.
Discussion: Two overarching themes were identified: Nurse Responsibilities and Interprofessional Collaborations. Interprofessional Collaborations resulted in three subthemes: Shared Responsibilities, Keys to Positive Working Relationships, and Barriers to Positive Working Relationships.
Conclusions: Secondary school nurses and athletic trainers have similar and divergent roles that allow for potential collaboration to occur. There are inherent barriers to collaboration that make it difficult for both professionals to work together, but communication, individual expertise, shared resources, trust, and elimination of financial restrictions should provide for optimal collaboration.

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1. Introduction

The cost of healthcare is growing at a rate of 7%, yet patient safety is only improving by 1%–2% annually.[1] In the United States, more than 7.9 million students participate in organized secondary school athletics,[2] almost all of which occur as extra-curricular activities (outside the normal hours and confines of the academic day). Although secondary school nurses are more commonly available to these patients are charged with the healthcare of students at their assigned organizations, interscholastic athletics adds risk and a level of specialization in musculoskeletal care that may be beyond the scope of this position. In order to improve patient safety in such a large population, access to an athletic trainer and the opportunity for continuity of care between healthcare professionals could best meet the needs of these patients. In the secondary school setting, the presence of adequately trained healthcare providers to care for athletic and musculoskeletal injuries is very important.[3] This is most often a nurse or athletic trainer who are the most common healthcare providers in the school setting.[4] The National Athletic Trainers' Association recommends that schools establish an AHCT[a] comprised of athletic trainers, school nurses, physicians, and other healthcare providers to ensure appropriate medical care for athletes.[5]

Athletic trainers and secondary school nurses have many shared and differing roles. Athletic trainers usually work in partnership with the team physician to determine athletic modifications and return-to-play decision making.[6] The athletic trainers' roles include the following: developing and implementing an emergency action plan, preventing, recognizing, diagnosing, referring, treating, and rehabilitating injuries/medical conditions, modifying athletic activity as needed, establishing criteria for safe return-to-play and coordinating the return-to-play process, assuring that all athletic equipment is safe, maintaining medical documentation for all patients, and monitoring weather conditions to assure safety of athletic participation.[6–8] The school nurses' roles in healthcare at the secondary school level is to provide preventative and health screening services, immunization services along with immunization verification, early identification of problems, interventions for

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[a] Athletic healthcare team.

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illnesses and injuries, infectious disease reporting, health education and healthcare promotion in the school environment and community, development of school health policies, and referrals to foster health and educational success.[9] They also develop individualized healthcare plans,[9] develop emergency care plans[9,10] for individual students with special healthcare needs, and provide leadership and emergency planning for the provision of healthcare services for those particular individuals.[9]

Currently, 70% of public secondary schools in the nation have athletic training services available to them, but only 37% of them hire full-time athletic trainers.[11] This means that many athletic trainers are not available for the full day to care for student-athletes. In addition, only about 13 states in the country have school nurse-to-student ratios that fall within the national recommendation of 1 nurse to 750 students.[12] When school nurses have higher ratios, this forces them to provide care to multiple schools, so they are not always present at each school each day.[12] Therefore, an inadequate healthcare team in schools can occur due to the lack of available providers.

In the past, secondary school nurses would try to take the place of athletic trainers in secondary schools by obtaining extra training in sports medicine to eliminate the need for another salary.[13] In the Midwest, only 13% of school districts hired an athletic trainer due to financial restrictions.[14] In order to increase job marketability of the athletic trainer for hiring at the specific schools, employment as a certified teacher with additional certifications were the standards which certain Midwestern schools mandated for hiring athletic trainers because of budget concerns.[14] Athletic trainers who have other roles in the school as a teacher[9] leads to burnout and role strain.[15] The same issue arises for school nurses who work at multiple schools and have a large nurse-to-student ratio in the state which they work.[12]

The two professions of nursing and athletic training must collaborate to accommodate for factors such as availability, burnout, and workload. For this to occur, the two professions must understand each other's roles in the healthcare system to limit inaccurate knowledge, perceptions, and stereotypes as barriers to this potential collaboration. Health professionals may already have preconceived stereotypes and notions of other providers with minimal previous interprofessional practice. These stereotypes and misconceptions occur due to limited knowledge or false information and can lead to negative expectations.[16] On the contrary, positive perceptions can lead to positive outcomes as well.[16] IPE gives healthcare providers the proper and formal knowledge of the roles of each healthcare professional.[17,18] IPE is the first step for collaborative and IPP to occur in the workplace.[17,19] IPP leads to increased patient safety,[20] increased communication skills,[21] efficient care coordination,[19] reduced medical errors,[19,22] improved patient advocacy,[19] reduced healthcare costs and health disparities,[19] decreased duplication of treatments and procedures,[23] increased patient outcomes,[22] and increased job satisfaction.[22] In order to have similar outcomes in the secondary school setting, it is important that both secondary school nurses and athletic trainers collaborate. The purpose of this research was to understand the roles and responsibilities of secondary school nurses, specifically their roles in managing musculoskeletal injuries and treating student-athletes. We also explored their perceptions of athletic trainers and the extent of their collaboration with athletic trainers.

2. Materials & methods

2.1. Participants

We used a qualitative research design to explore the perceptions of secondary school nurses and their collaboration with athletic trainers. The study was approved by the Institutional Review Board and all participants provided written and verbal consent to participate. To identify potential participants (n = 1149 emails), we searched the internet for publically available data regarding secondary school nurses in the states of Illinois and Indiana. We used a demographic online instrument to recruit participants and gather basic demographic information about the participants and the schools they work at. Sixty-three secondary school nurses navigated to the recruitment tool. We randomly followed up with willing participants to schedule phone interviews, conducting 15 interviews and discontinuing at the point of saturation. All interviewees were female and worked in a public school funding model. The majority of subjects (86.7%) worked in a rural environment, 40% worked at more than one school, the majority (86.7%) had an athletic trainer at their main school of employment, and 40% collaborated with an athletic trainer "currently daily" (Figs. 1 and 2).

2.2. Instruments

We created a recruitment tool in Qualtrics®, consisting of 15 demographic questions for potential participants to complete if they wished to participate in the study and schedule the phone interview. For the interview portion of the study, we created a semi-structured interview script consisting of three sections for all questions (Appendix A): Section 1 contained seven general questions for all nurses to answer, regardless of whether they had or did not have an athletic trainer working at their respective schools; Section 2 was divided into specific questions based on whether or not the nurses did (2a) or did not (2b) have an athletic trainer working at their respective schools. Section 2a consisted of six questions, and section 2b consisted of 11 questions.

2.3. Procedure

After completing our internet search for prospective participant emails, we contacted each secondary school nurse to invite them to participate and included a link to the demographic survey to complete and schedule an interview time. We randomly identified willing participants to schedule an interview. With the nurse's approval, all interviews were recorded on a computer using the computer's preinstalled computer recording application on Dell Inspiron Windows 7, and the interviewer's cellular phone was on speaker phone. The primary investigator used detailed field notes throughout the process to monitor progress and observe for data saturation. When additional interviews did not give any additional or new information to determine relationships amongst categories, the primary investigator determined data saturation[24] and discontinued interviewing. All participants completed all components of the interview script. Interviews were transcribed verbatim by the primary investigator and checked for accuracy by the faculty sponsor. All transcriptions of the interviews were deidentified, participants were provided or selected pseudonyms, and audio files were safely stored in the primary investigator's web storage drive via Microsoft Office One online e-mail application. Recorded interviews included 185 min over 33 pages of transcriptions for analysis.

2.4. Data analysis

The data analysis team included the primary investigator and the faculty sponsor. First, the data analysis team read the transcripts. Then, to begin the coding process, the primary investigator and faculty sponsor independently read three transcripts to develop an initial codebook using the general inductive

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