



Administrator Leadership Styles and Their Impact on School Nursing Part II.

A High-Performance School Nurse-Building Administrator Relationship Model

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There is a significant disparity in roles, responsibilities, education, training, and expertise between the school nurse and building administrator. Because of this disparity, a natural chasm must be bridged to optimize student health, safety, well-being, and achievement in the classroom while meeting the individual needs of both professionals. This article constructs and presents a new school nurse-building administrator relationship model, the foundation of which is formed from the pioneering and seminal work on high-performance professional relationships and outcomes of

Lewin and Drucker. The authors posit that this new model provides the framework for successful school nurse-building administrator interactions that will lead to optimal student outcomes.

Keywords: school nursing; school nurse; building administrator; relationship model; high-performance teams

The building-leader, administrator, or principal (hereinafter referred to as building administrator) is the

individual ultimately responsible and accountable for the school. This accountability and responsibility is not just for the building's physical structure but includes other tangibles and intangibles such as the school's workforce, educational, athletic, and social activities, performance, outcomes, and the overall safety, health, and well-being of its students. The building administrator's team enables the school to function and is comprised of myriad employees. Davis (2017) posited that of all the employees present in the school, the team member that presents the

greatest relationship complexity with the building administrator is the registered professional school nurse (hereinafter referred to as school nurse). This complexity is driven in large part by the unique and distinct professional roles and responsibilities of the school nurse versus the building administrator and other staff members grounded in the educational milieu. School nurses play a critical role in a school's success, e.g., facilitating and maintaining the health, well-being, and safety of all students, with the goal of and ensuring their holistic readiness for learning. Therefore, it is imperative that a respectful, synergistic relationship between the building administrator and school nurse exist despite each party operating under distinct and separate mandated practice guidelines.

The purpose of this article is to present a simple operational model for use by building administrators and school nurses to optimize professional interactions. The development of this model takes into consideration critical elements such as the building administrator's and school nurse's differing roles and responsibilities, training, education, skills, and mandated practice guidelines. The goal of the model is to provide a foundation for developing and sustaining a functional, respectful, and synergistic professional relationship between the building administrator and school nurse in order to optimize student health, safety, well-being, achievement, and outcomes.

The Building Administrator

The building administrator is the individual having ultimate accountability for all activities and outcomes associated with a school. Thus, it is important that all building employees acknowledge and respect the hierarchy position of the building administrator. Included in the building administrator's responsibilities is the management of the school's workforce. This workforce, which carries out the school's mission of meeting and delivering the education needs of its students (World Bank, 2018), can be siloed into two simple categories: i.e.,

those that: (1) directly; or (2) indirectly impact students' overall educational development (Cisler & Bruce, 2013). For example, a teacher would be an obvious example of a staff member who directly impacts student educational development, whereas a school custodian would have an indirect, albeit important, effect.

Among the many roles and responsibilities of a building administrator, a critical, primary activity according to Habegger (2008) is creating and sustaining a high-achieving educational setting. Habegger continues by explaining that essential to accomplishing this high-performance objective, a focus on three key elements is required: (1) students; (2) educational staff; and (3) community. In addition, The Wallace Foundation (n.d.) identifies that the school principal has five key responsibilities: (1) shaping an academic vision for students; (2) creating an education-focused climate; (3) nurturing leadership growth in educational staff; (4) relentless commitment to instructional improvement; and (5) successful management of educational staff, processes and data. The commonality of Habegger's and The Wallace Foundation's criteria are clear and demonstrates that the primary, first-order relationship of groups within a school is the triumvirate comprised of the principal, teacher, and student, illustrated in Figure 1. This first-order, triumvirate relationship is not surprising and is likely the foundation on which administrator graduate and continuing-education programs are built.

The School Nurse

According to the National Association of School Nurses (NASN, 2017), the overall health, safety and well-being of the student are the school nurses' primary concerns. This goal is in accordance with the U.S. Department of Health and Human Services (USDHHS) (n.d.), i.e., "health is a foundational aspect of children's ability to develop, learn, and thrive." Successfully achieving the expectations of NASN and USDHHS enables students to be optimally

Figure 1. First-order relationship model triumvirate in primary/secondary educational settings

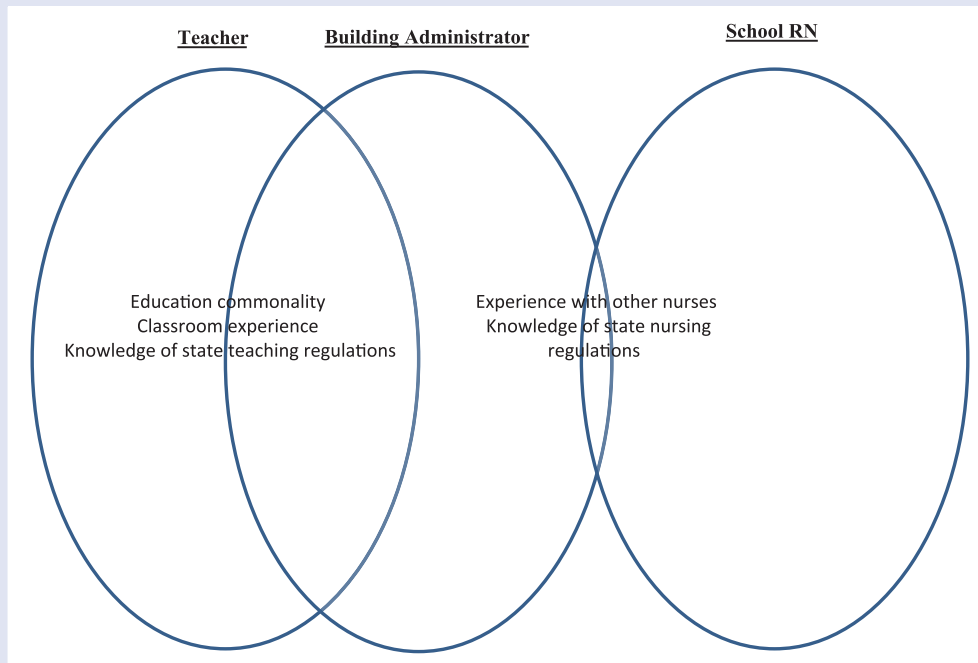
positioned to maximize and achieve their academic potential

The school nurse, operating under a separate practice act than the building administrator and having responsibility for implementing public health laws, has a unique and complementary agenda to the educational setting. For example, the school nurse reviews immunization records and informs the administrator of students who are out of compliance and require intervention, ultimately including the possibility of their exclusion from the educational setting depending on school and state policies. Although a building administrator may be reluctant to exclude students from school who are out of compliance with immunization requirements, the school nurse understands the greater disruption of disease outbreak. The school nurse also recognizes the potential for serious harm that noncompliant students can present to immunocompromised students and staff. These differences in perspective and professional practices present opportunities for the school nurse to advocate for healthcare protocols that ultimately move toward ensuring the health, safety, and well-being of the educational milieu. The importance and value of school nursing is further justified and especially poignant as occurrences in many chronic diseases are increasing (American Academy of Pediatrics, 2018; Price, Khubchandani, McKinney, & Braun, 2013; Pulcini, Zima, Kelleher, & Houtrow, 2017).

Building Administrator–School Nurse Relationship

A source of the relationship complexity between the building administrator and school nurse has been qualitatively defined by Davis (2017) and is illustrated

Figure 2. Venn diagram illustrating a qualitative view of commonality, e.g., regarding education, professional experience and licensure regulation for teachers and nurses with the building administrator (Davis, 2017)



in Figure 2. This Venn diagram shows professional activity and responsibility commonality overlap between three important groups of professionals that directly impact student health, well-being, safety, learning, and achievement, i.e., building administrators, teachers, and school nurses. The high degree of “commonality” between the building administrators and teachers is clearly illustrated. Equally clear is the low commonality between building administrators and school nurses. Additional sources of complexity to the building administrator–school nurse relationship is the conventional training and preparation of the former’s education and training (Dutchess County BOCES, 2018; Harvard University, 2018; Michigan State University, n.d.; Teachers College, Columbia University; University of Wisconsin–Madison, 2018; Vanderbilt University, 2018) as well as historical and cotemporaneous topics commonly found (or not found) in the building-leadership research literature, e.g., Habegger (2008), The Wallace Foundation (n.d.), and Lynch (2018). Noticeably absent in building administrators’ education,

training, and research literature are relationship models to guide effective and meaningful interactions with school nurses. Furthermore, acknowledgement of the school nurse’s unique needs, expertise, roles, and responsibilities in the educational milieu are lacking. Without this recognition and acknowledgement, an interactional chasm can form between the building administrator and school nurse. This chasm can be a source for reduced student and building outcomes.

The Building Administrator–School Nurse Model

Although the building administrator–school nurse relationship is likely the most complex of any within a given school setting, it is nonetheless one that must be successful and is crucial to optimizing student outcomes. To develop a meaningful, successful functional model in this complex relationship, the building administrator and school nurse must begin by acknowledging and recognizing the breadth of and disparity in roles, experiences, education, and individual state mandates. This

acknowledgement and recognition is facilitated by appreciating and valuing each party’s expertise and responsibility. Thus, to create a functioning and application-oriented working model, it is posited that five key elements must be considered in the building administrator–school nurse model creation. These elements are:

1. the seminal work on basic leadership styles (*laissez-faire*, democratic, and coercive/authoritarian) by Lewin, Lippitt, and White, (1939), with the democratic leadership type being the preferred style for the building administrator to adopt (Davis, 2017). Table 1 summarizes Lewin’s three basic styles;
2. the seminal work of Drucker (1957) regarding knowledge work and the knowledge worker. Knowledge work refers to activities beyond simple repetitious tasks that only require basic rote memory and action. Conversely, knowledge work requires critical thinking and application of skills, theories, concepts, and purposeful experiences by a unique

Table 1. Leadership Styles and Their Characteristics Simply Defined

Leadership Style	Characteristics
Laissez-Faire	Leader is hands off and lets others make decisions.
Democratic	Leader involves her/his team in decision making.
Coercive/Autocratic	Leader practices total authority with little or no input in decision making.

Sources: Lewin et al., 1939; Nelson, & Quick, 2015

individual, i.e., the knowledge worker;

3. acknowledgement and respect by the building administrator of the unique skills, expertise, role, responsibilities, and state-mandated guidelines within which the school nurse operates to optimize student achievement and outcomes;
4. acknowledgement by the school nurse of the skills, expertise, role, responsibilities, and state mandated guidelines unique to the building administrator to optimize student achievement and outcomes including her/his positional authority within the building, including the need to share health information while abiding by confidentiality regulations; and
5. the existence of bilateral, open communication (e.g., verbal and written), on a timely basis.

Figure 3 shows the high-performance building administrator–school nurse relationship model using the aforementioned five key elements.

Additional and ardent support for Davis' (2017) thesis that Lewin's et al.'s (1937) democratic leadership style is most applicable for creating a high-performance health office within a school setting is also found in the seminal work by Peter Drucker (1957). In particular, Drucker's *Landmarks of Tomorrow* forwarded the concept of knowledge work and the knowledge worker, two constructs that were developed in the nascent evolution of traditional corporate management to yield high-performance outcomes. Although founded in the corporate

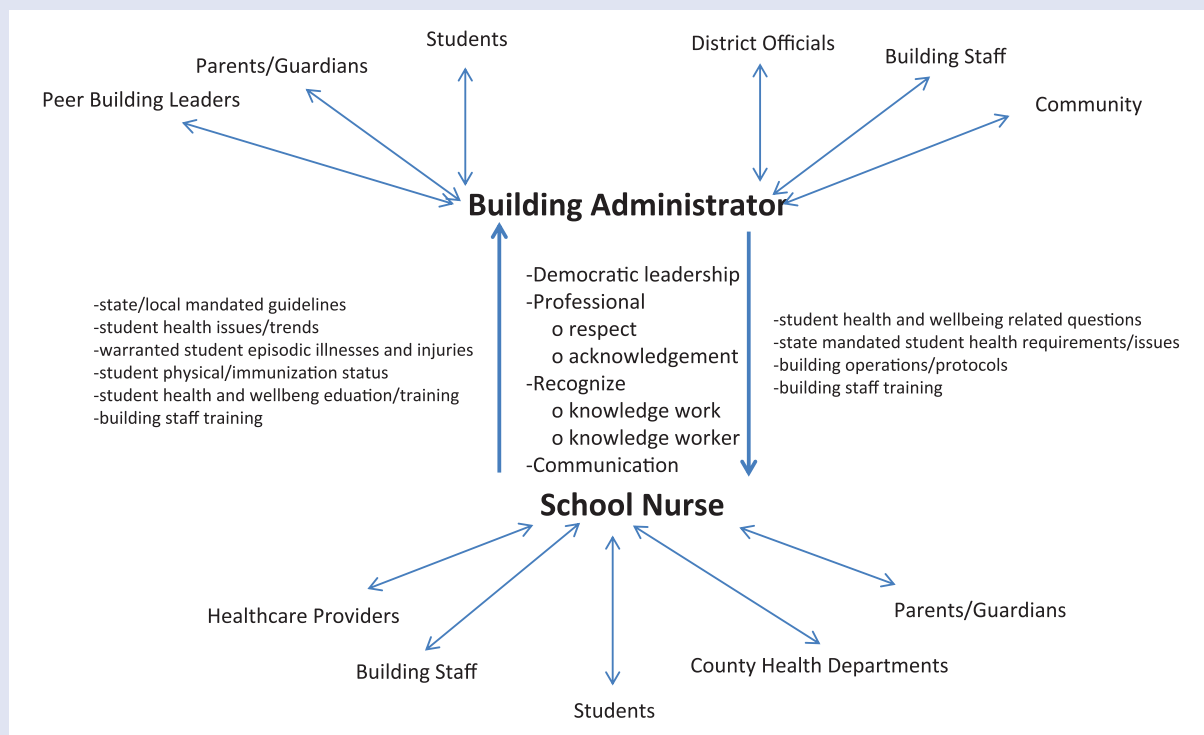
setting, Drucker's constructs are nonetheless strongly and directly applicable to the school nurse and building administrator relationship in the educational environment. Recall that knowledge work includes activities beyond simple tasks that require basic rote memory and repetitious actions. Knowledge work requires critical thinking and application of learned skills, theories, concepts and purposeful experiences by a unique individual, i.e., the knowledge worker. Without debate, the school nurse falls into the category of knowledge worker. Further support for Davis' thesis is found with Wartzman (2014), who summarized that Drucker posited that the executive is *not* the most knowledgeable and expert individual in an organization built on knowledge work performed by knowledge workers. Within a knowledge-based work environment, expertise exists at lower levels. Hence, knowledge work decisions must be made at lower levels where the true experts, i.e., knowledge workers, operate.

In Figure 3, the authors extend Drucker's (1957) seminal work by breaking the traditional subordinate-superior relationship paradigm, e.g., between the school nurse and building administrator, respectively, while simultaneously incorporating Lewin's construct. Furthermore, the presented model, Figure 3, identifies the criticality of a professional, synergistic relationship between the school nurse and building administrator where each respects the other's roles, responsibilities, expertise, and positional authority and where

healthcare-related decisions result from a constructive, democratic, and respectful process with a common goal being optimizing the health, safety, and well-being of students in preparing them for their educational duties while simultaneously meeting the needs of individuals within the building. The authors acknowledge that in actuality, a continuum of competency levels exists for both the school nurse and building administrator in the knowledge, skills, and expertise that he or she possesses. As such, the model must be adjusted for each individual setting and situation.

An example of the model is demonstrated by returning to the conversation of mandated immunization requirements and management of noncompliant students. A professional, synergistic relationship between the school nurse and building administrator begins by discussing well in advance the process that will be used when students are out of compliance. The discussion includes the regulations, current school policy, what practices have been implemented in the past, what worked well, what has not worked, and what community resources are in place to assist families with barriers to achieving compliance. Without expecting the building administrator to be an expert in immunization requirements and their importance, the school nurse will fill in knowledge gaps as they become evident during discussions. Ideally, at the end of the planning, the school nurse and building administrator will have established and agreed upon dual goals: (1) for students to be fully immunized; and (2) for students to attend school. Strategies for achieving success can also be agreed upon. For instance, the administrator places a general reminder in the school newsletter at or before the beginning of the school year that informs parents/guardians about student immunization expectations and the date required for compliance. Subsequently, the school nurse will mail specific immunization requirement notices to parents/guardians for students who are noncompliant, including a reminder of the compliance date. Lastly, the building

Figure 3. High-performance professional interaction model for building administrator and school nurse to optimize student health, well-being, safety, and achievement



administrator makes a phone call to the parent/guardian if the student is still lacking immunizations and the compliance date passes.

Conclusion

Although there is significant disparity in roles, responsibilities, education, training, and expertise between the school nurse and building administrator, these differences do not need to interfere with identifying solutions that ensure the health, safety, and well-being of students and staff comprising a school's milieu. To the contrary, when a respectful, synergistic relationship exists between the school nurse and building administrator, these disparities in expertise, training, education, and skills can lead to more desirable solutions than those achieved in isolation. Keys to achieving a respectful, synergistic relationship include: (1) acknowledging and respecting the identified professional disparities between the school nurse and administrator; (2) embracing the seminal

tenets set forth by Lewin, et al. (1939) and Drucker (1957); and (3) adoption and implementing the newly presented building administrator–school nurse model. These three key elements provide the framework for school nurse–building administrator interactions that can optimize student health, safety, well-being and achievement. ■

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